

Mary Valentich
mvalenti@ucalgary.ca
University of Calgary

Pregledni znanstveni rad



Feminist Social Work in Canada: Then and Now

Abstract

This article provides an overview of the development of feminist social work practice, primarily in Canada, and highlights the work of James Gripton and Mary Valentich, who have contributed to the development of this practice approach.

Key words: social work, feminist social work

Feministički socijalni rad u Kanadi: nekad i sada

Sažetak

Članak donosi pregled razvitka feminističke prakse socijalnoga rada, prije svega u Kanadi te naglašava/ističe rad Jamesa Griptona i Mary Valentich koji su pridonosili razvitku pristupa ove prakse.

Ključne riječi: socijalni rad, feministički socijalni rad

Introduction

Feminism, an ideology of women's liberation, became increasingly prominent in Canada and the United States during the 1960s to 1990s. This "second-wave" feminism was sparked by the publication of several books that became classics of the Women's Movement: *The feminine mystique* by Betty Friedan (1963), *The female eunuch* by Germaine Greer (1971), *Sisterhood is powerful* edited by Robin Morgan (1970) and *Women & madness* by Chesler (1972). No social institution was untouched by ideas of equality of women and men, freedom for women to pursue career and family goals, and the central tenet - "the personal is the political."

The helping professions, in particular, psychology and social work, began to transform themselves in the 1970s, by incorporating various feminist perspectives into their practice. As Gripton and Valentich (1985, p. 1) in *Feminist perspectives on social work and human sexuality* wrote:

"Feminism is a movement for the improvement of women's economic, political and social status. Its principal goal has been equality of women and men... Contemporary feminism represents a range of ideological positions from conservative through liberal to radical (Jagger, 1978; Eisenstein, 1981)...Each perspective provides its world view –its interpretation and explanation of events, and has its particular implications for problem resolution, social policy and social programs (Valentich & Gripton, 1984)."

By the 2000s, many of the debated changes had become mainstream, so much so that some younger practitioners were unaware of the evolution that had occurred in recent past decades. Some no longer recognized that feminism had influenced their practice and some did not refer to themselves as feminists or feminist practitioners. Others familiarized themselves with their feminist roots and recognized that work still remained before women and men achieved equity, that is, fair treatment in all social spheres.

This article provides an overview of how feminist social work practice evolved since the 1970s, primarily in Canada. The scope of this article is not intended to suggest that there were not developments elsewhere, in particular, in the United States and Europe. The article is based on research conducted for my chapters in Francis Turner's social work theory books (1986, 1996, 2011). In focusing on Canada, I will highlight contributions made by my late partner, James Gripton and myself, who in company with others, facilitated the emergence of feminist social work practice. I apologize to the many Canadian colleagues whose feminist contributions I do not mention in this article, because of its scope.

In the Beginning – the 1970s

Feminist counselling or feminist therapy, as it was initially called, was considered at times a thought system, a value orientation, a set of skills or some constellation of these. It must be understood within the context of what became known as the Women's Movement or Women's Liberation.

When I received my MSW in 1965, I was relatively unaware of feminism or the Women's Movement. I worked for a few years in a psychiatric setting, and then in 1968 was invited to join the faculty at St. Patrick's School of Social Welfare, University of Ottawa (later transferred to Carleton University, Ottawa). It is fair to note that social work curricula as well as practice with women in that era were free of feminist content. I was hired, because the even-then legendary Rev. Swithun Bowers, founder(1949) of the School realized that social changes were afoot with respect to women's roles and that sociological theory was gaining credibility as a possible challenge to the dominant position held by psychoanalytic and psychodynamic theory within social work curricula. A psychosocial perspective was gaining favour, but psychodynamic theory still ruled.

Feminists in the 1960s and 70s were strongly critical of psychoanalytic theory as relegating women to secondary status, promoting women's destiny as biological and manifest in the roles of wife and mother, and not really heeding what women were saying about themselves and their concerns. Consciousness-raising groups of women were springing up and women recognized they were not alone with their troubles and that many of their issues derived from living in a society that gave women limited alternatives. These were not therapy groups but opportunities for women to share their issues, receive support from others, and take social or political action with like-minded persons.

My personal awakening came when I presented a lecture in 1971 on "role changes" and examined how traditional "sex roles," as we then referred to them, were changing, due to a complex of factors including industrialization, technological advances, urbanization, mass education, emerging medical and other research, increasing secularism, and greater social mobility. The social work class applauded: I realized these students were in the throes of the feminist and sexual revolutions.

Undoubtedly I was influenced, even then, by James Gripton (Valentich, 2011) who had also joined the faculty in 1968. He later identified his feminist persuasion as resulting from being the lone male in his undergraduate Honours Psychology program with six, career-minded women as well as his marriage in the early 1950s to Evelyn Ewins who was engaged in child care work. In 1969 Gripton had completed the analysis of data from Canada's first national day care study (1974) and realized how critical accessible, affordable child care was to enabling women to pursue their careers (a reality Canada has not yet achieved!). Declaring the research as a "non-study of non-day care in Canada," he stated unequivocally in 1971 at a National Conference on Day Care:

“If women are to be given opportunities to equal men [and] to develop themselves as persons, through education and employment, then society must make arrangements, such as day care services for redistributing the responsibilities of child rearing.”

In this same time period, the early 1970s, Gripton conducted a study of the work force within the Canadian Association of Social Workers. There had been an earlier “manpower” study by Elizabeth Govan, identified by Gripton as a “pre-feminist feminist” who had compiled much data, but had done no gender analysis, that not being a focus prior to the 1970s in social work research. In this first national study of its kind in Canada and the United States, Gripton (1974) determined that women, whether in direct practice, administration or education, were systematically discriminated against in terms of salaries, progress in their careers, and type of position attained, despite equivalent qualifications or career interests. Sexism, as a concept referring to discrimination of all kinds, usually against women on the basis of gender, was known by the late 1960s. Gripton, however, offered his own early definition of sexism:

“Sexism may be said to exist in an organization when any of the following three conditions prevail: 1. When the distribution of preferred statuses, and the rewards associated with them, differ significantly from the distribution of the declared criteria for awarding such statuses (professional education, previous experience, job performance)...2. When preferred statuses are awarded on the basis of unsubstantiated allegations of the superiority of one sex over the other in the performances of roles related to those statuses....3. When organizational relationships between the sexes are congruent with traditional statuses and roles in the larger society (pp. 80-81).”

He concluded that social work as a profession was not treating women in its ranks fairly. Social work reacted with denial: a major United States social work journal rejected the article on the grounds that the data were Canadian, only to have a US scholar within a few years, Kravetz (1976) cite Gripton’s pioneering work. Undoubtedly, this first national survey of social workers and Gripton’s subsequent work on women and men with social work doctorates (Gripton, 1982; Gripton, Nutter, Irving & Murphy, 1995) helped shatter social work’s complacency and resulted in social work examining its own behavior and promoting change toward equity, one of the major goals of feminist social work practice. Gripton’s examination, from a gender perspective was a novel approach and inspired me to conduct my own research into “sex differences” (later known as gender differences) in career management, namely, how women and men compared in planning their social work careers and how assertively they pursued their career goals (Gripton & Valentich, 1977; Valentich & Gripton, 1978).

During this period of feminist ferment within the helping professions and beyond, a major social issue gained widespread recognition, namely, violence against women, in its many forms, from physical, emotional and sexual, within the home and workplace (sexual harassment), and in society generally. Initially, domestic violence and rape as it was then called, were topics of intense discussion in consciousness-raising groups: women spoke openly to other women about what they had experienced as adults and children. Sexual abuse of children thus came to the fore, although services for them and their families remained minimal.

Although some women had considerable mistrust of helping professionals, there were professionals who recognized that services were needed to help women address these issues of violence. Grass-roots organizations developed distress lines and crisis intervention services. Shelters offering safe havens for women and children who were experiencing domestic abuse appeared across the country: the focus was on protecting women and keeping men off the premises.

The first rape crisis centres in Canada also developed in the early 1970s. I worked with a physician and a sociologist in Ottawa, Ontario to found Ottawa's first rape crisis centre in 1975. In Calgary, Alberta, in 1976 I joined a collective of women who were engaged in a similar project: I proposed a community model and served on its first Board from 1976 to 1984. Not only did we offer counselling and police/legal assistance to women, initially known as "victims" and later as "survivors," but we also engaged in advocacy within the community to change misogynist attitudes and we lobbied for legal changes that resulted in more comprehensive sexual assault legislation. While some women who have experienced violence choose not to go to the police, most need help with emotional and social consequences resulting from the violence. And as they heal emotionally, some wish to take action to bring about societal changes that will eliminate such violence.

One such action involves *Take back the night* protest marches. These began in Calgary in 1973 and have continued to the present: women march on the street, with men as allies on the sidewalks to illustrate that women can take charge of their own security and to foster awareness of how pervasive violence against women is in our communities. Over the years, I have served on several of the organizing committees.

During this period, a women's health movement evolved, with the major goal of giving women decision-making power over their own bodies, be it reproductive rights related to birth control, pregnancy and abortion, and choices related to medication and surgery. Abortion still remains a contentious topic in Canada, though much progress has been made, thanks to the heroic efforts of Dr. Henry Morgentaler and his supporters over many years (Dunphy, 1996).

Generally, controversy occurred because feminists challenged traditional ways of doing things. A major undertaking by Valentich and Gripton (1975), namely, the introduction

of a human sexuality course in a social work program, illustrates how difficult it was to overcome traditional attitudes, especially about women and their bodies. Although there were human sexuality courses being offered in two Canadian universities in the early 1970s, it took two years of lobbying and activism within Carleton University before we could offer an elective course in the School of Social Welfare to 5 women and 5 men. While greatly desired by students and social work field instructors, most faculty members thought this type of material should be taught elsewhere, preferably a medical faculty, though Carleton had none. Our first course was offered in 1973, and we dared to have a non-pathological perspective on homosexuality which was still in the DSM (Diagnostic and Statistical Manual of Mental Disorders), sexually explicit teaching films, a consideration of women's sexuality in its own right, a male-female teaching team, and a teaching/learning approach that invited students to share their own feelings, beliefs and values. Our course was designed to enable students to practice responsibly with persons experiencing sexual problems (Gripton & Valentich, 1978).

With respect to direct intervention with woman as clients, a study by Thomas (1977) provides insight into the nature of feminist therapists, at least, in the United States: her 175 participants were women with an MSW, in practice for 5 years, working full or part-time in private practice or a public agency, seeing primarily women as clients, both individually and in groups, and basing their work on an eclectic or Gestalt theoretical orientation. There is no comparable information on social workers in Canada at the time, but I could describe myself in that fashion, except that I favoured a cognitive-behavioral approach.

However, changes in social work curricula and practice were about to occur. Due to Gripton's advancement of her hiring, Carleton University hired a feminist who openly revealed her own psychiatric experience, Helen Levine. She and other Carleton faculty focused on women's welfare and, during the next decade, the School became known as the feminist school in Canada.

The 1980s: the Building Phase

In this period, feminism became a recognized ideology in Canada and the United States with an outstanding leader in Gloria Steinem. With foundational elements in place, feminist social work practice, now becoming known by this name, rapidly evolved with attention directed toward a critique of existing theories and delineation of principles of practice. Research on the effectiveness of feminist social work practice with clients remained modest.

Social psychological and sociological theoretical perspectives were most congruent with feminist social work practice. Social role was a key concept as well as norms, values and gender role stereotyping. The distinction between sex and gender was now explicit,

with the former seen as biologically determined and the latter, as socially constructed. Use of a gender lens in research became mainstream. Feminist practitioners remained critical of psychoanalytic views of women as passive, not active agents of change in their own lives. However, social workers did not abandon consideration of client's feelings and relationships or how the past might influence the present. Women were, however, coming into their own, theoretically speaking. Thus, the work of Carol Gilligan (1982), *In a different voice*, became widely accepted as did Belenky, Clinchy, Goldberger and Tarule's (1986) *Women's ways of knowing*.

Within feminist theory, conservative, liberal and radical perspectives were prominent. All were concerned with women in society, but understood women's oppression through varying frameworks. A conservative ideology emphasized an anti-collectivist stance and the importance of individualism, self-reliance and a free capitalist economy, with change aimed at strengthening the traditional family as a central institution. A liberal perspective was reluctantly collectivist and urged state intervention to ensure that essential conditions were in place to assist individuals and to strengthen economic and social institutions when they do not provide basic conditions to support individual self-reliance.

Social work has been predominantly liberal in its actions in Canada and the United States, but with some radical measures and ideas of anti-elitism, anti-professionalism, preference for social action over social service, consciousness-raising as a primary source of support for women, and opposition to patriarchy and men's oppression of women. Gripton and Valentich (1984) explored these perspectives in relation to the sexual assault of women, arguing that the first rape crisis centres were set up primarily by radical feminists, but that tensions within these agencies resulted over the years as liberal perspectives became more dominant.

Feminist practice included work with individuals, couples, families, neighbourhoods, communities and organizations, with considerable opportunities for women to express their own views in consciousness-raising groups. Critiques of institutions such as law, medicine, health, mental health, education and social services were very evident; women's problems were understood as deriving from the socio-economic context of women's lives. Patriarchy in all these institutions was strongly challenged: even language was changing. No longer were women being called girls, ladies and chairmen (Maggio, 1988). In Calgary, I became engaged in 1987 with a long running saga that did not conclude until 2013, namely, changing the out-of-date term for elected municipal officials from "Alderman" to "Councillor" (Valentich, 2009).

With respect to direct intervention in what was then known as "casework," there were a few varying approaches. Helen Levine (1983) espoused an open relationship with no formal assessment, diagnosis or treatment, but rather a non-hierarchical helping relationship that was not pathologically or medically-oriented. Russell (1984) identified

the primary task of counseling as the development of an assessment of the presenting problem, but avoidance of the use of diagnostic labels, emphasis on present concerns, and the use of historical material to understand the woman's oppression. Russell emphasized the importance of an egalitarian relationship between social worker and client, but acknowledged there were inequities among all persons. The worker's expertise was to be shared with her client, so that the client could take charge of her own life and become her own therapist. Russell defined feminist social work practice as: "counseling of women by women for women" (1984, p. 3), a mode that is "active, direct, externally oriented, present focused, behaviorally oriented, and egalitarian" (1984, p. 53). The skills she identified as critical were positive evaluation of women, social analysis, encouragement of total development, behavior feedback and self-disclosure.

During this period the issues of equality of worker and client, self-disclosure, and whether men could be clients were in the forefront. There were various means by which the helping process was de-mystified and the relationship equalized:

"The use of first names; self-disclosure by the worker not only of her feminist values but also personal experience; an informal and comfortable setting for the interview; a sliding scale of fees; no or minimal record-keeping; permitting clients to have access to their records; development of contracts; providing the client with a rationale for and explanation of interventions; and involving the client in decision-making about interventions (Valentich, 1986, p. 572)."

Male social workers who saw themselves as feminists explored how they could engage in various forms of practice that focused on women's liberation, but they did not take a leading role in the development of feminist social work practice. The focus of this emerging approach was on women, without much regard for men's roles and their own difficulties. Social workers did not, however, give up practice with men. Indeed, some drew on feminist perspectives in relation to helping men (McKechnie & Valentich, 1989). And in later periods, feminist social workers recognized more readily that women and men both required attention if change was to occur that might result in equity for women and men.

Development of feminist social work practice in the United States was quite influential for Canadian practitioners. In 1981 there was a major conference on women on Social Work Practice in a Sexist Society, a special issue on women by *Social Work*, and a special project on feminist practice by Bricker-Jenkins and Hooyman (1986) who outlined several ideological themes that permitted social workers to evaluate their own work with respect to feminist criteria. These themes included: end to patriarchy; empowerment; process; the personal is the political; unity-diversity; validation of the non-rational; and consciousness raising/praxis.

This period was characterized by the application of feminist perspectives to various areas of practice and policy. Thus, Gripton and Valentich (1975) who had pioneered in developing sexuality as an legitimate focus of social work attention in curricula and practice proceeded to elaborate on this area of specialization with the publication of two edited books, *Feminist perspectives on social work and human sexuality* (1985), *Social work practice in sexual problems* (1986); a monograph on sexuality and child bearing (Valentich, 1980); and articles (Gripton & Valentich, 1981; 1983; 1984; Handy, Valentich, Cammaert & Gripton, 1985). Similarly, application of feminist perspectives became more pronounced in pornography (Valentich & Berry, 1987), domestic violence, health, mental health, addictions, and career counseling. With respect to the latter, our work on assertiveness training for women (and men) (1990, 1995) deriving from my doctoral research on sexism and sex differences in career management of social workers (Gripton & Valentich, 1977; Valentich & Gripton, 1978), became a prominent feature of our practice (Valentich & Gripton, 1990, 1995).

On a personal note, because of the lack of child care for parents who worked outside the home, Gripton and I in 1984, with two other parents, initiated the Varsity After-School Program, which continues as a successful out-of-school program.

The key question regarding feminist social work practice in this period related to the boundaries of feminist practice: just how encompassing was it? (Valentich, 1986, p. 579). While many feminist practitioners were ready to apply feminist perspectives to most areas of practice, there was still opposition. For example, when Kathleen Cairns and I had an article on vaginal reconstruction in gynecologic cancer patients accepted, we had to lobby the editor, Clive Davis, to permit us to identify our feminist perspective in the title. He believed that our perspective was no different than his humanist one. Ultimately, we succeeded by arguing that we, as feminists, had raised the issue of male physicians interviewing sick women regarding their need for such major surgery, without even asking if intercourse was something the woman desired. The power dynamics were very evident to us. Ultimately, we were able to use the title that we felt fit our work (Cairns & Valentich, 1986).

One final note: I would be remiss if I didn't mention a horrific event that occurred in Canada on Dec. 6, 1989, the murder of 14 women at the Ecole Polytechnic in Montreal, many of them engineering students, because, according to the murderer, they were feminists. This event mobilized the public to pay more attention to violence against women; it was particularly heart-breaking for university students and faculty who joined together in ceremonies that continue to the present. On my campus, we gathered informally on that day and subsequently, as Advisor to the President of the University (1991-1994) I was engaged in setting up the first formal Dec. 6 Memorial. This tragic event, in its own way, helped build the base of feminist practice with women and solidified a professional commitment to do whatever it takes to eliminate such violence.

In addition to the ceremony, I initiated our university's first Violence Awareness Week, a week that also gave space to the Men's White Ribbon Campaign to end such violence.

The Maturing of Feminist Social Work Practice: the 1990s

Feminist social work practice, especially during the first half of the 1990s, flourished. It was recognized as enabling women to find their voices and to take charge of their lives through informed choices, relieve stress, and engage in activism to achieve social justice. It provided women with needed knowledge, skills and support to work individually and collectively to end women's oppression. New texts appeared, to name a few – *Feminist social work* (Dominelli & McLeod, 1989); *Feminist social work practice in clinical settings* (Bricker-Jenkins, Hooyman & Gottlieb, 1991); and *Feminist practice in the 21st century*, Van den Bergh, 1995). Valentich, Russell and Martin (1993) were delighted to be editors of a special issue of *Canadian Review* entitled: *Women and social work: Celebrating our progress*. Accrediting bodies in both Canada and the United States affirmed that social work education curricula must include sufficient content on women. Marshall, Gripton and Valentich (1991) developed a Knowledge about Women Scale (KAWS) to enable social workers to assess their knowledge base.

As in earlier periods, feminist theory provided a foundation, with feminist frameworks such as conservative, liberal, socialist and radical persisting, as well as new frameworks of multiculturalism which viewed women's subordination through the lens of sex/gender, sexuality, class and race; and global feminism as incorporating all the social forces that divided women such as race, class, sexuality, colonialism, poverty, religion and nationality. While women's struggles varied around the world, male domination continued to be seen as the basic obstacle to inequality.

Much new theorizing about "feminisms" occurred, namely, post-structuralism and post-modernism that both challenged essentialism: there were many ways of knowing "truth" (Chambon & Irving, 1994). The role of expert was questioned. Feminism as "belonging" to privileged white women was strongly opposed and various "minorities," often ethnic-based were evolving their own perspectives. Women were seen as oriented to caring, responsibility, and connectedness (Baines, Evans & Neysmith, 1992). Co-dependence as a concept popular in self-help literature was decried as pathologizing women. Empowerment, variously defined, became an increasingly important concept for practitioners of many different theoretical backgrounds (Lazzari, 1991). Practice approaches evolved, often based on earlier work, but further refining practice. Bricker-Jenkins, Hooyman, and Gottlieb (1991) asserted that the principal author of feminist theory was the feminist practitioner and that practitioners illustrated core concepts of feminist analysis, namely, the personal is the political, empowering women, and celebrating the strengths of women as survivors. Van den Bergh (1995) argued for client-

social worker relationships to be considered as partnerships and clients' problems to be viewed contextually, thereby showing the multiplicity of women's experiences and the diversity of their ways of knowing.

Intervention approaches included work with individuals, couples, families, groups and the community and still relied on the development of relationships that were partnerships. Mobilizing resources, forming allies and coalitions, making appropriate referrals were important techniques. Language was more inclusive and integrative, not for example, micro and macro, as if these were two separate domains. Further, this period saw the profusion of applications to special populations, to work with men (Collins, 1992), and to different fields of practice such as the world of work, rural women's work, the political arena, the peace movement and women's wellbeing anywhere in the world.

Thus, feminist concepts and interventions, usually with a major activist component were applied to addictions, mental health, corrections, issues of physical health, women with HIV/AIDS, women who have been abused and who have abused, child sexual abuse (Valentich & Anderson, 1989) and even, mother loss (Valentich & Foote, 1998). A particular concern of ours (Gripton & Valentich, 1991) was sexual exploitation of clients by counsellors (usually women abused by men) and abuse of children by clergy (Gripton & Valentich, 1990).

Not surprisingly, early in this period I initiated our faculty's first feminist practice course; there now was sufficient literature, research and practice knowledge and though it was an elective, there were always more than enough students at the Master's level eager to expand their knowledge. Gripton proceeded with his research on the career progress of women and men within social work, focusing on those at the doctoral level and exit surveys of Master's level graduates, a project that was unfinished at the time of his death in 2005. Both of us engaged heavily with the formation of a new group, Citizens for Calgary Councillors (Valentich, 2009).

As Advisor to the President of the University on Women's Issues, I oversaw the university's review and implementation (up to a point!) of 121 recommendations designed to improve the status of women (students, faculty and staff) on campus. Women on Canadian campuses experienced what had become known as a "chilly climate" for women; social structural change was needed to break down old ways of doing things, from paying women less than men despite equivalent qualifications, encouraging a less sexist environment within classrooms and laboratories, changing language in documents, policies and general discourse, fostering stronger women's studies programs, developing more stability for women's centres on campus, and dealing effectively with sexual harassment. The latter had gained more prominence as we realized that the workplace was often the site for much inappropriate and demeaning behavior directed toward women.

I found myself becoming a spokesperson on women's issues (a descriptor which was prominent in this period) within the wider community. Activism was pronounced among feminist practitioners (Valentich, 2002). Overall, it was a positive time for social change and issues such as racism gained attention. During the 1980s when I chaired the Accreditation body of the Canadian Association of Schools of Social Work, we not only passed guidelines that would enable accrediting teams to examine how well curricula were addressing women's issues, but we also addressed the treatment of persons of varying ethnicities. Diversity and inclusiveness became concepts of importance and to some extent, began to slightly "overtake" feminist perspectives, especially during the latter period of the 1990s.

Negating feminism occurred in Canada and the United States as more conservative political ideas began to take over, namely, neo-liberalism with its emphasis on individuals, support of capitalism as the answer to social problems, and cutting back of monies and other supports to more socially oriented perspectives that focused on the vulnerable members of society. Faludi (1990) detailed the backlash in the 1990s to feminism. This backlash hampered efforts to challenge societal institutions that created situations of inequity, especially for women. Fewer social workers openly declared their feminism, especially in places of social work employment where social justice activities were not supported. Those who remained strong in their feminist commitments felt more isolated in their stance to effect social change.

On the other hand, there was still important work being done. For example, Gripton and Valentich explored what we identified as gender-sensitive practice (Gripton & Valentich, 1992) and applied this perspective in our work in sexual problems. There was also recognition that gender, culture, class, religion, sexual orientation, age and other factors were all important, but the challenge was how to take all of these into account in practice interventions.

Further, more attention was now being given to feminist issues around the world. I examined how violence against women was occurring at an accelerated pace in societies at war, such as former Yugoslavia (1994) as well as the experiences of women in my own family during a period of occupation (Valentich, 2000). Global feminism was emerging. Immigration (Valentich, 1999), sex trafficking, genital mutilation (Berg, 1997), lack of access to sex education, the AIDS epidemic, the plight of homosexual/lesbian persons – all of these were of concern because of the oppression of vulnerable persons who experienced discrimination and even death, as well as lack of access to resources.

By the late 1990s, my late partner had "retired" (a word we chose not to use) and I decided to keep him company. We continued to do workshops in the community and nationally, focusing on an area that had recently emerged for all human service practitioners: issues

of non-sexual boundary violations. The case against sexual exploitation of clients by all helping professionals had been well-established earlier (Gripton & Valentich, 1990; 1991), but there were grey areas for practitioners to handle when faced with questions of serious need and strict professional codes, especially when working with deprived persons such as the elderly living in poverty or persons with disabilities. We engaged with these questions and developed a model that enabled practitioners to make rational, evidence-based decisions that they could defend if need be (Gripton & Valentich, 2003; 2004).

As we entered the 2000s, especially, with the rise of the internet, “new” problems emerged and practice, informed by “feminisms,” adapted.

The 2000s and beyond

This period begins with an increasingly conservative socio-political context, both provincially and nationally, that sees government cutbacks in social and health services, workers burdened with sizable caseloads, and fears of reprisals if they speak out about worsening conditions of employment. And regrettably, in 2015, women in Canada are still experiencing the same problem of inequity that Gripton identified in his national study of social workers in the 1970s:

“Women’s march forward in the workplace has stalled. After decades of slow gains, women today still earn less than three-quarters of what men make. Few hold the top spot in companies, and their participation rate in the work force has levelled off....Canadian women still take home on average 73 cents for every dollar men earn, even as educational attainment has surpassed their male counterparts... Canada is falling behind in key indicators such as the pay gap and gender equality in Parliament....Women are still more likely to be primary caregivers to children, their parents or both, and they’re also still spending more time on housework – factors that affect both labour-force participation and income...half of the discrepancy comes from “unexplained” factors that may be tied to motherhood (Grant, B. 1, 8-9).”

Note the reference to Parliament: while there was an influx of women federally in the New Democratic Party ranks in the 2011 federal election, and there have been more women premiers recently in the provinces, the overall percentage of women holding political office at various levels of government including the municipal, remains under 30%. Canada in the 1990s was ranked first by the United Nations for its record on gender equality, but currently Canada has slipped to the low teens (Boesveld, 2015, p. B2; Strumm, 2015).

In other words, although there has been progress in relation to “women’s issues,” much remains the same. The second-wave of feminism had died down and with it, some of the gains. However, feminist theorizing did not disappear: witness the proliferation of theories in the *Encyclopedia of feminist theories* (2000). Further new areas emerged and become established – men’s studies, queer studies and porn studies.

Race as a key concept figures strongly during this period, in particular, after the 2008 election of Barack Obama as the first Black President of the United States. In Canada, increasing attention has been given to the plight of First Nations people, some of whom have made great social, educational and economic gains. However, others have continued to struggle on poor reserves and remain subject to much discrimination in urban settings where they are disproportionately among the poor and incarcerated. Social work generally, has become much more oriented toward culture and maintains an anti-racist, anti-oppressive stance, with critiques relating to welfare, housing, First Nations, the poor and disabled.

Gender, gender identity and gender fluidity have also gained more prominence theoretically and in everyday life. There is a growing realization that “one size does not fit all” and that oppression results for some when a simple binary conception of male and female is strictly maintained. The trans movement with its revelations of trans histories (Valentich & Ursacki- Bryant, 2009) has brought a much greater understanding that not everyone wishes or can readily fit into a category of male or female. Persons are more open in expressing their identity, not only in their appearance but in language, especially the pronouns which range from “ze” to “they” to “per” for “he” or “she”. Now one typically begins any workshop in any field by checking with participants about how they wish to be known, in terms of pronouns. The term “cisgender” referring to congruence between one’s physical self and gender identity is heard more often.

Sexual orientation is also recognized as more complex and overall, is more accepted. Same sex marriage became legal in most Canadian provinces in 2003 and throughout the country in 2005.

In feminist social work practice, an intersectional theoretical approach has emerged: both researchers and social work practitioners are expected to identify and appreciate all the interactions that result in inequities among individuals and groups (CRIA, 2006). To say this is challenging is an understatement. Relationship, that old standby, still is recognized, for example, in Freedberg’s model (2009). Actual practice in the 2000s entails the use of all levels of intervention – individual, group, family and community as well as policy development and research. Feminist practitioners can be found in any setting, but are most visible in women’s centres, sexual assault centres and intimate partner abuse services. Feminist practice is evident in other settings, but sometimes is more muted as in medical

settings where the illness or health issue gets priority, from a biophysical perspective, although the health field is now very tuned into the social determinants of health.

Throughout this period, the internet and social media, namely, Facebook, Twitter and other modes, have become very prominent. But there is a downside expressed in the greater frequency of cyberbullying. By the early 2000s, bullying itself had gained much recognition for its harmfulness in childhood, adolescence and the workplace, but the horrible nature of cyberbullying, especially, of young women whose sexual selves were often displayed in these media resulted in much suffering for many as well as for some, the ultimate price, suicide.

A third wave of feminism, comprised mostly of younger women, has made an appearance, with an emphasis on women owning their own bodies and being able to present themselves as they see fit. The *Vagina Monologues* (Enslar, 1998) first performed on our campus in 2002 with two social work students as directors and some of us as performers, remains popular. My study of women who lifted their tops during the hockey playoff street parades after games in 2004, warranted almost undue attention nationally and internationally (Valentich, 2014). Women of various ages were choosing to define their own selves, sexually, politically, and socially. Feminism had not died as some had predicted, but found new ways of expressing itself.

Within social work, some practitioners are very clear about their feminist identity, although now there were “identities.” (Valentich, 2010; 2011). In keeping with third-wave feminism, Baumgardner and Richards (2000) presented 17 major feminisms based on identity, with the Canadian social work scene including First Nations and other indigenous people as well as African, Caribbean and Black feminists. Miles, Rezai-Rashti and Rundle (2000, p. 1) declared that “feminism today does not have one meaning, one political goal, one social agenda, or one economic objective, [but] is often unrecognizable from its predecessors due to its multi-faceted, multi-dimensional, and multicultural nature.” In this regard, I am less certain about how feminist practice has evolved in Quebec, Canada’s major French-speaking province during the 2000s, though previously there appeared to be considerable comparability with respect to the nature of practice and the types of issues.

Given the variation of views within feminism, it is not surprising that when I ask a class (anonymously) about whether they choose to identify as feminist practitioners, I usually learn that a minority always refer to themselves as feminist practitioners, a larger group indicates they never do, and a majority that they sometimes do. I sense that many are quite committed to a feminist stance, but that most find themselves hesitant to express this openly, in part because they do not hear feminist perspectives in their work or practicum placement, especially, in medical and child welfare settings. One should also note that now when I speak to a class on feminist social work practice, it is within

a course on social justice. Reassuringly, when students do present on feminist practice, they get a very positive response from classmates and most are delighted that social work in Canada seems to have returned to its social justice focus.

Because of this, 6 of us in Calgary, two years ago, formed a new group of volunteers that has become very successful in that we have a list of over a 100 social workers who support us in various ways, often by participation on one of the committees, social policy, education and communication. As an interest group of the professional association, the Alberta College of Social Workers, we have received much encouragement for our work on poverty; affordable housing; rights of the LGBTQA (Lesbians, Gays, Bisexual, Trans, Queer, Asexual or Allied) communities; First Nations concerns, in particular, murdered and missing women and the Truth and Reconciliation Commission examining the long-term negative effects of residential school placement on First Nations persons; and violence against women. Some of these issues came to the forefront during the 1960s and 70s; and have persisted, though now we recognize that men and boys have also suffered, for example, sexual abuse and require interventions designed for them. Similarly, attention is given to men, not only as abusers in intimate partner violence, but sometimes as the abused.

Interestingly, most of the above interventions that our group sees as “social justice work” can easily fall into the category of community interventions I described in 1986 as a feminist social work practice mode: “Collective actions may include political lobbying, demonstrations, presenting proposals for legislative changes, and building coalitions” (Valentich, p. 577).

Thus feminist social work practitioners are involved in a wide range of issues, not only as clinicians, counsellors, and group workers, but as advocates, lobbyists, policy makers, consultants to governments and the community. Feminist practice models are particularly evident, not surprisingly, in women’s centres offering a range of services, as well as any services focusing on violence against women. In problem areas such as mental health, substance abuse, sexual problems and other health issues, these models vie with other more medically-oriented models. However, feminist practitioners of varying backgrounds are persistent and know how to lobby and use the media. Witness the recent battle waged by the US-based group, the New View campaign, over the so-called female Viagra drug for women, Addyia.

Private practice by social workers which began in Canada in the early 1970s has become increasingly popular, perhaps in keeping with conservative political ideologies that favour entrepreneurship. I have maintained a part-time private practice with a focus on sexual problems since the early 1970s; with social work’s increased status as a profession, I now receive coverage by insurance programs that clients have, usually, through their places of employment.

Like other feminist practitioners, I continue to engage in social issues (Valentich, 2002): I have been a member since 2010 on the Mayor's Committee on Civic Engagement, namely, the 3 Things for Calgary campaign, on how to create a social movement that will improve our city and life for our citizens. I was involved in Mayor Nenshi's first and second campaigns: social workers who are inclined to the left in politics, especially if they see themselves as feminists, have become much more politically active, ready to work on candidates' campaigns or to become candidates themselves. I have also in this past year also helped with the start-up of a new group, CCAN, Calgary Climate Action Network.

Despite the prominence of conservatism during the early 2000s, feminist practice models both from previous decades as well as authors such as Dominelli (2002, 2008) have flourished. Globalization has meant that social workers are more attuned to the suffering of women as refugees, in sex trafficking, prostitution, immigration and war. There is also influence by authors from around the world, such as Vicki White (2006) from the United Kingdom and non-social workers (Worell & Remer, 2003). The latter argue that a theory can be compatible with feminist practice if it is gender-balanced, flexible/multicultural, interactionist and lifespan oriented; they propose that cognitive-behavioral theory is well-suited to their Empowerment Feminist Theory.

Locally, I am encouraged because the political scene is changing in this most conservative of provinces. With the "surprise" win in 2010 by a huge majority of the current mayor of the City of Calgary, an immigrant and a Muslim, people began to sense this change. Imagine the amazement in May 2015 when the party on the left, the New Democrat Party, won an outstanding victory, with Premier Rachel Notley becoming Premier, after forty-four years of conservative rule. A member of our Calgary Social Workers for Social Justice, Honourable Joe Ceci, is now the Finance Minister, and there are at least six other social workers in the Legislature, something very new for this "oil and gas" province. At this year's Pride Parade honouring the LGBTQ communities, there were four Members of the Legislature of Alberta, who announced that they were the province's first openly gay members of the Legislature, and two were the first openly gay members of colour. These indicators of a much more diverse, open and liberal body of legislators is a fundamental change in the social context that should augur well for more social justice-oriented policies designed to help the vulnerable, marginalized, and oppressed.

With this change in the social context, one can contemplate that we can become a much more caring, compassionate province, not always looking to the bottom line of how much money will be lost or made. The minimum wage has already been increased, there are reviews on climate change, oil and gas royalty reviews, and a promise that front line public workers such as social workers and nurses will not be cut. But with oil prices very low, the current government is being challenged to do more with less and conservative roots run deep. However, a social context that espouses compassion for its vulnerable citizens, that posits inclusivity for all its citizens, is one where feminist social work

practice can once again offer a progressive set of ideas. Similar changes have occurred in Ontario where a Liberal provincial government has been in power for several years, with an openly gay Premier, Kathleen Wynne.

These are exciting times in Canada and the October 19, 2015 federal election, when the Liberals under Justin Trudeau came to power, means that feminist social work practitioners can once again show leadership in terms of equity and inclusiveness for all citizens. Further, with social media, there is greater awareness of oppressive acts, especially against women, anywhere in the world. Hence, feminist social work practice now has a much broader scope. An overview of such practice, even ten years into the future, will likely reveal connections in theory and practice among practitioners from every corner of the world.

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