

*IMPLICATIONS OF THE SHRINKING SPACE
FOR FEMINIST ANTI-VIOLENCE ADVOCACY*

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Presented at the 2005 Canadian Social Welfare Policy Conference,
Forging Social Futures,
Fredericton, New Brunswick, Canada

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INTRODUCTION

Throughout the history of the anti-violence movement, feminists in Ontario and Canada have witnessed numerous attempts to regulate and undermine anti-oppression activism. This discussion of the implications of the shrinking space for feminist anti-violence advocacy and feminist civil society ties together observations about the restrictive interpretation of charitable activities, severe cuts to health and social programs, the blurring of public and private funding strategies, and the conversion of social perception about the value of civil versus corporate influence on governance. These factors, all imprints of corporatization, have combined to produce conditions in which feminists and feminist organizations in Canada have been deterred from their important role in advancing structural social change.

Direct participation in policy-making and legislative change by organizations in the feminist anti-violence sector was significantly curtailed in the 1990s, when tightened restrictions on the charity sector activities produced an ‘advocacy chill’ (Harvie, 2002). Advocacy is defined as any “act of speaking or of disseminating information intended to influence individual behaviour or opinion, corporate conduct, public policy or law” (Voluntary Sector Task Force, 1999, p. 58). Advocacy is a means by which socially marginalized groups gain voice, power, and access to individual, systemic, and public benefits in a socially exclusive environment (Harvie, 2002).

Despite some flexibility introduced into the charities guidelines by Revenue Canada in 2003, a climate of advocacy restriction and conservative governance persists. The curtailing of advocacy and activism in the nonprofit sector reflects a narrowing of available opportunities for active citizenship (Rebick, 2000). At the same time though, Canadian health policy (Romanow, 2005; Dept. of Justice, 2001) has called citizen engagement a key social determinant of the health and wellbeing of Canadians. The difference between active citizenship and citizen engagement is an issue that will be explored in this paper.

Restrictions on active citizenship primed the nonprofit sector for the replacement of direct public inputs into policy-making with evidence-based policy-making and legislative change. Evidence-based policy-making has been adopted as the primary mechanism of national policy decision-making, based on claims that an evidence-based approach is superior to direct public input (Armstrong, 1999; LaForest and Orsini, 2005; Department of Justice, 2001). The shift to an evidence-based approach is forcing compliance with outcome evalua-

tion regimes throughout the feminist anti-violence sector. Funder-driven outcome evaluation regimes put pressure on feminist anti-violence workers to obtain credentialled education and to acquiesce to medicalized models of service delivery.

Alongside these changes, a culture of scarcity beset the social safety net of the nation, with such punitive actions as the federal government's repeal of the Canada Assistance Plan Act (CAP). This set the stage for the entry of corporate funding mechanisms in social and health services and for the unprecedented levels of corporate activity in Canadian policy-making and public governance we are now witnessing. For example, the language of business and financial accounting, such as performance indicators, best practice, outputs, profitability, diversification, results management, and accountability, is now everyday language in policymaking and in government dealings with community social justice organizations.

The corporatization of human services is the visible force behind this new *modus operandi*. Corporatization is rationalized by evaluation and research regimes that are designed to measure profit. The adoption of a corporate model of governance in a climate of scarcity means that the delivery of social and human service outputs are defined and quantified in ways that blame charity organizations for not doing more with less.

Corporate governance is a mismatch to the purposes of the feminist anti-violence sector and to the needs and issues to which the feminist anti-violence sector responds. Feminist sociologist and Canadian health policy critic, Pat Armstrong (1999), argues that "economics is gender-biased in its definition, methods, and models." Other Canadian feminists have opposed the depoliticizing effects of corporate governance, with arguments that the "practices of the market economy and its objective of financial profitability has served to disadvantage women's groups and organizations whose activities focus on the human and social development of individuals and communities" (Toupin and Goudreault, 2001, p. viii). In this discussion of the impacts of corporatization on the feminist anti-violence sector, we are aligned with the arguments of these and other feminists.

TAXES AND CHARITY - THE CASE OF THE MISSING ADVOCATE

The right of citizen participation has a long history. Democracy has been defined as a community of people dedicated to the common good (Rebick, 2000, p. 9). Since the time of Aristotle, the concept of equal citizenship has involved “being ruled and ruling in turn, since everyone is equal according to number, not merit” (Martin, Smith, and Stuart, 2003, p. 8). In 2002, the Final Warsaw Declarations reaffirmed the “right to full and non-discriminatory participation” (Foreign Ministers on the Community of Democracies Convening Group, p. 2). The right to full public participation is one of the major principles of the United Nations Charter, the Universal Declaration on Human Rights, and the International Covenant on Civil and Political Rights.

There is recognition in many countries of the world today that the voluntary and nonprofit sector plays a necessary social advocacy role, by advancing the rights and concerns of disadvantaged citizens. Yet, in global terms, Canada’s performance in this area compares poorly to that of “other countries, including England, US, France, Germany, Japan and the Netherlands [which] allow greater latitude for charities to advocate for policy change” (IMPACS, 2003), and in some cases greater freedom to engage in the political elections process (Bridge, 2000, p. 22).

Containment of voluntary and nonprofit sector activity became a priority of our federal and provincial governments in the 1990’s. The 1997 Ontario Liberal Party Red Book (II) spelled out the government’s plans to develop partnerships with the voluntary sector that would tie the sector to a new system of regulation. In 1998, Revenue Canada issued a statement reminding the provinces about their exclusive jurisdiction over charities established in and for the province. Revenue Canada stated that, “the provinces have not exercised their authority [to date] over charities” (Canada Revenue Agency, 1998), in effect directing the provinces to act on their authority to regulate the activities of charitable and nonprofit organizations. This applied to feminist anti-violence organizations with charitable status across Canada, including those sheltering women fleeing violent situations and rape crisis centres.

Four hundred years of debate have not produced a definition of a charity that incorporates the realities of modern society. Canada’s charity law is based on common law and on the Statute of Uses enacted in 1601 under Elizabeth I, which was clarified further by Lord Pemsel in 1891 (*Commissioners for Special Purposes of the Income Tax v. Pemsel*, 1891). When organizations apply to the

federal government for charitable status, a determination of eligibility for charitable status is based on the four broad categories of charitable activities outlined in that 1891 decision:

1. relieving poverty (e.g. soup kitchens, shelters for the homeless, etc.)
2. advancing education (e.g. universities, schools, research establishments, symphony orchestras, etc.)
3. advancing religion (e.g. churches, synagogues, missionary societies, convents, etc.)
4. providing certain other benefits to the community as a whole (e.g. hospitals, homes for the elderly, parks, animal rescue, etc.) (*Commissioners for Special Purposes of the Income Tax v. Pemsel*, 1891)

Because common law is essentially case law, it is fluid. Case law builds and changes over time. It is intended to fluctuate and expand in response to the changing needs of citizens in different historical periods. However, in the past decade, charity case law decisions and changes in the supervision of charitable activities have responded more to the demands of corporate-influenced governance structures than they have to the needs of citizens.

Limitations on the political activities of charities are based on problematic interpretations of Pemsel's 4th category. The courts have ruled that,

organizations created for the purpose of advocating or lobbying for changes in the law will not be considered charitable by the courts, regardless of the public benefits that may flow from their advocacy efforts (Harvie, 2002; Bridge, 2000).

In other words, organizations created with the express purpose of government lobbying or social activity can be barred from registration as charities. Such organizations can also have their charitable status revoked, even when their activities and purposes fit the 4th category of charitable activity. Women's anti-violence organizations fall under Pemsel's 4th category.

A 1917 House of Lords decision reinforced these limitations, by placing the following limits on the political purposes and educational activities of charities:

- education must not amount to promotion of a particular point of view or political orientation, or to persuasion, indoctrination or propaganda; and
- a charity cannot have political purposes; but
- it may devote some of its resources to political activities as long as:

- they are non-partisan; they remain ‘incidental and ancillary’ to the charity’s purposes; and
- substantially all, i.e. 90 percent, of the charity’s resources are devoted to charitable activities. (*Bowman and Ors v. Secular Society*, 1917)

These guidelines are the basis of ‘the 10% rule’ (Bridge, 2000). Ten percent is the maximum allowable portion of an agency’s resources that can be used to advocate on behalf of those the agency serves.

These developments in law all took place well before the introduction of individual and corporate deductions for charitable donations into Canadian tax legislation in 1930, before universal franchise in Canada, before the adoption of the Universal Declaration of Human Rights and the Canadian Charter of Rights and Freedoms, and certainly well before the second wave of feminism which created the anti-violence network of social change organizations that are the focus of this discussion. The federal government’s decision to invoke dated and less-than-relevant legislation has come under strong questioning by those with a progressive social agenda.

In the province of Ontario, however, it was zealously applied. In 1996, the Minister Responsible for Women’s Issues, Diane Cunningham, was criticized by members of the Ontario Parliament for waging an

... ideological war against women... [and for] threatening women's groups in her community [as well as those beyond it] with funding cuts if they didn't stop criticizing the very severe situation that this government was creating. (Legislative Assembly of Ontario, 1996.)

In this climate in Ontario, even feminists engaged in advocacy and activism under umbrella coalitions of women’s groups feared reprisal from a clearly malevolent provincial government. The restriction of nonprofit sector advocacy reflects a serious curtailment of democratic freedom in the Canadian feminist anti-violence sector and more broadly in the nonprofit sector.

The Advocacy Working Group (Harvie, 2002) reported that representatives of the nonprofit sector are experiencing tremendous uncertainty, reluctance, fear of voicing opposition and unwillingness to test the rules, thus further limiting advocacy activities (pp. 16 and 29). The notable thing about the Canadian government’s squeeze on nonprofit sector advocacy is that it limited the sector’s ability to advocate for itself and challenge the new guidelines. It was also used

to justify the arbitrary application of advocacy restrictions in jurisdictions such as Ontario.

In 2003, the Canada Revenue Agency (CRA) issued the Political Activities Policy Statement which provided some limited latitude to charities in a variety of areas. This included avenues for appeal and latitude in the definitions of permissible political activities and activities defined as charitable, such as public awareness campaigns and communication with elected officials. Despite these changes, an “advocacy chill” persists in the nonprofit sector (Harvie, 2002), and in the expectations and requirements of funders. As Anne Webb (2003) of the Women in Public Policy Initiative (WIPP) has pointed out, “Community-based equality seeking groups, and in some cases, public policy staff, require clarification of how public policy is made” (pp. ii, iv, 2, and 8). The government’s relaxation of charities restrictions are not well known or well understood. Yet the onus has so far been on the nonprofit sector to re-educate funders about the latest clarification of allowable activities.

The gradual exclusion of Canadian anti-violence feminists from direct participation in decision-making about policy and legislation on behalf of women radically redefines the purposes of feminist organizations and seriously limits their capacity to fulfill those purposes. It also limits the freedom of these organizations to be self-determining in their activities. This translates to the control of feminist civil society and the exclusion of feminists from decision-making, disempowerment in its most real sense. In discussing restrictions on advocacy as control of feminist culture and as exclusion from power, we are applying Geraldine Moane’s description of the “six mechanisms of control which are characteristic of systems of domination... violence, exclusion from power, economic exploitation, sexual exploitation, control of culture, and fragmentation or ‘divide and conquer’” (2000, p. 32) in the book, *Gender and Colonialism*.

For the feminist anti-violence sector, the restriction of social advocacy is an intrusive form of government regulation that acts as a constraint on feminist civil society. Political scientist Laurel Weldon (2004) underlines the importance of feminist civil society to democracy with the following:

Feminist civil society is a form of women’s political activity that improves policy responsiveness to women’s issues and deepens democracy. In feminist civil society, women form a sort of counterpublic in which they develop and express their distinctive viewpoint independent of the male-dominated public sphere. They also work to introduce this perspective into political deliberation more generally, thereby improving democratic government responsiveness to women’s concerns such as violence against women. (Weldon 2004, p. 20)

Beyond the regulation of the activities of feminist charitable organizations, changes to the Charitable Tax Incentive portion of the Federal Income Tax Act also promise to impact women's participation in civil society further. The changes include an increase of up to 75% of income in the percentage tax credit that can be claimed by individual and corporate donors. Lisa Philipps' (2001) gender analysis of the charitable tax incentives (Canada Revenue Agency, 1999) provides a picture of how the federal government's decision to encourage the private funding of charitable activities marginalizes feminist organizations and feminist civil society (Appendix A).

FUNDING REFORM AND THE SCARCITY MYTH

If it were true that, 'those who cannot remember the past are condemned to repeat it' (Santayana, 1905), then the desperate lesson on the dangers of unrestrained capital taught to humanity by the crash of stock markets and the subsequent Great Depression in the early years of the past century would no longer be available in our collective memory, history texts, or economic and policy-making forums. At a recent conference hosted by the Halifax Initiative (2001), participants from eighteen countries discussed how governments could harness a small portion of the 1.9 trillion USD traded daily (Global Policy Forum, 2004) on global foreign currency markets. The Tobin Tax (Tobin, 1978) was one of the possibilities tabled. This remedy against market instability and "unbridled greed in the private sector" (Rebick, 2000, p. 2) was entertained by Paul Martin in 1995, in his capacity as Finance Minister and G7 representative. In 1999, the Tobin Tax passed as a motion in Canada's Parliament (Salmon, 1999). Unfortunately, the movement to implement this tiny, less than 1% currency tax, that could provide billions in global revenue each year, came to a standstill due to opposition from the financial elite.

In the early 1970s, opposition primarily from U.S. and European financial interests, succeeded in terminating the Bretton Woods Agreement. Bretton Woods was a post-World War II system of fixed exchange rates in which "the rights of the population were as a whole given higher priority than the rights of capital holders" (McQuaig, 1998, p. 238). This prompted a global recession, followed by a promise of salvation: unrestrained corporate globalism. John Raulston Saul describes these ideological developments as follows:

Government after government, as if in a fit of moralism, legislated away its right to take on debt or collect new taxes, even though both of these were fundamental governmental powers, central to the construction and maintenance of democracies... The sin of public debt was then broadened by attributing it to public utilities. Running well or not, they had to be privatised and deregulated into a global marketplace to cleanse them of public sector inefficiencies. (Saul, 2004)

The notion that there is no alternative to massive inequities between the rich and poor, to cuts in education and social programs, or to grinding and still rising poverty is simply false. As Linda McQuaig has argued (1998), “We now live in a world in which the powerlessness of governments in the face of financial markets is such a widely held belief that it has entered into the realm of cliché” (p. 238). The associates of the International Forum on Globalization (IFG, 2005) share the concern that,

The world's corporate and political leadership is undertaking a restructuring of global politics and economics that may prove as historically significant as any event since the Industrial Revolution. This restructuring is happening at tremendous speed, with little public disclosure of the profound consequences affecting democracy, human welfare, local economies, and the natural world.

Cuts in social spending that reinforced the scarcity myth have had enormously negative impacts, both direct and indirect, on the entirety of Canada's health and social welfare and, in particular, on women and the organizations that support them. In March 1994 there were about 3.1 million people on welfare, or about 11 percent of Canada's population, with one of the largest groups being single mothers and their children (Day and Brodsky, 1998).

Shelagh Day and Gwen Brodsky (Appendix B) have written extensively about the impact of the reduction and reassignment of transfer payments from the Crown to the provinces that followed the repeal of the Canada Assistance Plan Act (CAP) in 1995. In that reprehensible action, federal contributions to the provinces were slashed and nationally enforced minimum standards were removed. The Caledon Institute of Social Policy called this the ‘Let-Them-Eat-Cake-Law’ (Torjman, 1995).

Collectively, the CAP protections constituted crucial elements of a social safety net for people living in poverty. They were useful because they represented a kind of commitment by governments that they do not usually ignore lightly... Thus, the CAP gave social assistance beneficiaries a reasonable expectation that the CAP standards would be enforced by the federal government and respected by provincial governments. As well as providing 50:50 cost sharing for social assistance, the CAP also provided 50:50 cost sharing of important welfare-related social services. (Day and Brodsky, 1998)

In 1995, the Ontario government took full advantage of the opportunity to further slash health and social spending in Bill 26, the *Savings and Restructuring Act*, also known as the Omnibus Bill. Bill 26 gave the Minister of Health the authority to close or force mergers in Ontario's community hospitals, affecting over 60 hospitals (Health Services Restructuring Commission, 2000). The Omnibus Bill affected every aspect of Ontario's provincial and municipal social welfare, health, and mental health services.

The negative impacts of Mental Health Reform in Ontario, in particular since 1998, have been deepened by "decreased round the clock services; lack of available and affordable housing; lack of community preparedness for deinstitutionalization (Hinton, 2002). The restructuring of health services in Ontario has meant dramatic increases in the numbers of women seeking safety in shelters. Many women now come to shelters for food and housing because of welfare cuts, or for mental health support because the allowable length of hospital admissions has decreased. The Ontario Association of Interval and Transition Houses (OAITH) reported as early as 1998 that "provincial cuts made shelter workloads excessive and access to local non-shelter services used by abused women and their children has decreased since 1995" (pp. 13-16). There were significant declines in the availability of community-based long-term counselling, children's mental health counselling, adult mental health services, and addictions counselling programs. Ontario government health policy has had disastrous consequences for users of the psychiatric system since available beds have decreased by roughly 50% (OPSEU, as cited in Ontario Hospital Coalition, 1999).

OAITH (1998) described how feminist anti-violence program funding has been diverted into generic and institutional programming, such as domestic violence courts and police and Crown-controlled generic victim service programs. When police-based victim services were established, these services took over much of

the court accompaniment activity of community-based shelters and some rape crisis centres, thus divesting feminist agencies of an important supportive role.¹ Feminist activist Deborah Sinclair (2003) discusses the shift to generic gender-neutral services and attitudes as a backlash that attempts to force progressive change back to the status quo (p. 23). “Gender-neutral language, which shapes gender-neutral attitudes, matters because it hides oppression, just as not naming race, class, sexual orientation and ability hides oppression” (p. 25).

The Agenda for Action [Ontario's 1997 restructuring plan for the feminist anti-violence sector] allowed shelters and rape crisis centres to continue, but the Province made no commitment to address funding problems or shortfalls in services for women and children. Twenty-seven million dollars over four years was allocated to new initiatives after at least nine million was taken out of front line direct services. In 1997/98 and 1998/99, most of those dollars have gone to generic institutions like the criminal justice system, hospitals and schools or development work, training packages and research. Only relatively small, usually time-limited grants have gone to community-based women's services... Cuts to social assistance, housing and legal aid assistance still leave abused women and their children desperate and isolated. (OAITH, 1998)

In 2004, Ekuwa Smith of the Canadian Council on Social Development released a study that assessed the differential impacts of legislation, policies and programs on immigrant and visible minority women. The report of findings stated that funding levels are inadequate to meet even current program requirements. Underfunding is making it almost impossible, therefore, to develop the culturally relevant programming that is needed to meet the needs of immigrant women in abusive situations (Smith, 2004). Consistent with this, Sinclair (2003) observed that “funding cuts in Ontario and the nation doubly disadvantaged racialized and marginalized women, rulings against women in sexual assault cases began to rise, and 2002 saw a 39% increase in intimate femicides” (p. 142). In the report, *Canada's commitment to equality: Gender analysis of the last ten federal budgets (1995-2004)*, Armine Yalnizyan (2005) explains that smaller government is “antithetical to the interests of women since women need the systems that governments put into place to protect basic economic security,

¹ Feminist activism includes the critical examination of the systems and institutions that reinforce the social inequality and systemic discrimination that condone violence against women and children. The legal system is one such institution. Shelters and rape crisis center challenge the ways that legal processes further victimize women, through activism intended to produce system change and through advocacy with individual women involved in the legal process. The delivery of services for victim/witnesses of violence by the court and police sectors has decreased the availability of women's access to feminist advocacy that is independent of the legal system.

address violence and injustice, and ensure quality and accountability in the provision of public goods, such as childcare and health care” (p. 8).

Cuts to the funding of Canadian feminist anti-violence programming and other social supports are so serious that the issue was highlighted in the recommendations of the United Nations Committee on the Elimination of Discrimination Against Women (CEDAW) in 2003. These recommendations included:

1. increased funding for women's crisis centres and shelters in order to address the needs of women victims of violence under all governments, and
2. the re-establishment of national standards [including standards lost after the repeal of CAP] so that women wherever they live can enjoy their treaty rights. The numbers of First Nations women living in poverty had increased so significantly that CEDAW recommended
3. accelerated efforts to eliminate discrimination against Aboriginal women both in society at large and in their communities, through the removal of discriminatory legal provisions.

In 2000, Ontario child welfare legislation redefined the meaning of child neglect, ostensibly in order to assert the harmfulness to children of witnessing woman abuse, and to assist in holding abusers accountable. However, the result was a significant increase in children reported to the Children's Aid Society (CAS), merely because their mothers made their abuse known. These numbers are particularly high for First Nations children. There was a 70% increase in the number of children under age 16 in CAS care from 1995 to 2001 in London and Middlesex. That is an increase from 445 to 758 children (Leschied, Whitehead, Hurley, and Chiodo, 2003). Further, “almost double the number [of children] admitted to CAS care in 2001 were living in poverty compared to 1995” (Leschied, Whitehead, Hurley, and Chiodo, 2003, p. 10).

The latest funding scheme was announced in January 2005, by the Minister Responsible for Women's Issues in Ontario, Sandra Pupatello. Under the Ontario government's new Domestic Violence Action Plan, funding will be provided to women's agencies, to be spent becoming more financially independent. The Ontario Women's Justice Network response to this announcement reiterates what feminists in the anti-violence sector have articulated all along, which is that,

...shelters need increased annualized operating dollars, not money to help them become financially independent.... We should be very concerned about comments made by both the Premier and Minister Pupatello that shelters

would be financially independent of government and should become more [financially] integrated with their local communities. (Cross, 2005)

This is indicative of the direction the voluntary sector is now increasingly expected to take. Fundraising already occurs as part of public awareness campaigns. However, fundraising which is expected to provide extensive and continuous financial support is extremely costly and time consuming for agencies whose purpose it is to provide social supports for those in need.

Cuts to nonprofit funding have destabilizing effects. In the 2003 study, *Funding Matters*, Katherine Scott learned from funders, key informants, case studies, a review of research and from more than 100 non-profit and voluntary sector organizations that, “The instability of the sector threatens the future of a diverse range of social, health, cultural, recreational, environmental, and other not-for-profit community services for millions of Canadians.”

Just as 'sink or swim' style fundraising is the remedy for the culture of scarcity that has been imposed on social supports, so 'do more with less' is the answer to the new regime of program review. The findings of the first National Survey of Nonprofit and Voluntary Organizations (NSNVO), that was funded by the federal Voluntary Sector Initiative (VSI), were released in 2004. Almost half the organizations surveyed reported that funding was the most serious obstacle to the fulfilment of their missions. Of the organizations that rely on government funding, serious funding problems were reported, related to funding cuts, the elimination of core funding, and reliance on short-term project funding. The report's conclusions emphasized “the difficulty charities and nonprofit organizations have obtaining adequate funding” (Ministry of Industry, 2004, p. 55). Emphasis was not placed, as it should be, on the fact that changes in funding provision are the real problem.

Another conclusion drawn about nonprofit organizations was that “their size, scope, and ability to harness the energies of individual Canadians are impressive, but the benefits they intend to deliver are not being fully realized” (Ministry of Industry, 2004, p. 54). The NSNVO report stated that “many [organizations] appear to be experiencing substantial difficulties fulfilling their missions and organizational objectives” (p. 55). Evaluations like this essentially blame nonprofit organizations for the challenges produced by chronic underfunding. Funding cuts and chronic underfunding have produced an economics of scarcity that is forcing many feminist organizations in the nonprofit sector into financial partnerships and compliance with operational changes they would not otherwise consider.

Among the reasons given for difficulty in fulfilling their missions, 54% of the agencies in the social services sector - the sector in which violence against women agencies were grouped in the survey - reported they have difficulty participating in public policy-making. If the organizations surveyed had an opportunity to answer open questions about the specific barriers that account for their difficulty making a contribution to public policy, this was not reported. As a result, the impact of the government's restrictions on nonprofit advocacy based on the Federal Charities Act was not raised as an issue. However, elsewhere (Harvie, 2002) nonprofit and charity sector organizations have been clear that restrictions on social advocacy are an enormous barrier that prevents them from contributing to public policy and fulfilling their missions. The difficulties reported by organizations surveyed in the NSNVO were used to argue that what is needed is "a stronger basis for developing evidence-based policies that can help to strengthen nonprofit and voluntary organizations, and enabling nonprofit and voluntary organizations to better understand how their organizations compare with others in their use of resources and their capacity-related strengths and weaknesses" (p. 55).

These NSVSO conclusions illustrate the gap between the rhetoric of official policy and the political reality of changes that are being implemented by the Canadian government in the voluntary sector. There are clearly further changes ahead for the nonprofit sector. These are changes that are likely to be driven by the findings of studies like the NSNVO, which do not adequately reflect the external challenges facing the nonprofit and voluntary sector. Poverty and lack of access to basic commodities such as housing and adequate food, divert people from criticizing government agendas, even if temporarily. Add the silencing of their advocates and the result is the replacement of the social justice community with insular policy makers.

CORPORATE GOVERNANCE: AN OXYMORON

The 1998 federal government directive invoking the limits on charities communicated to corporate Canada and the provinces that, under the Federal Charities Act, registered charities are not permitted to engage in significant political activities and cannot have political purposes. Businesses were urged to "bear this in mind when interacting with charities" (Canada Revenue Agency, 1998). This federal directive was aimed at the business community in Canada as much as at the charitable and nonprofit sector and it was one of a number of policy

directives that have redefined the relationship between charities and corporate Canada. The following comments from a discussion paper produced by the Broadbent Panel on Accountability and Governance in the Voluntary Sector were included in the directive:

Charities are fundamental to the well-being of Canadian society because they provide society with valuable services, and act as substitute providers for services formerly offered through government... (Canada Revenue Agency, 1998). [However] the nature of corporate support has changed, moving away from pure philanthropy to being tied to 'cause marketing' and program outcomes... [with] a growing movement toward increased corporate responsibility (Voluntary Sector Roundtable, 1998, cited in Canada Revenue Agency, 1998).

In addition to providing greater financial support, the 1998 Voluntary Sector Roundtable report encouraged corporations to “meet their responsibilities... [by] creating genuine partnerships; lending expertise; offering secondments; promoting volunteerism by employees; and conducting model social audits” (Voluntary Sector Roundtable, 1998, cited in Canada Revenue Agency, 1998). There was no discussion about whether the voluntary sector saw this type of corporate engagement as desirable, or about the appropriateness of corporate Canada conducting social audits that are taken as ‘models’.

The irreconcilable power differential between business and charitable groups, that is reinforced by differences in the regulation of the two sectors, means that the uptake of the advocacy role from the voluntary sector by corporations and corporate-led fundraising foundations is inevitable. Organizations representing Canadian charities have pointed out the inequality in this, given that, “Businesses in Canada are not restricted in the same way as charities. Not only are businesses free to advocate for policy change, but their expenses in doing so are tax-deductible” (IMPACS, 2003).

The plan for corporate partnerships with the nonprofit and charitable sector is also outlined in the National Corporate Social Responsibility Report (Greenall, 2004). This report describes the new role of corporations in Canadian society. Corporations are “positioning as community leaders, while looking for a social return on investment. Partnerships with community organizations and corporate philanthropic activities will become more and more focused. They will be tightly aligned with broad corporate objectives” (p. 37).

Not surprisingly in a climate of growing corporate governance, the nonprofit sector representatives interviewed for the Advocacy Working Group report

(Harvie, 2002) identified that the sector has moved out of an advocacy role, and into a subordinate role in relation to government. However, this observation does not go far enough. The nonprofit sector has actually moved into a subordinate role in relation to semi-private² and corporate funders as well. Yet the reality is, corporate funders have no legitimate claim to a role in social governance.

While many individual business owners may be concerned about the social welfare of their surrounding communities, corporate Canada does not have the social authority that is earned in democratic elections. The business sector advocates for social policy from a profit perspective and, in this, the business sector is in conflict with the interests of social advocacy groups. Although nation states can and should benefit from corporate profits, and most feminist anti-violence agencies would welcome funding from corporate Canada if it came without strings attached, the notion of corporate governance is an oxymoron.

The offloading of social service functions to the voluntary sector has been a popular downsizing strategy for neoliberal governments worldwide. Anne Webb (2003) of the Women in Public Policy Initiative has said, "If including community means giving groups the responsibility to identify their needs and interests, but does not involve shifting any decision-making power or funds, then inclusion could be seen as a form of downloading or privatizing of the state's social responsibilities" (p. 5). The issue is bigger than just the offloading of social responsibility by government onto individual citizens. The government of Canada is actually offloading responsibility for social governance onto corporate Canada.

Corporate governance practices are impacting feminist anti-violence work and feminist social change organizations significantly. Some women's anti-violence

2 The term 'semi-private' refers to large charitable foundations such as United Way, government grant making foundations such as the Ontario Trillium Foundation, as well as social enterprise relationships between community agencies and business. "Agencies like the United Way are also requiring organizations to spend considerable time and effort demonstrating that they have been operating efficiently and providing valuable service to the community. The original principle of a "united campaign" is changing in some communities where United Way are offering donors the choice of designating their dollars for specific purposes. There is some concern that unpopular, but much-needed, services may ultimately lose out in competition with more "appealing" programs" (Scott, 2003).

organizations still operate as feminist collectives, but today the number that do is many fewer than the number of agencies that are run hierarchically. Some have conservative boards of directors that do not share the philosophy and vision of the agency, some receive significant funding from private and semi-private sources, and some engage in branding³ practices in order to compete, often against each other, for funds. That is, organizations are being encouraged into competition for direct funding from industry, instead of being funded through corporate taxation by a government committed to preserving funding for social programs.

Unlike private workplaces, feminist anti-violence organizations are workplaces that are extremely dependent on government funding and charitable donations. With the withdrawal of adequate and sustained funding, these organizations have no choice but to spend enormous time and energy merely to sustain themselves. Some feminist organizations develop their own income-generating business enterprises, and with feminist leadership, businesses *can* be in keeping with feminist organizational philosophy and activist practice and can benefit the women involved in them. However, income generating endeavours that strive to improve the position and condition of women cannot develop when directional power lies with a corporate partner or gender-neutral overseer group. Neither can they thrive under conditions of imposed scarcity.

CITIZEN ENGAGEMENT AND CITIZEN SILENCE

While self-initiated advocacy and activism is being limited and monitored, government-led public participation in policy-making is being promoted strongly. Citizen engagement is the invited form of public participation that government and government-favoured funding sources are supporting. In the language of social accounting, citizen engagement is defined as a civil society asset and a manageable social outcome. Roy Romanow (2005) has identified citizen engagement as one of the seven key indicators of Canadian social wellbeing, and Canada's Department of Justice has called it "an end, in and of itself... if only for the sense of empowerment that comes of such involvement" (2001, p. 15).

3 In the business community, branding is a marketing process of product image creation whereby consumers are encouraged to remember a product brand name and to have positive associations with that brand

However, simply having a ‘sense of empowerment’ is in no way a substitute for active social participation. There is a powerful contradiction between the rhetoric of empowerment and the political reality of the disempowerment of feminist anti-violence groups, given the chilly climate for feminist advocacy and the exclusion of grassroots feminist activists from leadership in research, policy development and self-initiated forms of participation in social decision-making. These conditions visibly reduce the power and the influence of feminist equality seeking groups.

The government restriction of social advocacy has played out in Ontario in a number of ways. As early as 1996 the Ontario Ministry of Community and Social Services (the Ministry that funds women’s transition houses in Ontario) and the Ontario Women’s Directorate (now a division of the Ministry of Citizenship and Immigration) removed the language of advocacy from its funding documents and from descriptions of the activities that are funded by the two Ministries. An earlier emphasis on community action and advocacy was replaced at this time by an emphasis on direct service delivery.

These Ministries began emphasizing the value of corporate partnerships, government consultation with key stakeholders, and consumer⁴ input into feminist anti-violence services. Use of the term consumer rather than survivor reflects the shift to a corporate profit-based model that blurs the rights of citizenship by equating citizenship with consumption. In market research, businesses consult the consumers of their products by holding focus groups. These consultations are not intended as meaningful opportunities for creating change. They are intended to increase product sales.

The difference between a citizen and a consumer is described by Ó Tuama (2002), as follows: while a “citizen is a member of a political community, the membership of which carries both rights and responsibilities... a customer is only a customer when they are engaged in a transaction... [and] what is required is an informed active citizenry not passive customers (p. 2). In a customer service model, customers may believe they have some power, since the rhetoric is that, ‘the customer is always right’. In consultations between government and the voluntary sector, a customer service approach may foster a ‘sense’ of empowerment, but any true empowerment in this scenario is pure myth.

4 The shift away from use of survivor to the use of the term consumer is a further expression of the shift from an advocacy-based approach to a corporate service model.

In the corporate model of partnership, citizens and citizen groups are referred to as stakeholders (Department of Justice, 2001). While “Stakeholder participation in political decision-making is presented as inclusionary... the reality is that like in private corporations some of the stakeholders hold more shares” (Ó Tuama, 2002, p. 3). In business, corporate stakeholders make decisions using a mechanism of weighted voting. Stakeholders holding the most shares are referred to as key stakeholders. It has been argued that, “The idea of stakeholding decouples the relationship between citizenship and the common good” (Ó Tuama, 2002, p. 3). The corporate partnership model is an old government consultation tactic with a new name. It is not adequate to the purposes of social change organizations such as feminist anti-violence sector agencies.

The Women's Equality and Empowerment Framework, developed by Zambian activist Sara Hlupekile Longwe⁵, is a gender analysis tool that outlines five goals of empowerment:

1. Welfare, defined as the level of women's material welfare, relative to men
2. Access, meaning equality of access, obtained by applying the principles of equality of opportunity, which typically entails the reform of the law and administrative practice to remove all forms of discrimination against women
3. Conscientization⁶, meaning the process of becoming aware of the extent to which problems arise not from an individual's inadequacies, but from the systematic discrimination against a social group which puts all members of that group at a disadvantage, and the need therefore to mobilise for collective action
4. Control, meaning the ability to direct, or to influence events, where women ensure that resources and benefits are distributed so that both women and men get equal shares

5 The Women's Equity and Empowerment Framework was developed in 1988 by Sara Hlupekile Longwe. It has been used in the work of UNICEF and OXFAM and it is available on the World Bank website as a reference for gender mainstreaming in international development work. Available: <http://povlibrary.worldbank.org/library/view/14639>

6 Conscientization is a central theme in the work of Paulo Freire 1921-1997. “Washing one's hands of the conflict between the powerful and the powerless means to side with the powerful, not to be neutral.” (from *Pedagogy of Freedom: Ethics, Democracy and Civic Courage*, 1998)

5. Development, meaning both the improved material well-being (welfare) of people and the process through which this improved well-being is achieved.

Feminist anti-violence organizations maintain that the process of conscientization is a necessary element in individual support work, in organizational development and in external activism. It follows that participation in decision-making also implies the ability to influence events in ways that reflect a meaningful analysis of discrimination.

Restrictions on charitable political activities, and the relegation of the nonprofit sector to a subordinate role in relation to government (Harvie, 2002, p.12) characterizes a relationship of control (p. 26). This is a reversal of the role and function played by nonprofit organizations in the past, as a monitor and a check on government, and as a mechanism of accountability to the public (pp. 14-17). For grassroots feminist anti-violence organizations, this puts an end to the important role these organizations have played, as a mechanism of accountability to women.

Another kind of stakeholder engagement is the requirement by funders that women's organizations join local community committees comprised of all the organizations which may share clientele in situations of violence, such as, police, mental health, child welfare agencies. While the opportunity to share information and possibly local public education strategies is positive, feminist organizations have consistently been in the minority on these committees when it comes to the mandate of political activism.

On the other hand, government funders have not attached importance to existing associations of self-organized, like-minded, autonomous women's organizations, like the rape crisis and shelter associations that function provincially or nationally. Lee Lakeman (2004) of Vancouver Rape Relief, in the Canadian Association of Sexual Assault Centres (CASAC) report, *Canada's Promises to Keep*, drew attention to the YWCA's promotion of corporate partnerships and to that organization's receipt of special government funding to lead a public education campaign that feminist equality seeking groups had up to then spearheaded locally for decades (p. 110). In a national survey of YWCA shelters, called *Turning Points*, it was suggested that,

a final national issue for violence against women shelters was the lack of a National Transition House Association that could become a forum to share best practices, challenges, and successes, and to plan how to lobby their respective provincial governments on issues impacting women and children. We suggest

that as a national organization the YWCA Canada might take the lead in exploring what would be the necessary step to develop a Canadian Transition House Association. (Goard & Tutty, 2003, p. 79)

Plans to develop such a provincial, interprovincial, or national co-ordinating body are consistent with the findings of the Ministry of Industry's (2004) survey of the voluntary sector:

There appears to be a clear divide between those organizations that are relatively well resourced and those that are not. A small number of organizations with large annual revenues account for the vast majority of total revenues, paid staff, and volunteer positions... These larger organizations tend to receive substantial amounts of government funding, particularly from provincial government sources; this suggests that there are substantial synergies between their interests and the interests of government... (Ministry of Industry, 2004, p. 54)

While feminist equality seeking anti-violence organizations have historically favoured a lateral, coalition building model, today's anti-advocacy climate encourages voluntary organizations to become larger and more hierarchical in order to be stronger. This is a challenge to the continuing direct ownership of violence against women agencies and supports by feminist equality seeking groups.

Citizen engagement, or stakeholder participation, is an invited form of participation that does not place charitable organizations at risk of loss of their charitable status. However, as Betsy Harvie (2002) explains,

Charities engage in advocacy because it offers an effective means to achieve some of their purposes... Where a profound need for charitable action exists, but where only systemic change is apt to produce lasting improvement, charities and public benefit organizations consider advocacy a top priority. (Harvie, 2002, p. 12)

Lakeman (2004) points out that, "the invitation to consult with government tends not to be extended to groups of the self organized oppressed" (p. 111). The reality is that any gains that have been made by women's anti-violence groups, First Nations women, DisAbled women, women prisoners, lesbians, world majority women and women of colour, to name only a few, have all been made with resolute perseverance, unrelenting lobbying for assembly and demands for change. Self-initiated activism and advocacy is central to the mission and purposes of feminist anti-violence organizations. A corporate model of citizen engagement cannot substitute for active self-initiated citizen participation.

When the self organized oppressed do engage in social policy consultations, the process may be portrayed as empowering, but the opportunity to effect real change is limited. Local communities who participate in such consultations often experience the process as one of co-optation by external agendas. This has always been the concern of groups and individuals with progressive social goals. Political dissident Noam Chomsky argues that when marginalized groups are invited into decision-making, the invitation could well be evidence of “doing something wrong.”⁷ In today’s climate of neo-liberalism, restricted advocacy, and exclusion from real power, feminist groups are right to worry that they are being invited into processes and partnerships that work against the interests of women. There is good reason to be wary about processes that sprang up in the context of cuts to service, and about research and evaluation regimes that are dismantling the gains made by women as a result of feminist anti-violence organizing.

PROGRAM EVALUATION: PROCESS OR PRODUCT?

The adoption of a business management template in social and health services in Ontario and throughout Canada is a shift in social policy that has not been subjected to meaningful public debate, despite government rhetoric about the value it places on citizen engagement. Outcomes evaluation and citizen engagement are two of the tools used in modern corporate governance to tie worker practices to an evidence base. Expert evidence and research are key to Canada’s National Innovation Strategy, which “focuses on how to strengthen our science and research capacity and on how to ensure that this knowledge contributes to building an innovative economy.”⁸

7 “But if I did have access to the mainstream media, I might begin to wonder if I’m doing something wrong. Am I being so supportive of power that they are willing to let me have access to the media?” Noam Chomsky interviewed by Ron Chepesiuk, Excerpted from *Sixties Radicals, Then and Now*, McFarland, 1995, pp. 133-146 [late 1992] <http://www.chomsky.info/interviews/1992----.htm>

8 More information about the Canada’s Innovation Strategy is available on the Government of Canada website: <http://innovation.gc.ca/gol/innovation/site.nsf/en/in04289.html><http://innovation.gc.ca/gol/innovation/site.nsf/en/in04289.html>

Corporate governance places a strong emphasis on ‘account-ability’, although social consensus about the meaning of accountability is falsely assumed (Fooks and Maslove, 2004). Corporate governance means government and other programs are being rationalized in the language and methods of corporate accounting (hence, ‘account-ability’). An example of this approach is the federal government’s Business Transformation Enablement Program. This program was put in place in order to develop “a set of standardized tools for program and service alignment and business design... [and to help] Deputy Ministers and Assistant Deputy Ministers concerned with strategic management and the alignment of business processes to achieve operational efficiencies and better outcomes for citizens” (Treasury Board of Canada Secretariat, 2004).

In Ontario, a similar example is the Business Transformation Project, which was initiated by the Ministry of Community and Social Services (1995). Workfare was implemented under this program (Workfare Watch, 1998; CUPE, 2000). Mental Health Reform is another Ontario example. The Ontario Ministry of Health’s Making It Happen program (Ministry of Health and Long-Term Care, 1999), which is monitored by the Mental Health Accountability Framework, involves the establishment of standardized practices, standardized performance indicators and expectations, and standardized evidence-based evaluation tools to define and measure program and client outcomes.

This new regime of corporate style ‘account-ability’ creates numerous difficulties for community-based initiatives. As Ira Edelman (2000) said in his discussion of the problems facing grassroots community organizations, community-based initiatives and programs are becoming “‘intensely accountable for results’ and ‘outcome’ driven” (p.13). Standardization is central to evidence-based social planning and policy-making, since “Evaluation is seen as the key to accountability... [yet] the task of defining outcomes can be formidable” (p. 14).

Edelman discussed the misfit of the accountability-outcomes evaluation regime to the work of community organizations, as follows:

Experimental design for complex social phenomena may prevent the evaluation from identifying the important elements because they are not easily specified and operationalized. At worst clinical model evaluation designs can distort and diminish the effectiveness of practice. Demands for uniformity, standardization, and quantitative operationalization of variables can skew program designs away from key principles of community-based initiatives like flexibility, responsiveness to changing conditions, qualitative outcomes, and complex theoretical relationships. (2000, p. 16)

Evaluation specialist Thomas Schwandt's (2000) critiques of outcome evaluation hold value for feminists because they challenge the authority that scientific knowledge claims over experience-based and practice-based knowledge. Schwandt argues that practice-based knowledge is different from general theoretical knowledge (p. 227). Practical knowledge is knowledge that is informed by experience and therefore cannot be separated from the particularities of time, history, and place. Practical knowledge is also not fixed; it remains open to the changes that are necessitated by further experience.

The findings of a background paper (Boyle, 1997) that was used by the Voluntary Sector Roundtable on Charitable Activities stated that, "The issues of advocacy and public education are ones that directly raise policy issues. Organizations that work toward the betterment of society need official acknowledgement of the legitimacy of their voices and the special expertise they have developed (Boyle, 1997)."

Outcomes measurement relies on the methods of positivist science.⁹ However, positivist scientific methods are not suited to the acknowledgement of the voices of the disenfranchised, or special grassroots expertise. Criticism of a renewed reliance on positivist scientific methods has been heard from Canadian feminists in the area of health (Armstrong, 1999; Grant, 2000).

Schwandt (2000) disputes claims of scientific neutrality in relation to evaluation and policy-making, arguing that, "evaluation judgements are not technical problems to be solved by the application of scientifically produced knowledge, but moral-political decisions to be faced" (p. 228). He rejects the claims of those who,

believe that they can establish the standards for knowledge and value, arbitrate what constitutes genuine knowledge, and rescue social life from its inherent contingency, diversity, localized practices and the like. They aim to silence all that falls short of scientific reason and rationality, fostering the advancement of

9 Positivist science bases its claims that it is a neutral, objective way of knowing the world, on the use of experimental scientific research methods (i.e. randomized controlled trials and statistical analysis). The aim of positivist research is to produce universalizable causal findings, which are thought of as 'true' because of the research methods used to produce them (Grant, 2000; McQueen & Anderson, 2001). Feminist ways of knowing the world are rooted in the experiences of women. In feminist research methods, women's experiences and the social location of the researcher and research participants are considered the preconditions for producing knowledge that includes and benefits women.

social control through strategies of surveillance and medicalization of social behavior. (p. 228)

A technocratic approach to outcomes evaluation cannot reflect the fundamental purposes of feminist anti-violence agencies, which are an expression, and indeed the earliest ‘outcome’, of feminist civil society. In his discussion relating evaluation methods to various forms of civil society Anders Hansberger (2001) argues that “a technocratic approach to evaluation serves politicians and bureaucrats directly and the people indirectly... [and that] an advocacy approach can be seen as a reaction to the positivist technocratic approach... and would most likely promote participatory democracy... or a feminist notion of civil society” (pp. 223-224).

Significant federal government funds have flowed into university-based research in what is being neutrally termed ‘family violence.’ One project has established a standardized system of outcomes evaluation for Alberta shelters (Ernst, 2002, p. 2). As is typical in outcomes evaluation, the protocol is based on “the ‘results’ attained by clients or participants while involved in particular services” (Ernst, 2001, p. 6). This outcomes research measures the characteristics of those who use the service. “Client learning refers to the observable change in knowledge, attitudes, and/or behaviour... Client impact refers to the effect client learning may have upon the original presenting needs and issues, their socioeconomic situations, or their overall global functioning” (p.6). These outcomes are determined from surveys that are administered to service users before, during, and after their use of services. The following list provides examples of the outcomes that are being used in this shelter evaluation:

increased client functioning, including parenting skills, and self-sufficiency/ independence, increased/improved relationships with family, increased/ improved relationships with peers, increased general social support, increased knowledge/ access/ use of resources, increased learning/participation in employment, and increased academic learning/achievement. (Ernst, 2001, p. 19)

A published review of shelter practice discusses other client characteristics that are the focus of outcomes measurement. Trauma symptom inventories, a Multi-Dimensional Self-Esteem scale, and anger scales are being used in some shelters to track program outcomes (Goard and Tutty, 2003). Of great concern is the potential for interference with women’s self-determination and agency under this evaluation regime, since these organizations are being directed to move individual women along trajectories of change that conform to funder-mandated organizational outcomes.

These forms of outcome evaluation identify individual women as the sites of the change that is necessary to address the problem of women being beaten and raped. Just as feminists have resisted locating the distress of violence in medical pathology, so have they resisted identifying women's behaviours and attitudes as the site of the problem that must be solved in order to end violence against women. Feminist anti-violence work approaches women in ways that support their autonomy, agency, and decision-making about their lives and safety, while it holds perpetrators accountable for violence. The feminist approach does not predetermine desired outcomes for women or put women on schedules for change. A feminist approach to anti-violence work does not locate the 'determinants of violence against women' (MacMillan and Wathen, 2001) in women's lives or in the ways they cope with trauma. Thus, more meaningful feminist outcomes for anti-violence work include anti-oppression training and democratic participation within an organization, community organizing and coalition building, and advocacy for women in the judicial and medical systems.

Feminist anti-violence, anti-oppression work is rooted in collectivist knowledge production, solidarity, coalition building, and a politics of resistance to the domination of women. The feminist anti-violence sector was built on women's experience, women's ways of knowing, and collectivist epistemologies that are rooted in a recognition of women's social and material standpoints. Under the regime of outcomes evaluation we are witnessing a reassertion of positivist science and with it an invalidation of feminist experience and practice, and feminist knowledge production. Knowledge production is being untied from the community and re-tied to the powerful institutions that are authorized to generate it, such as government, universities, hospitals, and funders. Some anti-violence community agencies have come to depend on unequal partnerships that put power in the hands of professional researchers. Such partnerships offer these agencies not control, but, rather, the mainstream recognition that assists them in fundraising efforts.

Evidence-based policy-making, standardized best practice, and outcomes monitoring all reinforce the shift away from feminist community-based anti-violence advocacy and activism. In order to comply with best practices like the recommendation that agencies must "assist victims through professionals trained in a variety of disciplines" (Cooper, Warthe, Gaye, and Hoffart, 2004, p. 22), anti-violence agencies must hire the graduates of disciplines whose curricula do not include the skills of collectivist action, organizational conscientization, or government lobbying.

Accountability measures pull nonprofit and voluntary organizations “away from their primary mission which is their long-term purpose and the source of their credibility in the community” (Scott, 2003). Despite this, vocal critics of the regime of outcomes evaluation are few and far between. The challenge may well be that, “to oppose this regime is to appear to be irrational. If the standard of what it means to be reasonable is scientific rationality then any other way of conceiving of rational behavior will inevitably be judged inferior” (Schwandt, 2000, p. 226). This is undoubtedly one reason why discussions critical of evidence-based policy and program evaluation in relation to feminist practice and feminist civil society are not heard more frequently.

Activism and advocacy are being depicted as anti-business, and thus as unsound practices, lacking in ‘accountability’. The new evaluation regime poses serious challenges for the feminist anti-violence sector in Canada, unless autonomous women’s organizations have control and develop evaluation practices that view conscientization, political activism, and supporting women’s agency as the central practices in their work.

MEDICALIZATION: AGAIN?

Working from a feminist anti-oppression framework, the feminist anti-violence sector takes the position that its workers, counsellors, advocates, activists, and educators are agents of change who contribute to the transformation of a violent and patriarchal society by critically examining the systems and institutions that reinforce the social inequality and systemic discrimination that condone violence against women and children. This includes examination of the subtle and not so subtle ways in which broadly accepted notions of what it means to be ‘mentally healthy’ or ‘ill’ are assigned to women surviving physical and sexual violence. Psychiatry and medical institutions have a long history of discriminatory treatment of women, First Nations people and other racialized groups, disabled people, and lesbians and gay men. Survivors of violence with psychiatric histories fear the medicalization of their reactions to violence, with good reason.

Medicalization is a term that refers to the manufacture of mental illness (Bertram, 2003; Burstow, 1992, 2003; Horwitz, 2002; Smith, 1990) in response to the severe distress produced by violence and oppression. Biopsychiatric and conventional psychological treatments are described as victim blaming by feminists because they locate oppression-related distress in individual pathology and dysfunction. Feminist critics of the medical model argue that biopsychiatry is a

powerful tool of mystification that obscures the workings of social relations of power in the lives of women, making those relations less available to challenge.

Dorothy Smith (1990) provides a powerful description of how medicalization removes women from political understanding and political struggle.

The isolation of mood, emotion, feeling, from the contextures of life are particularly significant... For emotion isn't a state of mind; it tends to action. The conceptual detachment of emotions and states of mind from lived actualities disconnects them from possibilities of change, of action, and of power. The psychiatric work of defining emotions, moods, feelings, as what has to be treated (by psychotherapy, tranquilizers, shock, and so on) isolates them from prospective action, indeed seeks to take out (by medication or other means) people's energies, particularly rage, that press against human obstacles for change. (Smith, 1990, p. 137)

Feminist anti-oppression and anti-violence supports developed originally as a reaction to the insufficiency and ill-fittingness of psychiatric and psychological responses to women's experiences of violence and social inequity, and as a corrective to the pathologization and misnaming of these experiences as illnesses and disorders. Exposure of the facts about physical and sexual violence against women depended on the disentangling of women's experiences from the mystifying mythology of mental illness. This was accomplished through intense individual and collective struggle by feminists, and with a combination of strategies that included: community actions for survivors, the development of private non-insurable feminist counselling, and an outpouring of publications on the subject of trauma, ranging from the work of feminists in medicine, such as Judith Herman (1992), to survivors' own stories. Together, these developments produced a temporary displacement of conventional medical wisdom and authority by the authority of women's own understandings of their experiences.

Louise Armstrong (1994) has documented efforts to depoliticize incest and rape from the time of the first public namings of incest and rape by women in the United States. The history of backlash against anti-violence feminism she recounts is very much reflected in the current outcome research regime. The issues are still just as Armstrong described them:

Incest has been unique among issues of violence against women in its instant adoption as a professionals' issue – an issue of psychiatry and mental health at all levels, and that has largely contributed to its separation from the political realm. Having adopted the issue as one of objective study and removed it from the political arena, professionals found themselves trying to fight on the level

of objective study that which is heartily and fundamentally a problem of power. (Armstrong, p. 184)

The suppression of a feminist understanding of the violent oppression of women is visible now in the growing tendency to label the severe distress of women who have experienced violence and oppression in the language of ‘mental health’. The claim is being made today that ‘mental health’ terminology is benign by comparison with the language of mental illness. This pretense is an expression of the hegemonic power and practices of the institutional structures that support biopsychiatry and conventional psychology.

Through the combined efforts of feminists and American veterans of the Vietnam War, the diagnosis of Post Traumatic Stress Disorder (PTSD) was added to the third edition of the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association in 1980. The intention was to create a category of distress that would allow those experiencing trauma to receive non-stigmatizing, non-pathologizing, and non-blaming social and professional supports. Many feminists thought that the post-traumatic stress framework offered a way of linking distress with the events and circumstances produced by social inequality and oppression, thus transforming psychiatry and psychology in ways that supported women’s emancipation. The addition of PTSD to the DSM was celebrated by many feminists as a significant achievement. However, recent concerns about medicalization in anti-violence work are prompting more critical analysis of the impacts of this.

Some feminists have been clear and unequivocal all along about their rejection of the liberatory potential of a transformed psychiatry (Burstow, 2003; Smith, 1990). PTSD is by definition a disorder, with features that are characterized as symptoms. Biopsychiatry’s manufacture of disorder from trauma (Burstow, 2003; Davis, 1999) limits the political understanding of oppression. PTSD is constructed as a response to life events that are experienced as threatening life, injury, the physical integrity self or others, and as a response to life events that evoke intense fear, horror, or helplessness. This includes experiences such as violence, oppression, war, and disaster. Yet without the integration of an understanding of oppression, insidious trauma, cumulative trauma, and second generational trauma, many forms of oppression are not visible. Neither are colonization, genocide, histories of enslavement, or epistemological violence nameable in the medicalized framework of post-traumatic stress disorder (Burstow, 2003).

Medicalization, privatization, and corporatization are interconnected issues. When women's experiences of trauma are medicalized, they are individualized (Burstow, 2003; Davis, 1999). The focus on individual dysfunction and illness obscures the collective nature of traumatic experience, and depoliticizes women's experiences of oppression. This removes these experiences from the arena of collective social action.

It is not surprising that as privatization increases, so does medicalization. Like privatization, medicalization holds individuals responsible for social problems. Canadian health policy is moving in the direction of privatization, which means the responsibility for health and security is passing to individuals (Orsini, In Press, 2005; Philipps, 2001). With the dismantling of the Canadian social welfare state, feminists have observed that the responsibility for citizens is shifting from government to individuals, and as a result, individuals' social problems are more likely to be interpreted as their personal failures (Morrow, Hankivsky, and Varcoe, 2004, p. 360). Social determinants of health approaches uncritically promote a mental health/illness framework which creates a sense of personal deficiency. Health promotion campaigns further reinforce individual responsibility by emphasizing changes at the individual level in lifestyle, behaviour, and individual coping.

Individualization prepares us for corporatization, that is, for the privatization of services and supports that were previously available as part of the welfare state. Bamba, Fox, and Scott-Samuel (2005) have argued that, "Capitalism and citizenship represent very different values: the former, inequality and the latter, equality. This tension means... continuing political struggle" (p. 188). The rejection of medicalization by anti-violence feminists is an attempt to move experiences of oppression out of a depoliticizing framework that supports privatization and corporatization, and into a political framework where political struggle against violence against women can be envisioned.

CREDENTIALS, CLASS AND KNOWLEDGE PRODUCTION

When shelters and rape crisis centres first began receiving funding in the early 1970s, there was immediate concern that this would support credentialism and that the "drive to professionalize... may increase the distance between abused women and [anti-violence] workers" (Bains, Evans, and Neysmith, 1991, p. 224). Feminists in the anti-violence sector saw that this would mean the gradual

adoption of a clinical service delivery model over an advocacy model (Warrington, 2003; Kivel, 2000). Adopting mainstream practices would mean supporting pathologizing practices that re-victimize women (McLeod, 1987). There were concerns too, that emphasizing formal diplomas and degrees implied the adoption of hierarchical administrative structures, as well as pay differentials for anti-violence workers who held degrees.

The term credentialism refers to the belief that credentialed workers have more skills and knowledge than those without formal credentials. The term also refers to the preferential hiring of credentialed workers over uncredentialed workers based on this belief. We use the term credentialism in this discussion, and we distinguish between the terms credentialism and professionalization, despite the fact that these two terms are often used interchangeably.

Rape crisis worker and educator, Marilyn McLean, explains that professionalization is something that began occurring as soon as feminists started to be taken seriously:

There are a number of forces, and sometimes the government is the force that's moving towards professionalization. Other times it's mental health professionals and therapy communities... [and when it comes to] getting degrees, some of that was about wanting to be listened to. Some of it was about wanting to be taken more seriously. Some of it was about wanting more money.¹⁰

Feminists have worked, from the turn of the twentieth century onward, to achieve social recognition for gendered caring work such as social work, nursing, childcare, and elementary level teaching (Bains, Evans, and Neysmith, 1991, pp. 56-57). Feminists have fought, in other words, for recognition of gendered caring work equivalent to the recognition bestowed on the recognized social professions.

Feminist anti-violence knowledge, skill, and activity is not formally credentialed, but the view of the feminist anti-violence movement is that anti-violence work is equal in value and authority to any other profession or professional practice. Women working in shelters and anti-rape centres, especially those with strong internal anti-oppression process and training, including those who are paid and unpaid, are highly skilled in feminist anti-violence principles, counsel-

¹⁰ Marilyn McLean is a rape crisis worker and educator who was interviewed by Jennifer O'Connor for an article about the professionalization in rape crisis work that was published in the feminist journal, *Herizons*, in the Winter issue, 2005.

ling, and activism. Feminist anti-violence activities have a foundation in extensive knowledge, standards and ethics, and political analysis that are all built on the experiences of women, on collective knowledge-building processes, and on listening to women's experiences, not as patients or as clients, but as members of a social change movement.

The goal of anti-oppression feminism, as a theory and as a practice, is to extend both a political movement and a network of active support to women experiencing social inequities. This means supporting practices that avoid the replication of class, race, gender and ability stereotypes that are barriers for women who seek safety, advocacy and support for their personal agency. This approach necessarily involves removing systemic barriers to employment for workers, and developing employee and volunteer training that is consistent with anti-oppression analysis. The position taken by most feminist anti-violence organizations has been that combating classism and the classism of credentialism is as important as combating racism, heterosexism and ableism when it comes to being equal opportunity employers.

Since the health sector is the primary employer of university-prepared social workers, medical downsizing and amalgamation in Ontario had a direct impact on credentialed social workers seeking employment, and on students seeking practice placements. The reduction in opportunities for work and training prompted many university social work programs to target grassroots organizations as new student placement sites. These programs were successful in convincing many agencies, including anti-violence agencies, that the 'professional' presence of 'clinically' trained workers would be of benefit to the agency.

Meanwhile, many anti-violence shelter workers were overwhelmed by the increased need for space in shelters, and worried that the resources they could offer were inadequate to cope with the inundation. These assessments of rising demands and overload were completely accurate. The scarcity of available social supports put those supports that remained under enormous strain. Pressure on shelters due to the closure of other services also created concerns among workers about the adequacy of their skills, but this assessment is highly questionable in light of the stresses imposed by overload.

The sense of skills deficiency that is produced under circumstances of service scarcity results in what feminist anti-violence workers have called deskilling

(Green, 2005). In this context we are using the term deskilling¹¹ to refer to the devaluation and displacement of feminist anti-violence and anti-oppression practices that occur under conditions of strain. Conditions of strain encourage deference to the authority of professionally legitimized practices, i.e. medicalizing and evidence-based practices. Increased demands on scarce social supports and services for women produce overload and strain, which are a set-up for the deskilling of feminist workers by credentialled workers.

There is no shortage of institutional pressure to credentialize and control the voluntary sector. The passage of the Social Work and Social Service Work Act in 1998 in Ontario resulted in the creation of a new regulatory body, the Ontario College of Social Workers and Social Service Workers. In 2001, the Health Professions Regulatory Advisory Council (HPRAC) recommended that all emotional counselling become a 'controlled act' (Health Professions Regulatory Advisory Council, 2001). The HPRAC recommendations remain under review.

While there was no evidence that public safety was an issue in the Ontario social work sector, and nothing in the new legislation governing social work has so far defined scope of practice, many grassroots feminist agencies understood quickly that funding favours could be garnered by increasing their numbers of credentialled staff. In order to attract funding, whether the source is government, semi-private funders, or their own small foundations and fundraising efforts, anti-violence agencies are finding that the language of 'professional service' is an unstated requirement. Many shelters and rape crisis centres have adopted hierarchical governance structures, some with upper level managers and board members who do not share the philosophy of the organization. In the end, however, hierarchical governance structures frequently undermine collectivism and reinforce the shift away from a social movement approach towards a social service model (Warrington, 2003; Kivel, 2000).

Feminists' early concerns about credentialism have been borne out in the changes that have taken place in the anti-violence sector since that time. An Ontario shelter recently announced its plan to adopt a re-organization plan (CUPE, 2004). The new professional service model utilizes credentialled work-

11 Deskilling is a term used in organizational theory to refer to the process whereby skills and decisions are shifted from the hands of workers to fixed procedures or technology. Increased hierarchy, managerial control and stringent divisions of labour result in the progressive alienation of workers from the process of development and production (Braverman, 1974).

ers with mental health expertise to provide 'clinical counselling' and a variety of 'mental health and substance abuse services' (Yellow Brick House, 2003). Feminists elsewhere in the Canadian anti-violence movement continue to argue strenuously against credentialism in women's advocacy groups, on the basis that credentialism threatens the social change agenda of feminist anti-violence work (Lakeman, 2004; Profitt, 2000).

In the summer of 2004 a forum was held at George Brown College in Toronto to support grassroots feminists in discussing and challenging the increasing medicalization and credentialism in feminist agencies. Seventy-eight women from 50 different agencies that serve women made 70 recommendations for submission to the Ontario government. Key recommendations included the following: 1) hiring should be based on skills, not on credentials, 2) feminist grassroots activists should be leaders as opposed to subjects or unpaid representatives in research initiatives, and 3) a renewed focus on the socio-political underpinnings of violence vis-à-vis service delivery is necessary (Assaulted Women and Children's Counsellor Advocate Program and the Toronto Mad Pride Committee, 2004).

Many critics agree that a focus on individual victims and perpetrators collapses transformative feminist politics into therapeutics (Bertram, 2003; Burstow, 2003; Davis, 1999; Davis, Hagen, & Early, 1994; Kitzinger, 1996, 1993; Mosher, 1998; Profitt, 2000; Warrington, 2003; Whalen, 1996). This problem has been acknowledged by feminists in Canada, the United States, and the United Kingdom, as well as by critical researchers in psychology and social work. Yet, in the hallowed halls of knowledge production, the disciplines empowered to conduct research are far more concerned with client treatment than they are concerned about the political and social conditions that perpetuate and condone the continued victimization of women in our society.

The production of knowledge is a national priority in Canada. Canada has three national research granting councils that fund knowledge production: the Social Sciences and Humanities Research Council (SSHRC), the Canadian Institutes of Health Research (CIHR), and the Natural Sciences and Engineering Research Council (NSERC). Universities, governments, hospitals, laboratories, industry, and businesses have been the principal sites of official research and knowledge production. In the 2004 federal budget, the government increased funding to the granting councils and visibly increased support for the commercialization of university-based research (Department of Finance Canada, 2005).

Social sciences research, when it is done in a bona fide manner, is generally conducted by universities, under the auspices of an academic discipline, such as psychology or social work. The boundaries and authority of various academic disciplines are defined and maintained through the production of knowledge. The extent to which academic research serves the public good, given competing, frequently overriding institutional and disciplinary interests, can be negligible.

University-community partnerships are a means by which university social science researchers gain access to communities (Edelman, 2000, p. 13). Community-based agencies often provide access to the communities they serve but find that their interests are subordinated to the interests of their more powerful university partners. This is typical of university-community partnerships, in which university researchers have control of research resources, research expertise, and ethical review processes. It is a significant problem for the grassroots feminist anti-violence movement.

A content analysis of ten years of feminist psychological research in the area of violence against women pointed overwhelmingly to the fact that the individualizing, decontextualizing, and dehistoricizing tendencies of psychological research contribute to the maintenance of the problem of violence against women, rather than its solution (Salazar and Cook, 2002). Other feminists in psychology have also observed that psychology has had a depoliticizing influence on feminism and feminist practice (Kitzinger, 1996, 1993; Wilkinson, 1997).

In the past few years, the enormous uptake of medicalized approaches to trauma treatment has overtaken investment in non-medical, alternative supports. In institutional settings, psychiatric best practice guidelines have been developed for the treatment of PTSD (Arehart-Treichel, 2004), for the treatment of women diagnosed with Borderline Personality Disorder, and for women who self-harm. Some studies have begun using women in shelters to test and develop psychological measures. One study of this kind tested a measure of the “acquisition of a disabling psychological perspective or psychological impairment” (McNamara and Fields, 2001), based on having experienced violence. Another study developed a scale to predict women’s decisions to leave violent relationships (Hendy, Eggen, Gustitus, McLeod, and Ng, 2003). The predictive factors identified by the decision to leave scale include fear of loneliness, social embarrassment, self-esteem, social support, hope for change, and fear of harm.

The central focus of the medical community is to seek medical solutions to prevent and alleviate conditions of 'dis-ease'. The pathology of various diseases can be caused or exacerbated by social factors such as poverty, toxic living conditions, social exclusion, unemployment, stress and violence. These factors are referred to as social determinants of health (Wilkinson and Marmot, 2003). Medical solutions, together with non-medical supports and solutions, all share a similar aim: the alleviation of human suffering. Each of these supports and solutions makes a contribution to the network of efforts that enhance human health, safety and well being. The entrance of social determinants of health into medical thinking has been a welcome change in recent years, one that has allowed social issues to be recognized by the medical sector. However, differences in the power of medicine in relation to other sectors result in credibility differences regarding who is best suited to deal with social issues. In reality, numerous perspectives and strategies are required to take up social issues and to provide community alternatives for those who seek support.

Pressure on the feminist anti-violence sector to medicalize anti-violence work has intensified in direct relationship to credentialism and funder control. The language of post-traumatic stress disorder and PTSD symptomatology is being used more frequently in the feminist anti-violence sector because of these pressures, and perhaps also because alternative feminist language used to name the severe distress of women's oppression lacks medical credibility. Some organizations in the anti-violence sector have responded by promoting a mental health treatment approach (Yellow Brick House, 2003; Brown, Gallant, and Junaid, 2002) and by adopting hiring practices that some feminists argue support the re-medicalization of oppression.

Norma Jean Profitt (2000) has linked the depoliticization of feminist practice in Ontario women's shelters to rising credentialism and to the regulation of social work, therapy, and counselling. In a study of shelters for women fleeing violence, Profitt (2000) observed that the shift to a 'family violence model', and away from politicized theories of violence against women, is returning sexism and social disempowerment to invisibility. Profitt found that women coming to shelters were being approached as individual clients and not as members of a social change movement. A study of women's shelters in the United States produced similar findings (Whalen, 1996).

Observations and findings such as these converge on the basic conclusion that credentialism is in conflict with feminist philosophy and has an undermining effect on established feminist practice. The regulated professions (psychiatry,

psychology, and social work) control the practice of workers through standardized evidence-based practices. These practices are accumulating quickly in many categories of illness and disorder. Credentialism works like a backlash strategy, along with deskilling, by contributing to the undermining and displacement of feminist anti-violence and anti-oppression practice by so-called 'expert professional' knowledge and profession-specific evidence-based practices.

Credentialed workers answer to regulatory bodies, instead of being answerable politically to women. Credentialism ties workers to the authority of professional bodies, which in turn ties them to medicalizing frameworks for practice. The hiring of credentialed workers introduces differences in roles and status that have the effect of undermining feminist collectivity, and the authority of feminist anti-violence knowledge and anti-oppression practice. The maintenance of feminist anti-violence and anti-oppression work depends on the maintenance of feminist collectivity and solidarity in the anti-violence sector (Davis, Hagen, and Early, 1994). The collective power of feminism is on the line now that solidarity and grassroots knowledge are being devalued, now that advocacy is being branded as subversive, and now that accountability to women is being replaced by 'accountability' to regulatory professional bodies and positivist scientific knowledge production.

STRENGTHENING THE FEMINIST ANTI-VIOLENCE SECTOR

Government policy changes in a number of social sectors have combined to produce a powerful neoliberal backlash that threatens to appropriate and undermine feminist anti-violence and anti-oppression advocacy, feminist anti-violence knowledge and practice, and feminist forms of knowledge production. The future of feminist anti-oppression activism will depend on the ability of feminist social change organizations to work together to reclaim feminist activism from the imprint of corporatization. This will mean developing strategies of resistance to standardized evidence-based evaluation regimes, credentialism, medicalization, the suppression of active citizenship, and the reassertion of positivist science over feminist experience-based and practice-based knowledge production.

A comprehensive exploration of the strategies that are needed to strengthen the feminist anti-violence sector cannot be accomplished in this paper. We hope instead to identify areas of consideration to support future work.

MAXIMIZING ADVOCACY

Thawing the “advocacy chill” which has been constraining feminist advocacy and activism is a necessary and critical first step. The newest Revenue Canada guidelines are still little known to most funders at this point despite the fact that the Institute for Media, Policy and Civil Society (IMPACS) offers helpful workshops on maximizing advocacy under the guidelines. The flexibility of these guidelines is far from where it should be. However, the sharing of knowledge and strategies by feminist agencies could give rise to collective changes in charitable reporting practices, and action that could lead to further expansion of the guidelines. Possibilities for feminist agencies to re-commit to feminist advocacy and the principles of feminist organization (Thomas, 1999; Yancey Martin, 1990) are increased through the collective development of new knowledge and strategies.

DECREASING AGENCY ISOLATION

Feminist equality seeking groups in the anti-violence sector are under formidable pressure to acquiesce to mandates, practices, and evaluation regimes that do not reflect the anti-oppression and social change principles they hold. Even though agencies reason that adjusting their external presentation to satisfy funders does not interfere with the integrity of their frontline work, the inability of such agencies to publicly espouse political positions deepens the disempowerment of their neighbour agencies. Collective initiatives help balance disparities between agencies through shared knowledge and strategies, and through united resistance efforts. Agencies that are isolated in their attempts to respond to funder demands for evaluation based on pre-determined outcomes, for charitable tax reporting under dated guidelines, or for participation in ventures that detract from their mandates, could find support by tapping into a broader collective response.

REDUCING MEDICALIZATION AND CREDENTIALISM

Today, in one form or another, medicalization and credentialism are visible almost everywhere. Together they ‘consolidate’ victim-pathologization and class privilege into the specialist ‘business’ of aiding and individualizing the unfortunate. Feminists will need to act strongly against this if the original foundations of feminist analysis - the depathologization of the impacts of violence and the politicization of gender-based crime - are to re-emerge. Grappling with the threats medicalization and credentialism pose to feminist anti-violence activism has the potential to positively affect feminist civil society as a whole.

When feminists hoped for greater access for women to degreed professions, they were hoping to influence those professions, not to participate in closing doors to employment on less privileged women. Since the feminist movement

would not want doors to employment to be closed for women with credentials either, the obvious strategy is for agencies to require all workers, paid and unpaid, from the board of directors to the front line, to participate in feminist grassroots anti-oppression theoretical training as well as political activism.

Counsellors and advocates who are working to create and deliver supports intended to empower women have a responsibility to respond to the medical model from the critical perspective of feminist anti-oppression theory grounded in the sociopolitical experiences of real women. Feminist, anti-oppression, empowerment-based counselling and therapy has been devalued and repackaged in gender-neutral, competency-based, resiliency-based, strengths-based, and solution-focused therapies that do not credit feminism for principles borrowed. Recent research into various trauma therapies and the emphasis in the health sector on ‘evidence-based’ practices such as cognitive behavioural and dialectic behavioural therapies, undermines the philosophical foundation of feminist choice-based approaches and women’s access to supports that include a gender analysis.

Certainly there are those in hospitals and mental health services working to similar ends with whom feminist anti-violence community workers can work cooperatively. Common goals can help sustain a variety of joint change efforts. However, “independent services for survivors of violence cannot be seen by their clients to be mere extensions of social structures and institutions that reproduce social inequalities and retraumatize those who have already been traumatized by violence” (Marilyn McLean, personal communication, March 30, 2004). When this does occur, the result is a decrease in women’s access to feminist advocacy that is independent of the psychiatric system.

Fundamental to feminist anti-violence advocacy and activism is the continued application of feminist language, experience-based practice and feminist theoretical knowledge in counselling and support for traumatized women. Resistance to the continued imposition of gender-neutral ‘evidence-based’ therapies will require that feminists take back leadership of research and training in choice-based, conscientizing, support for women who have survived the impacts of trauma.

It is incumbent on credentialled feminist workers to challenge their own power and authority in relation to uncredentialled feminist anti-violence workers, in order to support the feminist experience-based and practice-based knowledge of these workers (Green, 2005). It is the responsibility of feminist anti-violence

organizations to provide workers who are schooled to accept DSM labels and medical models of treatment, with the experience and resources necessary to work in non-pathologizing ways with traumatized and marginalized women. As feminist organizations build their capacity to oppose the rise of this form of victim blaming, there is the opportunity for all involved to have an experience of empowerment in community. Resistance to credentialism and medicalization is a tool of community development that can help strengthen and rebuild solidarity.

**FEMINIST ACTIVIST
LEADERSHIP IN
CURRICULUM
DEVELOPMENT**

When anti-violence organizations adopt preferential hiring policies that differentially reward academically credentialled workers, those workers eventually form a higher status majority in feminist agencies. The hiring of workers who are schooled in curricula that do not include non-medicalizing feminist anti-oppression approaches to trauma or organizational conscientization, results in deskilling and slippage towards a gender-neutral medical model service delivery model.

There is an unusual relationship between feminist activist anti-violence organizations and academic program development, given the fact that feminist activist organizations have no leadership in the development of core curriculum for the professions. In credentialled areas of professional work, it is generally the case that appointed advisory councils members and licensing associations decide academic curricula. Postsecondary institutions prepare graduates whose education and training are intended to match the needed skills and values of organizations, industries, and institutions that employ graduates, just as they must match the requirements of the bodies that regulate the professions.

Without a formal relationship of this kind, between feminist anti-violence organizations and the sites that prepare credentialled graduates, feminist activists have no role in shaping curriculum in the area of violence against women. Feminist experience- and practice-based knowledge is excluded from these curricula, and thus devalued. In order to incorporate feminist theoretical and practical anti-violence content into academic programming at more than a substantive level, feminist anti-violence activists must have a leadership role at core the program development and advisory levels.

**TRANSFORMING
EVALUATION**

Feminist anti-violence work is already in itself the equivalent of a best practice¹². However, if outcomes are the ideology of the day, and feminist organizations are to engage in outcome evaluation, then feminist outcomes must be transformative outcomes. It is transformative to support women's understanding of their oppression as a political issue requiring social change, rather than approaching women with the goal of reducing their medical 'pathology'. It is transformative to conceptualize feminist anti-violence work as a socio-political relationship rather than a technical/clinical relationship. Transformative outcomes include the extent to which feminist political principles pervade all activities and aspects of an organization. The importance of maintaining a transformative vision of social change is underlined in the following passage from Sunera Thobani's *Racism, women's equality, and social reform*:

The phenomenon of women's poverty in this society is an inherent feature of the economy and social policies being followed by our government. In other words, tinkering with what we already have will do little to advance the status and rights of women in Canada. (1998, p. 25)

Corporate globalism is impacting collective organizing such that the development of feminist anti-violence program evaluations that maintain and nurture a feminist mandate is now a collective political concern. Empowerment evaluation is an example of an approach to evaluation which may prove useful to feminist activists. Although it is not yet popular in Canada, empowerment evaluation is a democratic process of organizational review in which,

Empowering processes for individuals [workers as well as clients] might include organizational or community involvement, empowering processes at the organizational level might include shared leadership and decision-making, and empowering processes at the community level might include accessible government, media, and other community resources.

Empowered outcomes refer to operationalization of empowerment... [and] citizen attempts to gain greater control in their community. (Zimmerman, 2000, as cited in Fetterman, 1999, pp. 7-8)

Feminist 'competencies' include: the ability of workers to assert and reinforce boundaries in ways that do not exploit power differences between clients and

12 The term best practice originated in the business sector and is now used in many fields, such as medicine, psychology, government, policy, health promotion, industry, literacy, and now in social change programming. In health and psychology, best practice is most often tied to diagnostic categories and clinical research. In social programming, the term best practice refers to innovative, replicable practice that has sustainable, desired effects. Best practice is a commitment to continuous improvement.

staff; the ability of workers to talk comfortably, and in bounded ways, about their own experiences of marginalization, and; the ability of workers to apply ongoing critical analyses of larger societal systems and institutions. Credentialism is inextricably linked to the push to corporatize community-based agencies, the medicalization of feminist anti-violence work, and the suppression of feminist forms of knowledge production. Much like resistance to credentialism and medicalization, feminist resistance to corporatized evaluation regimes is a feminist organizing strategy. Effective resistance depends on the cultivation of a strong organizational culture founded on anti-oppression principles, that help trainees unpack internalized dominance, and help organizations defy corporate intrusion and resist organizational deskilling.

**FEMINIST ACTIVIST
LEADERSHIP IN
RESEARCH**

All forms of research conducted in the area of violence against women, quantitative and qualitative, should be led by feminists whose work is closest to the foundational work of the feminist anti-violence sector. Many studies are being conducted, both locally and globally, that focus on the health impacts of ‘domestic’ violence, the ‘mental health effects’ of trauma, outcomes related to implementation of ‘domestic violence’ screening, and the effectiveness of various therapeutic modalities and pharmaceuticals on survivors of trauma. Professional curricula that prepare credentialled graduates are increasingly based on research and evidence-based best practice guidelines. Feminist activists have no leadership role in any of this research. It is essential that feminist forms of knowledge production continue to advance against the mechanisms of domination that threaten the structures feminists have built to support conscientization.

Feminist participatory action research (PAR) methodology is generating interest in feminist grassroots communities. The Canadian Research Institute for the Advancement of women offers training and publications that are a guide to participatory action research (Morris and Muzychka, 2002). The intent of action research is to inform change and to improve future practice and strategies. Participatory action research transfers knowledge and leadership into the hands of those the research is meant to benefit. To the social justice community, participatory action research offers a process by which people who are exploited and oppressed can generate and validate their own knowledge while engaging in social change activity.

Feminist research does not stop at the definition of a problem without providing any remedies. Rather, feminist research fosters political action to address the problems that are identified. The principles of PAR are consistent with a feminist understanding of participation, because in PAR the research participants are

actually the leaders in research that promotes action for social justice change. True participatory research is rarely practised, although it is often espoused. Soliciting client feedback or inviting feminist agency representatives to advise on a project is not participatory research. Meaningful anti-violence feminist research will be possible when institutional sites of knowledge production no longer dominate, and when feminist team structures and feminist methodologies can be implemented throughout the design and operationalization of research.

Qualitative methodology is generally unattractive to conservative researchers, whose careers depend on the research regimes supported by their disciplines. Feminist PAR is a form of democratic inquiry that involves qualitative, or a combination of qualitative and quantitative methods, as well as substantive training of non-expert participants. When participatory research is community-led, and not just community-based, community partners define the directions the research takes. This means having control of the interpretation and analysis of data, and the distribution of results, as well as having access to publishing opportunities. In order to achieve this, feminist activist leadership in research will have to be recognized and supported by government research funders, and by the institutional sites that currently control research.

Feminists can also encourage debate about the increasing use of quantitative outcomes research and evaluation to determine services for women. The development of process-focused, qualitative outcomes, that frame feminist anti-violence programs as strong anti-oppression cultures, and value existing feminist experience-based and practice-based knowledge, is a necessary strategy of resistance to the imposition of positivist research and the resulting displacement of feminist input into policy-making. Feminist resistance to the negation of feminist experience-based and practice-based knowledge by evidence-based approaches can serve as another community development tool.

EXPANDING ALLIANCES

While many feminists believe that a return to early 'grassroots' structures is not possible and hierarchies are here to stay, democratic processes within these structures that reflect feminist politics of empowerment and conscientization are needed, in order to challenge the hegemony of expanding institutional intrusion and constraint. As Anne Bishop argues, "Our means of liberating ourselves from oppression are organization and collective action, but without consciousness and healing our organisations will fall apart, and our actions will tend towards a repetition of the very oppression we are trying to change" (Bishop, 1994, p.79). Self organizing national and provincial feminist anti-violence asso-

ciations that act jointly, rather than succumbing to divisive government favouritism, form a necessary basis of collective action.

Autonomous community initiatives, coalition building, and collective organizing are also necessary to put conscientization into action, to address structural inequality, and to counter the active dismantling of civil society by corporatized government. The “rights violations that women are experiencing are connected to the failures of our governments to live up to the international agreements that they have signed on to and this, in turn, resonates throughout local and national policies” (Association for Women’s Rights in Development (AWID), 2003, p.2). Ontario feminists share these concerns with women across Canada and the globe, as women’s basic rights to inclusion and safety are increasingly undermined worldwide.

The present-day locus of economic power and decision-making has shifted to structures that lie outside the boundaries of elected governments. “Gender equality and women’s rights issues are now intimately and pervasively affected by policy decisions taken in local, national and global institutions” (AWID, 2003, p.2). Similarly, the question of whether the “non-profit system has allowed the state to co-opt social justice struggles” (INCITE, 2004) is a local, national and global concern.

Alliances and shared strategies with local social justice groups as well as transnational feminist organizations are necessary organizing practices that strengthen activism and feminist civil society. Participation in the development of market regimes that commodify the behaviour of women and impose service outputs is not. Shrinking space for feminist anti-violence advocacy and feminist civil society pushes feminists to accept further restrictions and increases isolation between agencies in the anti-violence sector.

The purpose of peace, labour, feminist, anti-poverty and antiracist activism has been to alter the institutional structures that create inequity. Just as women started the feminist movement by sharing experiences and overcoming isolation, so the women’s feminist anti-violence sector today must continue to use this strategy to build political solidarity with women seeking support, within and across organizations, and with feminist scholarship. While the scope of this task was unimagined by the women’s movement years ago, the possibilities offered by community building and mutual connection hold significant promise.

APPENDIX A

What follows is a summary of the Associate Professor Lisa Philipps' (2001) analysis of gender bias in changes to the Charitable Tax Incentive Portion of the Income Tax Act. Excerpts are from a talk called *Women, Taxes, and Social Programs*, given in 2001 at a Breakfast on the Hill Seminar in Ottawa.

- Nonprofits are characterized by revenue authorities as advocacy groups, because their educational work is deemed political and routinely denied charitable status. This leaves out many equality seeking organizations, including women's groups because what they do is considered too political.
- Women's service organizations which do qualify for charitable status, are negatively impacted by the pressure to rely more heavily on tax receipted private donations. Running fundraising campaigns is extremely time consuming... and cannot provide the same predictable level of financing as an operations grant from government.
- Women's equality seeking groups tend to have donor constituencies that are comprised mainly of women and therefore are less affluent.
- Women's agencies feel pressure to downplay activities aimed at promoting systemic legal or political change, and to concentrate exclusively on servicing individual clients if they wish to obtain or hold onto charitable status.
- The distribution of benefits from the charitable donations tax credit is gendered. Men received over two thirds of the total amount of charitable credits claimed in 1997 even though women were slightly more likely to make donations to nonprofits and their average donation was only slightly lower than men's. A likely reason for this discrepancy is that women have less income than men against which to claim charitable donations tax credits. Women may also donate more often than men to nonprofit organizations that are not registered as charities for income tax purposes.

APPENDIX B

The following information about the Canada Assistance Program is excerpted from Shelagh Day and Gwen Brodsky's (1998) analysis, titled, *Women and the equality deficit: The impact of restructuring Canada's social programs*. As well as providing 50:50 cost sharing for social assistance, the Canada Assistance Plan provided 50:50 cost sharing of important welfare-related social services, including the following:

- homemaker services for the elderly, to assist them with shopping, cooking, cleaning;
- attendant services for people with disabilities, to allow them to live independently;
- child care services to assist parents with the care of young children while they completed their education, got training, or worked;
- services to unemployed people to assist them to enter or re-enter the workforce, by paying for start-up costs, such as transportation and clothing, or tools;
- child welfare services to assist children who are neglected or abused;
- services for women fleeing male violence and abusive relationships, such as shelters and transition homes;
- counselling services for individuals, couples, families, and children, to assist them with personal, health-related, or employment problems;
- information and referral services to direct people in need to counselling, training, shelters, or emergency support;
- respite services to assist parents caring at home for children with severe disabilities; and
- assistance in covering the costs of medically prescribed diets, wheelchairs, special eyeglasses, and prostheses for people unable to purchase these necessities on their own.

REFERENCES

Arehart-Treichel, J. (2004). Association News. PTSD treatment focus of newest APA practice guideline. *Psychiatric News*, 39, 15, p. 24.

Armstrong, L. (1994). *Rocking the cradle of sexual politics: What happened when women said incest*. Reading: Addison Wesley Publishing Company.

Armstrong, P. (1999, February 11). *The impact of health reform on women*. Ottawa: Breakfast on the Hill Seminar. Available: <http://www.fedcan.ca/english/fromold/breakfast-armstrong0299.cfm>

Assaulted Women and Children Counsellor Advocate Program (AWCCA) and the Toronto Mad Pride Committee. (2004, July 13). *Roundtable Discussion and Forum: Recommendations*. Available: <http://awcca.ca>

Association for Women's Rights in Development (AWID). (2003, December). Ways and means: An advocacy guide for feminists. *Young Women and Leadership, 1*. Available: Publications. <http://www.awid.org>

Bains, C.T., Evans, P.M., and Neysmith, S.M. (1991). *Women's caring: Feminist perspectives on social welfare*. Toronto: McClelland and Stewart.

Bambra, C., Fox, D., and Scott-Samuel, A. (2005). Towards a politics of health. *Health Promotion International*. 20, 2, 187-193.

Bertram, M. (2003). *Social inequalities, madness and the system: where are we?* Available: <http://www.psychminded.co.uk/news/news2003/july03/Social%20inequalities,%20madness%20and%20the%20system%20where%20are%20we.htm>

Bishop, A. (1994). *Becoming an ally: Breaking the cycle of oppression*. Halifax, NS: Fernwood Publishing.

Boyle, F.K. (1997, January). "'Charitable activity' under the Canadian Income Tax Act: Definition, process and problems. Critical Issues and Policy Concerns in Examining the Definition of Charitable Activity" (Toronto: Voluntary Sector Roundtable). Available: <http://www.vsr-trsb.net/publications/fullrprt/issues.html>

REFERENCES

Braverman, H. (1974). *Labour and monopoly capital: The degradation of work in the twentieth century*. New York & London: Monthly Review Press.

Bridge, R. (2000, September). *The law of advocacy by charitable organizations: The case for change*. Vancouver, B.C.: Institute for Media, Policy and Civil Society (IMPACS).

Brown, J., Gallant, G. and Junaid, B. (2002, November). *A needs assessment of women and children suffering abuse and experiencing mental health issues*. Toronto: The YWCA.

Burstow, B. (1992). *Radical feminist therapy. Working in the context of violence against women*. Newbury Park: Sage Publications.

Burstow, B. (2003). Toward a radical understanding of trauma and trauma work. *Violence Against Women*, 9, 11, 1293-1327.

Canada Revenue Agency (1998, May 11). *Employee speech. The future of charities in Canada*. CES – 004. Available: <http://www.cra-arc.gc.ca/tax/charities/policy/ces/ces-004-e.html>

Canada Revenue Agency (1999, December 1). *Employee speech. Tax advantages of donating to charity*. CES – 009. Available: <http://www.cra-arc.gc.ca/tax/charities/policy/ces/ces-009-e.html>

Canada Revenue Agency. (2003, September 2). *Policy statement: Political activities. The difference between political purposes and charitable purposes*. CPS-022. Available: http://www.cra-arc.gc.ca/tax/charities/policy/cps/cps-022-e.html#P107_9478

Chomsky, N. (1992). In R. Chepesiuk, *Sixties radicals, then and now: Candid conversations with those who shaped the era* (1995) (pp. 133-146). Jefferson, N.C., McFarland & Co. Excerpt Available: <http://www.chomsky.info/interviews/1992----.htm>

Convention on the Elimination of Discrimination Against Women (CEDAW). (2003, January 31). *Draft report. Convention on the elimination of all forms of discrimination against women: Twenty-eighth session*. Available: http://www3.telus.net/bcwomen/archives/CEDAWdraftreport_jan_03.pdf

REFERENCES

Greenall, D. (2004, May). *The national corporate social responsibility report: Managing risks, leveraging opportunities. Governance and corporate social responsibility*. Ottawa: Conference Board of Canada. Available: <http://www.conferenceboard.ca/GCSR/national-csr.htm>

Cooper, M., Warthe, D. Gaye, & Hoffart, I. (2004, March 15). *United Way family and sexual violence sector review companion document 2: Review of best practices in family and sexual violence programming*. The City of Calgary Sector Reviews: Family and Sexual Violence Sector Review. Available: http://www.calgary.ca/docgallery/bu/community_strategies/fcss/fcss_fsv_review_companion_2_bpreview.pdf

Cross, P. (2005, January 5). *Government announces "Domestic violence action plan"*. Ontario Women's Justice Network. Available: <http://www.owjn.org/issues/w-abuse/actionplan.htm>

CUPE. (2004, February 19). *CUPE 3636, Yellow Brick House, Locked Out*. E-LEFT Available: <http://list.web.net/archives/e-left-1/2004-February/004711.html>

CUPE. (2000, September 7). *Analysis of a public-private partnership-business transformation project of Ontario: A PPP between the Ministry of Community and Social Services and Andersen Consulting*. Available: <http://cupe.ca/www/Socialservices/4293>

Davis, H. (1999). The psychiatrization of post-traumatic distress: Issues for social workers. *British Journal of Social Work*, 29, 5, 755-777.

Davis, L.V., Hagen, J.L. & Early, T.J. (1994). Social services for battered women: Are they adequate, accessible, and appropriate? *Social Work*: 39, 5, 695-702.

Day, S. & Brodsky, G. (1998, March). Women and the equality deficit: The impact of restructuring Canada's social programs. Available: http://www.swc-cfc.gc.ca/pubs/pubspr/0662267672/index_e.html

Department of Finance Canada. (2005). A productive, growing and sustainable economy. In *The budget plan 2005*. Ottawa: Her Majesty the Queen in Right of Canada. Available: <http://www.fin.gc.ca/budget05/bp/bpc4be.htm>

REFERENCES

- Department of Justice. (2001, August). *Evaluation and citizen engagement*. Information Resources, Evaluation Division, Policy Integration and Co-ordination Section. Available: http://canada.justice.gc.ca/en/ps/eval/reports/01/citizen_engagement/ce.pdf
- Edelman, I. (2000). Evaluation and community-based initiatives. *Social Policy*, 31, 13-23.
- Ernst, K. (2002). *COH Muttart research project. Hull outcome monitoring and evaluation system: COI outcome model*. Alberta Council of Women's Shelters Outcome Project. Canadian Outcomes Institute. Available: http://www.hmrp.net/CanadianOutcomesInstitute/projects/pdf_common/HOME-SOutcomeModel.pdf
- Ernst, K. (2001). Outcomes project. Annual report, 2001. *Alberta Council of Women's Shelters outcome project*. Canadian Outcomes Research Institute. Available: <http://www.hmrp.net/CanadianOutcomesInstitute/pdf/AnnualReport2001.pdf>
- Fetterman, D.M. (1999). Reflections on empowerment evaluation: Learning from experience. *Canadian Journal of Program Evaluation*, 14, Special Issue, 5-37.
- Fooks, C. and Maslove, L. (2004, March). *Rhetoric, fallacy or dream? Examining the accountability of Canadian health care to citizens*. Health Care Accountability Papers No/ 1. Health Network. Ottawa: Canadian Policy Research Networks Inc.
- Foreign Ministers on the Community of Democracies Convening Group. (2002, September 27). *Community of democracies criteria for participation and procedures*. Available: <http://www.cdemo.cl/cdemoing/pdf/CriteriaforParticipationandProcedures.pdf>
- Freire, P. (1998). *Pedagogy of freedom: Ethics, democracy and civic courage*. Lanham: Rowman and Littlefield.
- Global Policy Forum. (2004). *Currency transaction taxes*. Available: <http://www.globalpolicy.org/socecon/glotax/currtax/schmidt1.htm>
- Goard, C. & Tutty, L. (2003, September). *Turning points: An analysis of YWCA violence against women shelters and family violence programs*. Calgary:

REFERENCES

- YWCA Calgary and the Faculty of Social Work, University of Calgary. Available: http://www.ywacacanada.ca/docs/_NEWS_TempPostings/Shelter_book_complete.pdf
- Grant, K. (2000, August). *Is there a method to this madness? Studying health care reform as if women mattered*. The National Co-ordinating Group on Health Care Reform and Women, Centres of Excellence for Women's Health Program, Women's Health Bureau, Health Canada. Available: http://www.cewh-cesf.ca/PDF/health_reform/method-madness.pdf
- Green, L. (2005). *Social factors that account for the marginalization of activist principles in feminist counselling and therapy practice*. Dissertation research (Forthcoming).
- Halifax Initiative. (2001, October). *Taxing currency transactions - From feasibility to implementation. Conference Papers*. Available: http://www.halifaxinitiative.org/updir/Conference_Papers.pdf
- Hansberger, A. (2001). Policy and program evaluation, civil society, and democracy. *American Journal of Evaluation*, 22, 2, 211-228.
- Harvie, B. (2002, January). *Regulation of advocacy in the voluntary sector: Current challenges and some responses*. Advocacy Working Group. Available: http://www.vsi-isbc.ca/eng/policy/pdf/regulation_of_advocacy.pdf
- Health Services Restructuring Commission (HSRC). (2000). *General Information*. Available: http://www.health.gov.on.ca/hsrc/e_gi_faq.htm
- Health Professions Regulatory Advisory Council (HPRAC). (2001, March). *Adjusting the balance: A review of the Regulated Health Professions Act*. Available: <http://www.hprac.org/downloads/fyr/RHPAReport.pdf>
- Hendy, H.M., Eggen, D., Gustitus, C., McLeod, K.C., & Ng, P. (2003). Decision to leave scale: perceived reasons to stay in or leave violent relationships. *Psychology of Women Quarterly*, 27, 162-173.
- Herman, J.L. (1992). *Trauma and recovery*. New York: Basic Books.
- Hinton, L. (2002). *Kitchen table project: Evaluating the experiences of women within the mental health system since reform - Phase 2*. London, Ontario: Women's Mental Health and Addiction Research Coalition.

REFERENCES

Horwitz, A.V. (2002). *Creating mental illness*. Chicago: The University of Chicago Press.

INCITE! (2004). *The revolution will not be funded: Beyond the non-profit industrial complex, Session Two*. Women of Color Against Violence. Conference Resources. Available: <http://www.incite-national.org/resources/order.html>

Institute for Media, Policy and Civil Society (IMPACS). (2000-2005, ongoing). *Charities and Democracy Project*. Available: <http://www.impacs.org/charities>

Institute for Media, Policy and Civil Society (IMPACS) and the Canadian Centre for Philanthropy and the Voluntary Sector Forum. (2003, October 7). *Canadian charities call for change to lift restrictions on advocacy: New guidelines from CCRA called inadequate*. Vancouver, B.C.: IMPACS. Available: <http://www.impacs.org/charities/Resources/Oct03mediareleaseEng.pdf>

International Forum on Globalization (IFG). *About the international forum on globalization*. Available: <http://www.ifg.org>

Kitzinger, C. (1996). Therapy and how it undermines the practice of radical feminism. In D. Bell & R. Klein, *Radically speaking: Feminism revisited* (pp. 155-168). London: Spinifex Press.

Kitzinger, C. (1993). Depoliticising the personal. A feminist slogan in feminist therapy. *Women's Studies International Forum*, 16, 5, 487-496.

Kivel, P. (2000). *Social service or social change?* Available: <http://www.paulkivel.com/uploads/Social%20Services%20or%20Social%20Change%20Final.pdf>

LaForest, R. and Orsini, M. (2005). Evidence based engagement in the voluntary sector: Lessons from Canada. *Social Policy and Administration*, 39, 5, 481-497.

Lakeman, L. (2004). *Canada's promises to keep: The Charter and violence against women*. Vancouver: Canadian Association of Sexual Assault Centres.

Legislative Assembly of Ontario. (1996, May 1). *Statements by the Ministry and responses: Violence against women. Honorable Dianne Cunningham (Minister Of Intergovernmental Affairs, Minister Responsible For Women's Issues)*. Han-

REFERENCES

sard transcript L067. Ottawa. Available: http://www.ontla.on.ca/hansard/house_debates/36_parl/session1/L067.htm#P64_14659

Leschied, A. W., Whitehead, P.C., Hurley, D., & Chiodo, D. (2003, October). *Protecting children is everybody's business: Investigating the increasing demand for service at the Children's Aid Society of London and Middlesex*. London, Ontario: The University of Western Ontario. Available: [http://www.edu.uwo.ca/CAS/pdf/Overview%20\(final\)%20-%20Sept%2030%20031.pdf](http://www.edu.uwo.ca/CAS/pdf/Overview%20(final)%20-%20Sept%2030%20031.pdf)

Longwe, Sara H. (2001). Gender equality and women's empowerment. African women's development and communication network, *FEMNET*. Available: <http://povlibrary.worldbank.org/library/view/14639>

MacMillan, H.L. & Wathen, C.N. (2001, September). *Prevention and treatment of violence against women. Systematic review and recommendations*. CTFPHC Technical Report #01-4. London: Canadian Task Force on Preventive Health Care.

Martin, T.R., Smith, N. & Stuart, J.F. (2003, July 26). Democracy in the politics of Aristotle. In C.W. Blackwell (Ed.), Dmos: Classical Athenian Democracy. In A. Mahoney & R. Scaife (Eds.), *The Stoa: a consortium for electronic publication in the humanities*. Available: http://www.stoa.org/projects/demos/article_aristotle_democracy?page=1&greekEncoding=UnicodeC

McLeod, L. (1987). *Battered but not beaten: Preventing wife beating in Canada*. Ottawa: Canadian Advisory Council on the Status of Women.

McNamara, J.R., & Fields, S.A. (2001). The abuse disability questionnaire: Internal consistency and validity considerations in two samples. *Journal of Family Violence*, 16, 1, 37-45.

McQueen, D.V. & Anderson, L.M. (2001) What counts as evidence? Issues and debates. *WHO Regional Publications European Series*, 92, 63-81.

McQuaig, L. (1998). *The cult of impotence: Selling the myth of powerlessness in the global community*. Toronto: Penguin Books.

Minister of Industry. (2004, September). *Cornerstones of community: Highlights of the national survey on nonprofit and voluntary organizations*. Ottawa:

REFERENCES

Statistics Canada. Available: http://www.nonprofitscan.ca/pdf/NSNVO_Report_English.pdf

Ministry of Community and Social Services. (1995). *Business transformation project*. Available: http://www.accenture.com/xd/xd.asp?it=caweb&xd=locations%5Ccanada%5Cindustries%5Cgovernment%5Ccase%5Ccommunity_social.xml

Ministry of Health and Long-Term Care. (1999). *Mental health reform. Making it happen*. Available: http://www.health.gov.on.ca/english/public/program/mentalhealth/mental_reform/makingithappen_mn.html

Ministry of Health and Long-Term Care. *Mental health accountability framework*. Available: http://www.health.gov.on.ca/english/public/pub/ministry_reports/mh_accountability/mh_account_mn.html

Moane, G. (1999). *Gender and colonialism: A psychological analysis of liberation and oppression*. London: Macmillan.

Morrow, M., Hankivsky, O., & Varcoe, C. (2004). Women and violence: The effects of dismantling the welfare state. *Critical Social Policy*, 24, 3, 358-384.

Morris, M. & Muzychka, M. (2002). *Participatory research and action. A Guide to becoming a researcher for social change*. Ottawa: Canadian Research Institute for the Advancement of Women.

Mosher, J. (1998). Caught in the tangled web of care: Women abused in intimate relationships. In C.T. Baines, P.M. Evans and S.M. Neysmith (Eds.), *Women's caring: Feminist perspectives on social welfare* (pp. 139-159). Toronto: Oxford University Press.

Ó Tuama, S. (2002). *Key players or cameos: Science and technology policy and customers, stakeholders and citizens*. Political Studies Association. Available: PSA Annual Conference Papers. <http://www.psa.ac.uk/cps/2002/otuama.pdf>

O'Connor, J. (2005). Rape crisis: The debate over professionalized services. *Herizons*, 18, 3, p. 29.

Ontario Association of Interval and Transition Houses (OAITH). (1998, November). *Falling through the gender gap: How Ontario government policy*

REFERENCES

continues to fail abused women and their children. Ontario: OAITH. Available: <http://www.owjn.org/archive/gender.htm>

Ontario Health Coalition. (1999). *Hospitals fact sheet #1*. Available: http://www.web.net/~ohc/docs/fact_hospitalpolicy.htm

Orsini, M. (In Press). Discourses in distress: From 'health promotion' to population health to 'You are responsible for your own health'. In M. Orsini and M. Smith (Eds.), *Reconfiguring Policy Analysis: Contemporary Canadian Approaches*. Vancouver: University of British Columbia Press.

Orsini, M. (2005, June). *Community-run or community-based*. Symposium conducted at the meeting of the 12th Biennial Canadian Social Welfare Policy Conference: Forging Social Futures, Fredericton, New Brunswick.

Philipps, L. (2001, April 26). *Women, taxes, and social programs*. *Breakfast on the Hill Seminar*. Ottawa: Canadian Federation for the Humanities and Social Sciences. Available: <http://www.fedcan.ca/english/fromold/bphphbreakfast-philipps0401.cfm>

Proffitt, N.J. (2000). *Women survivors, psychological trauma, and the politics of resistance*. New York: The Haworth Press.

Rebick, J. (2000). *Imagine democracy*. Toronto: Stoddart Publishing Co.

Romanow, R. J. (2005, May). *The Canadian index of wellbeing: Taking measure of the things that count*. Speech at the National Conference of the United Way, Toronto. Available: http://www.atkinsonfoundation.ca/ciw/RJRUNITED_WAY.pdf

Salazar, L.F. & Cook, S.L. (2002). Violence against women: Is psychology part of the problem or the solution? A content analysis of psychological research from 1990 through 1999. *Journal of Community & Applied Social Psychology*, 12, 410-421.

Salmon, B. (1999, March 24). *Tobin Tax motion passes in Canada's Parliament*. Arcata, CA: Tobin Tax Initiative. Center for Environmental Economic Development. Available: <http://www.ceedweb.org/iirp/canadames.htm>

Santayana, G. (1905). *Life of reason*. New York: Scribner's.

REFERENCES

- Saul, J.R. (2004, March 16). *The collapse of globalism and the rebirth of nationalism*. Harper's Magazine.
- Schwandt, T. A. (2000). Further diagnostic thoughts on what ails evaluation practice. *American Journal of Evaluation*, 22, 2, 225-229.
- Scott, K. (2003). *Funding matters: The impact of Canada's new funding regime on nonprofit and voluntary organizations*. Ottawa: Canadian Council on Social Development. Available: <http://www.vsi-isbc.ca/eng/funding/fundingmatters/index.cfm>
- Sinclair, D. (2003, December 31). *Overcoming the backlash: Telling the truth about power, privilege, and oppression. Exploring gender-based analysis in the context of violence against women*. A resource kit for community agencies. Durham Region: The Gender Advisory Committee of the Violence Prevention Coordinating Council.
- Smith, D. (1990). *The conceptual practices of power: A feminist sociology of knowledge*. Toronto: University of Toronto Press.
- Smith, E. (2004, March). *Nowhere to turn?: Responding to partner violence against immigrant and visible minority women*. Submission to the Department of Justice, Sectoral Involvement in Departmental Policy Development (SIDPD). Ottawa: Canadian Council on Social Development (CCSD). Available: http://www.ccsd.ca/pubs/2004/nowhere/nowhere_to_turn.pdf
- Thobani, S. (1998). Racism, women's equality, and social policy reform. In L. Ricciutelli, J. Larkin, & E. O'Neill (Eds.), *Confronting the cuts: A sourcebook for women in Ontario* (pp. 23-28). Toronto: Inanna Publications and Education Inc.
- Thomas, J.E. (1999). "Everything about us is feminist" The significance of ideology in organizational change. *Gender & Society*, 13, 1, 101-119.
- Tobin, J. (1978). A proposal for international monetary reform. *Eastern Economic Journal*, 4, 153-59.
- Torjman, S. (1995, May). *Let-Them-Eat-Cake-Law*. Ottawa: The Caledon Institute of Social Policy. Available: Publications by date. <http://www.caledon-inst.org>

REFERENCES

- Toupin, L. & Goudreault, N. (2001, February). *Social and community indicators for evaluating women's work in communities*. Status of Women. Canada's Policy Research Fund. Available: http://www.swc-cfc.gc.ca/pubs/pubspr/0662650344/200102_0662650344_e.pdf
- Treasury Board of Canada Secretariat. (2004, November). *Questions and answers on business transformation enablement program (BTEP)*. Available: http://www.tbs-sct.gc.ca/btep-pto/qa-qr/qa-qr_e.asp
- Voluntary Sector Roundtable. (1998, May). *Helping Canadians help Canadians: Improving governance and accountability in the voluntary sector*. Ottawa: Panel on Accountability in the Voluntary Sector. Available: <http://www.vsr-trsb.net/pagvs/helping.html>
- Voluntary Sector Task Force. (1999, August). *Voluntary Sector Initiative. Working Together: A Report of the Government of Canada/Voluntary Sector Joint Initiative: Report of the Joint Round Tables*. Ottawa: Privy Council Office. Available: http://www.vsi-isbc.ca/eng/knowledge/working_together/index.cfm
- Warrington, M. (2003). Fleeing from fear: The changing role of refugees in meeting the needs of women. *Capital & Class*, 80, 123 - 150.
- Webb, A. (2003, August). *Equality-based public policy development: Views from the Field*. Women in Public Policy Initiative. Available: http://dawn.thot.net/docs/WIPP_Report2.pdf
- Weldon, S.L. (2004, March). *The dimensions and policy impact of feminist civil society: Democratic policymaking On violence against women In the fifty US states*. *International Feminist Journal of Politics*, 6, 1, 1-28.
- Whalen, M. (1996). *Counseling to end violence against women: A subversive model*. Thousand Oaks, CA: Sage Publications.
- Wilkinson, R. & Marmot, M. (2003). *Social determinants: The solid facts (2nd ed.)*. Copenhagen: World Health Organization Regional Office for Europe. Available: <http://www.who.dk/document/e81384.pdf>
- Wilkinson, S. (1997). Feminist psychology. In D. Fox & I. Prilleltensky, *Critical psychology: An introduction* (pp. 34-50). London: Sage Publications.

REFERENCES

Workfare Watch (1998, November) *Anderson and the auditor*. Ontario Social Safety Network with the Workfare Watch Project. Available: <http://www.welfarewatch.toronto.on.ca/ossn/anderson.html>

Yalnizyan, A. (2005). *Canada's commitment to equality: Gender analysis of the last ten federal budgets (1995-2004)*. Ottawa: Canadian Feminist Alliance for International Action FAFIA. Available: <http://www.fafia-afai.org/proj/gb/comeq.php>

Yancey Martin, P. (1990). Rethinking feminist organizations. *Gender & Society*, 4, 2, 182-206.

Yellow Brick House. (2003). *Considerations for the future: An examination of shelter services and models of change*. Aurora: Author.

Zimmerman, M.A. (2000). Empowerment theory: Psychological, organizational, and community levels of analysis. In J. Rappaport & E. Seldman (Eds.), *Handbook of Community Psychology* (pp. 43-64). New York: Plenum.