

## ISKWEW: EMPOWERING VICTIMS OF WIFE ABUSE

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### INTRODUCTION

Former federal Health and Welfare Minister, Jake Epp, recently described family violence as a serious problem, with high costs to individuals, families, and society as a whole (Canada 1988). Family violence has come to be broadly defined and includes the abuse of wives, children, youths and the elderly. Women's groups have been very successful in creating public awareness of wife and child abuse and, as a result, public concern about family violence has increased significantly in recent years. There is growing recognition that family violence is an unacceptable behaviour which has serious social and criminal consequences for Canadians, and for our society (Canada 1988).

The prevalence of abuse of Canadian women is a national tragedy. In May 1982, the Canadian House of Commons officially accepted that one out of every ten Canadian women is battered by her husband (Macleod 1987: 3). The proportion of Canadian Native women who are abused is estimated to be as high as seven out of ten in some communities (W. Jamieson 1987: 6). The term, wife abuse, is the commonly used descriptive phrase, but includes abuse of girlfriend, partner, former wife, and so on.

The problems of abused women and their children do not end after the crisis phase of the abuse cycle. Family violence cycles are usually repeated many times in the lives of these women. Despite a growing realization among professionals who are concerned with family violence, and who feel it is time to move attention beyond the crisis phase of physical family violence, this awareness has not been reflected in budget allocations for follow-

up services. Even the term "follow-up" is misleading, since it implies that the crisis is over once there has been crisis intervention. But the woman's feeling of crisis and her need for support rarely end with the crisis intervention. These women need programs and services which are ongoing: "follow-through" is a term used to describe this continuity. Follow-through support will help to prevent the next crisis, and perhaps even break the cycle of violence (Canadian Council on Social Development 1987).

Numerous studies have also documented that many abused women and their children suffer at the hands of well meaning, but ill informed and over worked service providers. This phenomenon has been coined "double victimization" to suggest that these women suffer from abuse at home, and from lack of support within the social structure that is established to help them (Canadian Council on Social Development 1987).

This paper describes a follow-through project which attempts to break the cycle of violence in the lives of its client group, and to strengthen the community network of social agencies involved in the problems of abuse. The name of the project is "Iskwew: Women Helping Women" (Iskwew is the Cree word for women). Iskwew is a project in progress, still in its early stages of development.

## THE NATIONAL PICTURE

A press release announcing the new federal government family violence initiatives (June 1988) presented the following information on wife abuse:

A 1987 report by the Canadian Advisory Council on the Status of Women estimated that each year as many as one million women in Canada may be battered by the men with whom they live.

A 1987 province-wide survey of wife assault in Alberta, conducted by the University of Alberta, revealed a rate of wife assault in 11% of couples, with severe violence in 2%; 46% of respondents in the same survey indicated knowledge of wife assault among people they know.

The situation for Canada's Native people is even more bleak. A survey of 300 Micmac women in Nova Scotia found that seven out of ten married Native respondents had been victimized by their husbands (Nova Scotia Native Women's Association study, cited in W. Jamieson 1987: 6).

Within the Native population, many persons feel alienated from the dominant social and justice systems, which operate according to principles which are frequently at odds with cultural traditions and social control practices (W. Jamieson 1987). Native women who have seen elements of the Canadian legal process work against their interests, such as child welfare legislation, are less likely to seek resolution of their problems through the law (Morse 1976; Johnston 1983, cited in W. Jamieson 1987: 2).

In a paper on spouse abuse of Native women in Canada,<sup>1</sup> W. Jamieson (1987) presents a set of assumptions relating to the historical development of Native societies and gender relations since European contact:

1. That Native male violence against Native women is a reflection of the changing social and gender relationships within Native societies as a whole;
2. That these changing internal relationships reflect changing relationships with the dominant culture in which Native people are increasingly marginalized, socially, economically, and politically, and that Native women experience this demotion to a greater degree than the men. Prior to European contact, it is generally agreed that the status of Native women was characterized by greater equality, in which they played a valuable social and economic role in family and community life, and exercised considerable personal autonomy (Brodrigg 1984; Leacock 1981). Through European contact, however, this balance was upset, and Native women found themselves at the bottom of the hinterland ladder (Van Kirk 1980);
3. That the nature of Native gender relations remains distinct from that of the dominant culture despite European-oriented, gender-based inequalities, and that this nature will vary across Canada according to such factors as the degree of isolation from, or integration with, the dominant culture (W. Jamieson 1987: 4-5).

Further, it is argued that Native male dominance is distinct from non-Native patterns for two reasons: Native males do not have

access to equitable opportunities and positions in Canadian society, generally; and specifically, they have been denied meaningful roles within their cultures (K. Jamieson 1981; Frideres 1983).

Abuse comes in many forms: physical, emotional, economic, sexual. The immediate health needs of abused women, and their children, are often very basic. They need a safe and secure environment which provides respite from a damaging situation, and an adequate income to cover the cost of food and shelter. They need to improve their self-confidence and self-esteem; they need to obtain the knowledge and skills to gain access to the appropriate social and legal services; and for many women of minority populations, they need to reaffirm their traditional cultural heritage.

Abused women continue in a state of deprivation and anger until they are able to remove themselves from the battering environment, and until they are able to move beyond a state of chronic service need. Obstacles which prevent abused women from achieving health and a better life include:

- lowered self-esteem.
- guilt and blame.
- the social stigma attached to abuse.
- fear for physical safety.
- isolation.
- poor housing.
- the fear of loss of children.
- limited life skills.
- limited social support systems.
- non-marketable job skills.
- inadequate day care.
- the public nature and reputation of crisis facilities and other intervention services.

#### THE POPULAR INCEPTION OF ISKWEW

Prince Albert, the home of this project, is a small city of approximately 35,000 people, located in the north-central part of Saskatchewan. The local Native government organization is the Prince Albert District Chiefs, which is composed of 12 bands, having a population of nearly 16,000 and extending to the border of the Northwest Territories. The city of Prince Albert has the

only crisis shelter for abused women in this district and therefore is the centre for many Native women who are fleeing from violence. Within the general city population, the number of abused women is assumed to be similar to the national rate; as yet, we have no figures specific to this area. Often, the crisis shelter can accommodate only one-quarter of the women who seek refuge in it. Thus, to deal with the crisis phase and the follow-through, there is a glaring need for more services for these abused women.

In early 1987, as a member of the Prince Albert Cooperative Health Centre, I discussed with its program director my perceptions of the unique role and responsibility of a community health clinic in addressing conventionally unmet health needs of populations at risk. To broaden these discussions, we invited roughly a dozen local women to join us. This group agreed that the critical health need related to the absence of accessible, suitable housing for women and their children who were leaving Interval House, the crisis shelter for abused women. Interval House is a program of West Central Native Women, a local of the Aboriginal Women's Council of Saskatchewan. The maximum stay at Interval House is six weeks; beyond this period residents must find their own accommodation in the city, and this, we found, was often highly unsatisfactory. The director of Interval House, who was part of our discussion group, arranged for us to visit some former tenants and take pictures of the suites. What we found were cold, shabby, crowded, unsanitary and dangerous accommodations.

One house we visited was divided into three suites: basement, main floor, and second floor. In the basement suite, the tenant had removed floor tiles from the bathroom because they were so rotten and curled that she could not keep the floor dry and clean with the tiles in place. The toilet did not work, and the family used a swill pail which they emptied in the back yard. The bathroom tap supplied the only source of hot water; the tenant did her dishes there and carried water to the kitchen

to do the laundry. The ceiling had a large hole which exposed the bathroom of the main floor suite.

The main floor suite had a bathroom with a bathtub, but the tenants were apprehensive of it because the floor boards were so weak they feared crashing through to the basement. The main floor ceiling had a hole in it as well, which had been poorly repaired; leaking water from the upper floor bathroom had cracked it open again. The kitchen sink in the main floor suite had only cold water. The fridge, adjacent to the sink, had an electrical short; if someone touched the fridge and metal border around the sink at the same time a shock was experienced.

Some of the problems that we found in other suites included: dangerous levels of gas leaking from a stove; one floor heater for an entire flat; unprotected electrical sockets; draughty doors and windows; and hot water heaters which leaked.

The tenants had repeatedly requested repairs from the landlords, but nothing was done. These women neither knew of whom to complain to get action nor wanted to jeopardize their chances for accommodation by precipitating closure of these suites when they had no alternatives. A local public health inspector explained that he rarely received a complaint from a tenant, but rather from a neighbor who did not want this kind of person, or this dilapidated housing, next to his property.

The landlords set the rent at the maximum allowed for housing women on assistance with dependents. Most of the women in Prince Albert did not qualify for subsidized housing because the majority of these units were for low-income working poor. Most city landlords would not rent to these women because they had come off the reserves and had no local work record or personal references.

## THE POPULAR RESPONSE

In response to these deplorable conditions, our women's group coalesced in solidarity, feeling that immediate and strong action was needed. Sadly, we found that most avenues of recourse were not helpful. The housing inspection team could

take action if it found a structure unfit for occupancy: they could placard the structure, and evict the tenants. But this did not benefit the tenants, because they would be left homeless. The social welfare officers informed us that they had no responsibility to find or monitor the quality of housing for recipients of social assistance, and they were already overburdened by their assigned tasks and case loads. The city councillor who had the housing portfolio informed me that an investigation into city housing had been done some years ago. It was found that, although some rentals were substandard, the landlords had to be credited for their willingness to rent to these tenants who were said to damage the rental units unduly.

It appeared that we were a handful of women concerned for the mired circumstances of another group of women, and that resolution of the problem was going to be a long and difficult process. It was obvious that we needed a broader base of community involvement and action if we were ever to see any improvement.

One step to alleviate the problem would be to develop second stage housing, which is specially designated and protected accommodation providing a safe, healthy, stable environment for abused women in which to recuperate and establish new lives for themselves and their children. Following the maximum six weeks stay at the crisis shelter, a woman could move into second stage housing if she continued to need alternate arrangements, with the assurance that she would have stability for six months to two years, as needed, to create a normal life for herself and her children.

As we discovered, the development of second stage housing is a forbidding task. Two courses of action were examined at this time. The first was to apply to the Health Promotion Directorate's Contribution Program of Health and Welfare Canada, but we were told that this program would not fund housing because the provincial government would then be obliged to pick up ongoing operational costs. The second course of action was to apply to Canada Mortgage and Housing Corporation's (CMHC)

Nonprofit Housing Program. This we are continuing to pursue, but an Ottawa official of CMHC cautioned that this process could easily entail two years of negotiations just to qualify for a mortgage. Recently, the federal government announced new family violence initiatives in which six federal departments will spend a total of \$40 million in additional funds over the next four years to help address the problem of family violence (Canada 1988). This move is commendable, and as a result CMHC will receive \$22.2 million for the creation of five hundred new short-term shelter units for crisis assistance. Unfortunately, none of this money is available for second stage housing. Therefore, following the crisis, abused women and their children still do not have anywhere secure and stable to go to rebuild their lives.

While continuing to be aware of the housing problem, our women's group decided to shift its emphasis to working with abused women themselves, in an attempt to offer personal, individual and collective support. We went back to the Health Promotion Directorate, and submitted a project proposal to its Contribution Program to develop a network of mutual help groups for abused women, and to strengthen the community network of organizations to better aid women experiencing violent relationships. The Prince Albert Cooperative Health Centre, initially the focus of our discussions, agreed to be our sponsoring agency for the proposal and has been a generous ally to date. Our breakthrough came when we were awarded funds for the two year project.

#### THE ISKWEW PROJECT PHILOSOPHY

Iskwew is managed by a committee of six volunteers, some of whom have been with the project since the early developmental days. Through an extensive advertising and selection process, we were able to hire three excellent program staff (one full-time and two part-time) and one part-time secretary. Like our management committee, the composition of the staff reflects the Native and non-Native mixture of the community at large. As well, both



committee and staff members have personal and professional experience with family violence.

Active discussion and debate continues on the philosophies that are to guide the project. Areas which articulate our beliefs are popular education, participatory research, and feminism, all with an aim towards empowerment.

Both popular education and participatory research are heavily influenced by Paulo Freire, an educator who was involved in literacy training in Brazil in the early 1960s (Freire 1970). The traditional colonial education system taught Latin Americans, who had access to education, to accept the world view of a small elite. By contrast, Freire's students learned to read and write through discussion of basic problems they themselves were experiencing, such as lack of access to agricultural land. As the basis of their problems became clear, the students analyzed and discussed what joint action could be taken to change their situation. The term used by Freire for this process of action/reflection/action was "conscientization," and it led participants not only to acquire new literacy skills, but also to understand their own reality. Brazil's military coup in 1964 put an end to Freire's work there, but the seeds of a new concept for education had been sown. Subsequently, Freire's methodology became associated with organizing efforts, and political action, being undertaken by grassroots organizations in South America in the 1970s. And because this approach took a clear stand in support of the hopes and aspirations of the vast majority of people in South and Central America, it came to be known as "popular education" (Arnold and Burke 1983).

Popular education has been chosen as the working model for the project; it has been described as education for critical consciousness. Developing critical consciousness involves learning to perceive economic, political, and social contradictions, and taking action to change oppressive elements of reality (Freire

1970). This approach is well suited to analyze gender-specific violence in our society. Popular education:

- starts with the concrete experiences of the clients.
- involves a high level of participation.
- is a collective effort.
- is an ongoing process that leads to action for change.
- stresses the creation of new knowledge.
- causes an analysis and reflection of the current reality.
- strengthens the ability of people to organize themselves.
- links local experiences to historical and global processes (Arnold and Burke 1983).

A few of the members of our management committee and staff have had some exposure to popular education and theatre, and we are working with resource people to increase our knowledge and its application to our work.

Participatory research (PR) follows the same process of "conscientization" by combining three activities: investigation, education, and action. PR is a method of social investigation of problems, involving participation of oppressed and ordinary people in problem posing and solving. It is an education process for the researcher and participants who analyze the structural causes of problems through collective discussion and interaction. Finally, it is a way for researchers and oppressed people to join in solidarity to take collective action, both short and long term, for radical social change. Locally determined and controlled action is a planned consequence of inquiry (Hall 1979; PR Network 1982, as cited in Maguire 1987).

As stated by Maguire (1987: 96), feminism is defined as a worldwide movement for the redefinition and redistribution of power. Feminism includes: a belief that women universally face some form of oppression or exploitation; a commitment to uncover and understand what causes and sustains oppression, in all its forms; and a commitment to work individually and collectively in everyday life to end all forms of oppression.

With these philosophies guiding us, we work with our clients. We have defined as our target group women who are subject to domestic violence, particularly those who do not already have social, economic, cultural, and professional support systems to help them cope with difficulties. Our efforts are aimed at Native women because we were especially concerned with those women who had left Interval House only to end up in poverty situations. It is anticipated that the majority of women who join the project's mutual help groups will be Native, and studies would indicate that the incidence of abuse is higher within Canada's Native populations. But we do not discriminate; we welcome anyone into our groups. To date we have begun three groups which are roughly half Native and half non-Native. The staff who assist the groups report that there is no apparent distinction between the two populations: all the women seem to share common problems and pains. This commonality brings them together as oppressed women who suffer the same indignities and alienation. They talk about the impact of societal and individual dominance in their lives, and they support each other in solidarity.

Maguire quotes from her work with the battered women's support group in New Mexico, involving a mixed group of Navajos, Anglos, and Hispanics:

We'd be talking, the women who'd been through similar situations, not everything was the same, but it seemed like we were all talking about the same man (1987: 173).

Indeed, there is much that any abused woman has in common with another. However, Green maintains, "For Indian feminists, every woman's issue is framed in the context of issues pertinent to Native peoples" (1983: 14), for example, issues such as tribal sovereignty and self-determination. Generations of oppression by a dominant culture have exacerbated the position of the Native woman, and generations of forced cultural change have taken a greater toll on them. Native women acknowledge many

similarities between their problems and those of other non-Native women. But Native women, as represented in the literature, suffer triple degradation: oppression based on race, gender, and class, both within the broader North American culture, and frequently within their own tribal cultures, regardless of whether men in various tribes oppressed women prior to European contact (Maguire 1987).

Thus, Iskwew is dealing implicitly with broader societal and cultural aspects of abuse. With our staff and management committee composed of Natives and non-Natives, every step of our planning and action is subject to checks and balances according to different cultural interpretations. We are predicting that as we move into the second phase of the groups, more distinctions and unique components of the group members' situations will surface, and the mutual support will become more tailored to individual needs.

#### PROJECT GOALS

The goal of Iskwew is the empowerment of abused women, to enhance their ability to become independent of violent environments, and to challenge the structural cycle of poverty. To this end, we have defined the following long-term objectives:

1. To reduce inequities in the health status of this disadvantaged group by ensuring that their basic needs are met, and that they participate in, and benefit from, resolution of their health threatening problems;
2. To prevent injuries, illness and chronic conditions and their resulting disabilities, by enhancing the women's ability to leave and remain free from a battering situation; and
3. To strengthen the capacity of these women to cope with chronic physical, mental, and socio-health conditions.

## PROJECT RESOURCES

The management committee continues to draw upon external resource people to increase our understanding of different issues.

The Saskatchewan Women's Resources (SWR) program is provincial in scope and is funded by the Department of the Secretary of State (Canada) to assist the status of women by acting as a resource to women's groups for organizational development, evaluation, and/or research. The two staff people of SWR have put on four intensive weekend workshops for the committee, and later the staff as they were hired, to allow us the opportunity to clarify and consolidate our ideas into more defined statements of mission, philosophy, goals, and objectives; to work on values clarification; to organize work plans; to debate program and staff evaluation.

Two other resource persons from Regina have joined us at different times to help us learn more about specific approaches to use within the support groups, and to apply the philosophy of popular education to the context of mutual help with abused women.

The committee and staff are encouraged to take advantage of external workshops and conferences which relate to our broad area of interest on women's issues of violence, poverty, and oppression.

## PROGRAMS

The mutual help groups are the core of the project, and afford the contact point with the abused women themselves. However, our project management committee recognizes that there are other elements which need parallel attention, if we are to influence the socio-ecological climate in which our clients live, thus facilitating empowerment. We have identified five program components of the project, which are as follows:

Group development - the formation and support of groups to build a network of mutual help for, and of, abused women.

Public relations - using a variety of approaches, inform and involve the potential client group, referring agencies, and community groups about the project.

Community networking - develop and strengthen a community network of groups and agencies that are involved with family violence to improve the response to the victims and better deal with the perpetrators.

Public education - using a variety of approaches, and selected target groups, raise the level of awareness of the nature and extent of wife abuse.

Resource compilation - establish and organize an accessible current library of relevant materials on family violence.

The management committee has divided up primary responsibility for these components among its members, and works closely with the staff in each of these areas. In these early months of the project, the staff is spending many hours with groups and agencies in the community in the area of public education and public relations, giving educational workshops on abuse, and informational sessions on our project. Community networking will be done with priority agencies throughout the project period, attempting to strengthen relationships between the population at risk, abused women and those involved in mediation and support such as the police department, legal aid, the mobile crisis unit, social services, and so forth. Resource compilation is an ongoing function, and we are putting together a modest library of key reference materials on family violence.

Our aim, as initially stated in the project proposal, was to have in place a network of self-sustaining mutual help groups by the end of our funding period. It has since become clear to us that there are too many structural barriers with which these women must cope to become completely independent, with no ongoing external support. Schechter noted:

Without material resources (housing, jobs, sufficient incomes), empowerment as a universal goal is unreachable. If women are not aware of this, there is a danger that self help can turn into self blame, as

women fault themselves for being unable to control their lives (1982: 252).

This understanding reinforces the value of emphasizing the other components of the project beyond the group development, particularly public relations and education, and community networking of agencies. This also reinforces the need to secure some ongoing external support to allow the mutual help network to survive and continue at project's end.

Iskeww set up its first mutual help groups in May 1988 and aims to develop a network of support with these groups by the end of the project period, December 1989.

In looking at the growth of the support groups, we see them developing in three phases. The first phase consists of weekly sessions over four months, in which staff play a fairly active role, and topics are chosen which are common to most abused women; both open and closed groups are being offered. The second phase will be composed of participants from the different groups of the first phase who express an interest in continuing, and are willing to gradually increase their involvement in the organizing and facilitating of the sessions. The staff would continue in a supportive role, particularly to develop group facilitation skills in the participants and to highlight aspects of group process. The third phase would emphasize the training of peer facilitators from the participants of the second phase, with a concentration on those training aspects which were mutually identified for further attention. These women would form the cadre for continuing involvement in the support network within the community.

Through the support groups we hope that the staff and participants will all help one another to alleviate the isolation of abused woman and develop a sense of community and solidarity, to provide practical help and information for each other, to encourage each woman to search for an identity of her own and create in themselves a political, economic, and social awareness.

Our groups may originate from Interval House or from an identified need in a neighborhood. In mutual help groups, women share experiences and help each other, both practically and emotionally. The most important part of any group is to help the victim stop blaming herself. Abused women have often taught themselves to deny their feelings. A mutual help group ideally encourages her to accept her feelings and deal with them. Along with the emotional help, the group assists the woman to deal with the more practical aspects of leaving a violent situation.

Early on in the project, it was recognized that to work with oppressed women and their children we would have to provide for their child care and transportation needs. The Cooperative Health Centre contributes its van and driver to pick up the women for the weekly support groups. Local churches and schools have agreed to provide facilities for our group sessions, and in each place we have an area designated for the children. Our part-time secretary, a young Native woman, takes on further employment as the baby-sitter.

As we proceed, our project and programs are being formulated and evaluated continuously. Through extensive discussion, we have agreed that we believe in the philosophy of participatory feminist research. We see that this model is an approach to community and personal development in which the target population is active in defining its own problems and working out its own solutions. This enabling process provides the participants with an opportunity to act on their own behalf and gives them more control over their own health. Through participatory investigation, the women would examine their own realities, gaining strength and support from the group and from this process. Out of this, their health needs would be defined, and by sharing ideas and experiences, they would develop action strategies. The support network would slowly evolve and expand to gradually include more women in need.



In reality, we find ourselves starting with more conventional approaches, while trying to learn about the idealistic. Two developments have emerged which, I believe, are related to the novice level of our management committee and staff in carrying out a project of this nature in which principle is to rule practice.

First, we conduct the initial sixteen week phase of the groups according to a fairly standard program of support sessions for abused women. Our three staff members facilitate the groups in pairs and deal, systematically, with common issues faced by women in violent relationships: safety and security, the cycle of violence, self-esteem, assertiveness, community resources, self-blame, gender oppression, and so on. The participants are encouraged to lead the direction of the weekly sessions, by setting the ground rules, contributing to selection of topics, and carrying the discussions. As these women move on the spectrum of empowerment through their mutual growth, we hope that the staff will be able to increasingly minimize their input, and encourage more control by participants. By the second phase, we hope to see the women playing a more active role in the entire planning process, which will be closer to the participatory model that we had envisioned.

Evaluation is the second area of compromise. The committee had always stated that we wanted this project to be a pilot for other groups to study, to learn from our successes and failures in an attempt to improve the number, and nature, of follow-through services for women in violent relationships all across the country. To do this, we knew that we needed to document our progress, both for our own ongoing evaluation and revision, and for use by other groups. But beyond documentation, we wanted to demonstrate success. It is essential that follow-through programs such as ours be recognized as important and valuable, and also as a good investment as a social program, therefore being worthy of funding.

Women who remain trapped in the cycle of violence will chronically need social assistance, as will their children. They will have limited chance of breaking free to lead independent, productive, and satisfying lives. Children from violent households are more likely to perpetuate abuse as adults, thus the problem becomes generational. A program like Iskwew offers women support and strength to stay away from the violent relationship and break that cycle for herself and for her children. Our project must clearly and objectively verify that participants in the mutual help groups are gaining that benefit, in terms and measures comprehensible to potential funding agencies.

What we are working with for the time being is a quantitative approach which I developed during consultations with the research unit of the College of Nursing, at the University of Saskatchewan. Standard instruments were found which measure attributes associated with empowerment (self-worth, self-esteem, sense of control) and with powerlessness (depression). The hypothesis to be tested is that through the intervention of this mutual help program, the participants will experience empowerment, as demonstrated by a decreased level of depression (Beck 1978), an increased level of self-esteem (Fitts 1965), and a shift in perceived control in three primary spheres: personal efficacy, interpersonal control, and socio-political control (Paulhus 1983). The three instruments are administered to the participants as a package by the project staff at intake, which is prior to joining the mutual help groups, then at the end of the first sixteen week phase of group sessions, and again at the end of the two year project.

There are many subjective indicators that persons working intimately with the women in our support groups can observe, and that the women themselves can report, about the changes that occur in their lives as they gain insight, strength, esteem, autonomy, and solidarity. Qualitative applied research would be most appropriate but it is time intensive and expensive. The

project budget has no funds to hire a qualified researcher to follow the progress of the participants over the two year period. Again, our inexperience shows in that we did not insist on retaining a sufficient percentage of our budget for this invaluable work.

As a result of the new federal family violence initiatives mentioned earlier, Iskewew is applying for funds to embark on the participatory, feminist research that is congruent with our philosophy and respectful of the women with whom we work. We would propose that women who continue with the groups come on as research associates and, thus, collaborate in their own research. This, too, will give us the opportunity to put principle into practice.

## CONCLUSION

Iskewew is working towards the empowerment of one of our country's most disadvantaged populations, abused Native women, through the development of a network of mutual help groups, and community agency networking. Extensive work continues to be needed to break this cycle of violence that dominates so many of our women and children.

## NOTES

<sup>1</sup>W. Jamieson uses the term "Aboriginal." I have used the term "Native" to maintain continuity in the paper. In this context, the two terms are synonymous.

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