

EXAMINING CRITICAL CONSCIOUSNESS AS AN ELEMENT OF EMPOWERMENT IN  
DOMESTIC VIOLENCE SERVICE PROVISION

By

Sara McGirr

A THESIS

Submitted to  
Michigan State University  
in partial fulfillment of the requirements  
for the degree of

Psychology—Master of Arts

2014

## ABSTRACT

### EXAMINING CRITICAL CONSCIOUSNESS AS AN ELEMENT OF EMPOWERMENT IN DOMESTIC VIOLENCE SERVICE PROVISION

By

Sara McGirr

Most domestic violence (DV) service agencies work to raise DV survivors' consciousness—not just about the abuse they have experienced, but also about the systems they often face. Critical consciousness-raising is one component of “empowering practices,” which is a related goal of domestic violence programs. Despite the significance of these concepts to DV service delivery, little is known about how consciousness-raising practices in the DV shelter context impact survivors. For instance, the literature is not yet clear regarding how critical consciousness is related to psychological outcomes such as self-efficacy among survivors of DV. In order to explore these effects, 98 women were interviewed shortly after they left a DV shelter about their experiences while accessing services. Results demonstrated that women who reported shelter staff engaging in more DV consciousness-raising practice also reported greater shifts in their DV critical consciousness, and subsequently their self-efficacy during their time in shelter. This finding lends support to the assertion that gaining greater understanding of the effects of society-wide oppression on one's personal experiences can lead to a greater belief in one's general ability to meet one's goals.

## TABLE OF CONTENTS

LIST OF TABLES	iv
LIST OF FIGURES	v
INTRODUCTION	1
LITERATURE REVIEW	4
Empowerment Theory	4
Empowering Practice in Domestic Violence Services	6
Critical Consciousness	9
Critical Consciousness and Domestic Violence Service Provision	12
Self-Efficacy as an Outcome of Critical Consciousness	14
Self-Efficacy Among Domestic Violence Survivors	16
Building Self-Efficacy	17
The Current Study	18
METHOD	21
Measures	21
RESULTS	23
Description of the Sample	23
Staff Engagement in Critical Consciousness-Raising	23
Relationship between Consciousness-Raising and Critical Consciousness	25
Relationship between Critical Consciousness and Self-Efficacy	25
Test of Mediation	26
Alternate Mediation Hypotheses	29
DISCUSSION	31
Limitations of the Study	32
Directions for Further Research	34
CONCLUSION	38
APPENDICES	39
APPENDIX A	40
APPENDIX B	41
REFERENCES	42

## LIST OF TABLES

Table 1. Participant Demographics	40
Table 2. Average Scores on the Empowering Practices Scale Items by Shelter Sample	41

## LIST OF FIGURES

Figure 1. Test of Mediation	28
Figure 2. Test of Alternate Mediation Model	30

## INTRODUCTION

Domestic violence (DV), otherwise known as intimate partner violence (IPV) against women, or woman battering, is described as “a pattern of physical, psychological, and often sexual violence perpetrated by men against their female partners and ex-partners as a means of exerting power and control over them” (Sullivan, 2003, p. 295).<sup>1</sup> Millions of women are abused by male partners or ex-partners each year in the United States (Browne & Williams, 1993; Johnson, 1995; Straus & Gelles, 1986). These violent assertions of power and control by individual men against individual women are not isolated incidents. Instead, these private, intimate interactions are sites of gender politics that result from and reproduce systemic patriarchy and widespread sexist oppression (Connell, 2009). As was commonly said in the Women’s Liberation movement, “the personal is political” (Hanisch, 1970).

Domestic violence committed by men against their female partners is a form of social control that upholds a system of male dominance. Men’s position within the hierarchy of hegemonic masculinity is in part dependent upon their ability to dominate women, particularly in heterosexual relationships (Hill Collins, 2005; Pascoe, 2007). For some men, inflicting violence is a logical or necessary aspect of this assertion of masculinity. The threat of or actual perpetration of physical, sexual, or psychological violence is an attempt to strip women of their power and agency, thus rendering them subject to the control of their partners (Hill Collins,

---

<sup>1</sup>The author specifically speaks about violence against *women* because women disproportionately represent survivors and men disproportionately represent abusers. Therefore, moving forward she will refer to survivors as female and perpetrators as male. However, it is important to acknowledge that this is not intended to diminish the experiences of male survivors, and does not absolve female perpetrators of violence against men or women.

2005). Domestic violence is a major social problem that demands widespread action to both support survivors and work toward ending all violence against women.

Thousands of service and advocacy programs have been developed since the 1970s in response to women's experiences of intimate partner violence. These programs offer a variety of services that support battered women in meeting the variety of needs they and their families may have. Staff commonly engage in activities such as assisting survivors in developing safety plans, connecting women to desired supports, and talking with survivors about the dynamics of abuse. While these services and related impacts are certainly important in their own regard, many programs also aim to support the long-term well being of women and their children through the promotion of survivors' *empowerment* (Kasturirangan, 2008). This involves interacting with survivors in particular ways with the goal of helping them to increase their own personal, interpersonal and sociopolitical power (Gutierrez & Lewis, 1999).

The empowerment approach is popular in domestic violence service delivery and is commonly incorporated into models of practice (Kasturirangan, 2008). When engaging in empowering practice, the staff member's role is shifted from that of a professional helper or expert to one of a facilitator or partner (Rappaport, 1987; Zimmerman, 2000). Those seeking services are viewed as collaborators that have a primary, active role in the change process and in agenda setting (Zimmerman, 2000). Many empowerment models describe the development of critical consciousness as a necessary component of empowerment. Developing critical consciousness (often through a process called consciousness-raising) involves learning to see reality in a new critical way that reveals existing structures of inequity and one's place in these systems (Hopper, 1999). Despite the presence of this construct in empowerment theory, very little is known about the extent to which programs actually incorporate consciousness-raising

into their practice or how this impacts participants.

This study proposes to explore consciousness-raising practices and the development of critical consciousness in the DV shelter context by empirically examining four questions: 1) To what extent do staff engage in activities designed to raise consciousness? 2) Are the consciousness-raising practices of staff at domestic violence shelters related to the development of critical consciousness among survivors of domestic violence? 3) Is the development of critical consciousness related to the development of self-efficacy? and 4) Does the development of DV critical consciousness mediate the relationship between consciousness-raising practices and the development of self-efficacy?

The following literature review examines the role of critical consciousness as an element of empowering practice in domestic violence service delivery. The review begins with a brief introduction to the community psychology and domestic violence literature on empowerment, as well as the literature on critical consciousness and its hypothesized impacts on well-being. The relationship between critical consciousness and empowerment is considered, and current practices in domestic violence programs are examined. Finally, hypotheses are presented for a study examining the connections among empowerment, critical consciousness and women's sense of self-efficacy in domestic violence service delivery.



## LITERATURE REVIEW

### Empowerment Theory

Empowerment involves the development of individuals' personal, interpersonal and sociopolitical power. It has long been a key concept in community psychology, as well as in related disciplines such as social work and critical, liberation, multicultural and feminist psychology. Empowerment is central to the work of improving individual, organizational and community well-being. It highlights material, social and political resources and injustices, while focusing on the strengths of individuals and communities to work toward positive change (Zimmerman, 2000). This concept is compelling in nature and broadly discussed in research, practice and social action, yet there remains a great deal of ambiguity and inconsistency in the ways the literature has defined or measured it (Cattaneo & Chapman, 2010). Although a comprehensive examination of the empowerment literature is beyond the scope of this review, key concepts of empowerment theory as discussed in community psychology are outlined below to provide a basic understanding of its tenets.

Empowerment is a multilevel construct (Rappaport, 1987), including individual, organizational and community elements (Zimmerman, 2000). The levels of analysis impact each other (Rappaport, 1987), such that characteristics of each level and/or changes in each level are both a cause and a consequence of other levels' characteristics or changes (Zimmerman, 2000). At every level, empowerment includes both *processes* (means by which people learn, develop skills, and grow) and *outcomes* (measurable consequences of the processes that can be studied) (Zimmerman, 2000).

On an individual level, the outcomes of "psychological" empowerment may include change in *intrapersonal*, *interactional* and *behavioral* outcomes (Zimmerman, 2000). *Intrapersonal*

changes include improvements in self evaluation and self esteem (Worrell & Remer, 2003), self-efficacy (Busch & Valentine, 2000; Kasturirangan, 2008; McDermott & Garofalo, 2004; Peled, Eisikovits, Enos, & Winstock, 2000; Song, 2012), and sense of mastery of environment/influencing the outside world (Kaminski, Kaufman, Graubarth, & Robins, 2000; Kasturirangan, 2008; Lamb, 2001; McDermott & Garofalo, 2004; Peled, Eisikovits, Enos, & Winstock, 2000; Song, 2012). *Interactional* changes involve taking a more active approach to problem solving (Kaminski, Kaufman, Graubarth, & Robins, 2000; Lamb, 2001), improvements in assertiveness (Song, 2006; Wright, Perez, & Johnson, 2010), and increased political understanding or group consciousness (Busch & Valentine, 2000; Kaminski et al., 2000; Perez, Johnson, & Wright, 2012). Finally, *behavioral* changes proposed by the literature include taking personal or collective action against systems of oppression (Song, 2012) through socially constructive activism (Perez et al., 2012). These outcomes are purported to be the result of empowering individual processes, including participation in community organizations, managing one's own resources, or learning new skills (Zimmerman, 2000).

While empowerment theory has been a significant force in shaping community psychology thought, social service practice, and education over several decades, these ideas have also come under scrutiny. A recurring critique of empowerment theory challenges its lack of specificity regarding its application to real world situations. Even a simple internet search of the term “empowerment” demonstrates the incredible range of programs with vastly differing goals and practices that all claim to be empowerment based (Busch & Valentine, 2000). While the flexibility to tailor content to be specific to context is purported to be one of the key tenets in facilitating the effectiveness of such processes (Zimmerman, 2000), studies have demonstrated that, even within the same context, practices that may be empowering for one individual in a

population may not be empowering for another (Foster-Fishman, Salem, Chibnall, Legler, & Yapchai, 1998). Therefore researchers, practitioners and policy-makers hoping to incorporate principles of empowerment into programs and initiatives struggle to know how individually tailored a program needs to be in order to promote empowerment processes across participants. Despite the relatively ambiguous meaning of this term and the challenges of the approach, the movement to end violence against women has largely embraced empowerment as a key tenet of much of its work.

### **Empowering Practice in Domestic Violence Services**

Many programs designed to help domestic violence survivors strive to engage in “empowering practices,” and/or name empowerment as one of the goals of their programs (Kasturirangan, 2008). When seeking help from domestic violence services, women often receive assistance with things such as safety planning (Kulkarni, Bell, & Rhodes, 2012; McDermott & Garofalo, 2004), developing coping strategies (Johnson, Worell, & Chandler, 2005; Kulkarni et al., 2012), and connecting with resources (Busch & Valentine, 2000; Johnson et al., 2005; Kasturirangan, 2008). In addition to helping women with practical assistance and advocacy, programs that use an empowerment framework may aim to promote *empowered outcomes*. Empowered outcomes include psychological changes or behaviors that demonstrate mastery over one’s environment or affairs (Rappaport, 1987), gaining power (Cattaneo & Chapman, 2010; Kasturirangan, 2008), exerting control (Zimmerman, 2000), “taking an active stance toward problems,” or “fighting against ones own oppression” (Lamb, 2001, p. 179).

For survivors of domestic violence, empowerment can be summarized as “giving choice back to victims whose choice has been taken away by their batterers” (McDermott & Garofalo, 2004, p. 1248). Domestic violence scholars Gutierrez and Lewis (1999) have suggested that

empowered outcomes in this context can be categorized into three primary changes, including increased 1) Confidence (greater self-efficacy), 2) Connections (stronger interpersonal relationships and connection to one's community), and 3) Critical Consciousness (greater understanding of one's identity and position within one's sociopolitical context).

The manner in which women are treated while they are seeking help and working toward empowerment is the focus of empowering *practice*. Ultimately, the *process* by which women receive assistance or advocacy is often as important as the specific services or resources they receive, if not more so (Kulkarni et al., 2012). Several researchers and practitioners in the DV movement have crafted models for describing empowering practice with survivors. Most of these models point to practices that have four qualities: Empowering practice should be *individualized* (Kasturirangan, 2008; Kulkarni, Bell, & Rhodes, 2012), *survivor-driven* (Kasturirangan, 2008; Kulkarni et al., 2012; McDermott & Garofalo, 2004), *transparent* (Kasturirangan, 2008; Kulkarni et al., 2012), and *egalitarian* (Kasturirangan, 2008; McDermott & Garofalo, 2004; Prilleltensky & Gonick, 1994; Worell & Remer, 2003).

First, empowering practice must be *individualized*. Services will vary from individual to individual based on each woman's personal qualities and the characteristics of her environment (Kasturirangan, 2008). When developing and employing interventions for survivors of violence, it is important to attend to both the larger sociopolitical environment (Wright et al., 2010) and the individual needs and goals of the survivor. The key is providing flexible services that can be tailored to each woman's unique strengths, challenges, resources and context (Kasturirangan, 2008; Kulkarni et al., 2012).

In addition to providing flexible services, empowering programs should be *survivor-driven*, meaning that the program upholds each survivor's rights to set her own goals, to be educated

about her options, to make her own decisions and to have her decisions honored by those assisting her (Davies & Lyon, 2013; Kasturirangan, 2008; Kulkarni et al., 2012; McDermott & Garofalo, 2004). Each woman is in control of her own life and directs her own help-seeking process (Kulkarni et al., 2012). *Transparency* demands that practitioners be clear and consistent in communicating what services and resources are available, the procedures to access them, and how decisions are made about allocating them when they are limited (Kulkarni et al., 2012). They should also be clear about what impact they can actually make on women's lives given programmatic and contextual constraints (Kasturirangan, 2008). Finally, DV services should utilize *egalitarian* practices in which service providers work collaboratively with participants, value women's perspectives and skills, and do not presume to know the women's best interests (Kasturirangan, 2008; McDermott & Garofalo, 2004; Prilleltensky & Gonick, 1994; Worell & Remer, 2003).

Busch and Valentine (2000) also propose that empowering practice activities can occur on several ecological levels, asserting that power and control must be addressed by service provision at the micro/intrapersonal, meso/interpersonal and macro/institutional systemic levels. For example, connecting women with resources could include providing economic assistance to an individual survivor (micro level), creating new financial literacy programs (mezzo), and awarding grants to address gender inequalities (macro).

Some domestic violence programs target the development of critical consciousness as one element of their empowering practices. Many theorists position consciousness as a first (and often necessary) step toward empowerment or as a vehicle for its development (Chronister & McWhirter, 2006; Goodman & West-Olatunji, 2009; Hedrick, 2006; Ratts, Anthony, & Santos, 2010). Others subsume critical consciousness as an element of empowerment itself, including it

among empowered outcomes (Busch & Valentine, 2000; Kaminski et al., 2000; Perez, Johnson, & Wright, 2012; Zimmerman, 2000; Guitierrez & Lewis, 1999). Before examining the relationship between these two elements, a review of the general concept of critical consciousness is warranted.

### **Critical Consciousness**

The concept of critical consciousness was first developed by Paulo Freire in 1970. Freire defined critical consciousness (also referred to as the process of *conscientization*) as “learning to perceive social, political, and economic contradictions, and to take action against the oppressive elements of reality” (1970, p.19). Becoming aware of and ultimately overcoming oppression is the primary purpose of critical consciousness. Oppression is a complex phenomenon—it is both a state and a process, both psychological and political, and truly multifaceted. The process of developing critical consciousness involves critically examining and understanding the various causes of oppression in the world and in one’s own life (Freire, 1970). In order to begin this critical reflection, individuals must work to understand how their society distributes power, as well as economic, legal and social resources (Gutierrez & Lewis, 1999). This requires examination of their social identity in terms of race, ethnicity, class, gender, and sexual orientation (among other social identities) and an assessment of their position in the social order (Hernández et al., 2005). Individuals come to a growing awareness of existing and historical *processes* of oppression (such as policies, practices or roles) that lead to *outcomes* of oppression (such as exploitation of and dysfunction in individuals and communities) (Alschuler, 1986; Watts, Williams, & Jagers, 2003). This evaluation often leads to feelings of discontent with the status quo, a rejection of the current power structures, and an enhanced identification with one’s group or groups (Gurin, 1985; Gurin, Miller & Gurin, 1980). Finally, some theorists and

practitioners suggest that this process necessarily includes *liberation behavior*, or engagement in social action and community development (Goodman & West-Olatunji, 2009; Watts et al., 1999) often with other members of oppressed groups (Alschuler, 1986). This process is cyclical, with individuals undergoing a process of praxis, or action and reflection (Watts et al., 2003). As individuals take part in these liberated actions, they then engage in greater self-discovery and become more sophisticated in their political analysis, which ultimately results in more skillful liberation behavior.

Critical consciousness also exposes individuals to ways in which they may have internalized oppression (Freire, 1970) or victimized themselves by actively participating in oppressive processes (Alschuler, 1986). Internalized oppression may often be the root cause of problems among some oppressed groups, including intragroup violence and division, emotional instability, and negative self-concepts (Freire, 1970; Sowards & Renegar, 2004). Critical consciousness is an avenue by which individuals can challenge internalized oppression as they realize that they are not to blame for their plight (Ratts, Anthony, & Santos, 2010). They begin to define their own identity and to see themselves in a positive light (Watts et al., 1999).

Developing critical consciousness can be beneficial in a variety of ways to individuals, communities and societies. In addition to the benefits discussed thus far, critical consciousness can increase an individual's awareness of his or her abilities; knowledge of the control he or she can exert in transforming his or her relationships, life situations, and the environment; as well as greater use of these abilities (Chronister & Davidson, 2010; Martin-Baro, 1994). Freire described this as a process of moving from *object* (those outside of the dominant class who are *acted upon* by oppression) to *subject* (those who are *actors* that may either support or challenge the status quo). In psychology, the belief in one's capability to achieve goals is also known as *self-efficacy*

(Bandura, 1977). Self-efficacy influences cognition, affective processes, and one's operational ability to perform tasks (Bandura, 1984, 1986); therefore changes to an individual's self-efficacy may have reverberating effects, influencing consequent choices, goals, persistence (Gist & Mitchell, 1992), motivation, and behavior (Gutierrez & Lewis, 1999).

At the community level, a connection to others with similar experiences can help members of oppressed groups feel less isolated, find comfort and power in realizing they are not alone (Enns, 1992; Sowards & Renegar, 2004) and craft productive responses to discrimination (Gutierrez & Lewis, 1999). Developing greater critical consciousness can lead to greater sociopolitical empowerment (Gutierrez & Ortega, 1991). Problem-solving may become more active, creative and effective, and individuals can move from being pessimistic victims of oppression to being optimistic creators of alternative liberating situations (Alschuler, 1986). Finally, increased individual and collective liberatory action can work toward creating a more equitable and just system of distribution in society (Chronister & Davidson, 2010).

Survivors of domestic violence have described numerous benefits from consciousness-raising related activities within domestic violence programs. Women who had come to accept the abusers' critical messages may realize that they are not alone (Davis & Srinivasan, 1995) and that they are worth something (Morales-Campos, Casillas, & McCurdy, 2009). They may learn information about the dynamics and prevalence of domestic violence (including that they are not to blame for their victimization), and to challenge stereotypical beliefs about the roles of men and women in relationships and the family (Tutty, Bidgood, & Rothery, 1993). Such realizations may provide comfort and inspire confidence as they work toward maximizing the safety of their families and achieving long-term well-being. While the perpetrator of violence is ultimately responsible for whether a woman or her children are abused again (Davies & Lyon, 2013), the



expectation is that improvements to empowerment (including critical consciousness) will contribute to movement on a positive trajectory toward well-being (Sullivan, 2012).

Attempts at empowerment that do not involve critical consciousness development (including an understanding of the limitations on access to resources) may not be as successful (Kasturirangan, 2008). For instance, without an understanding of how legal rights and access to resources can be impacted by sexist oppression, survivors of domestic violence may be less likely to develop a greater sense of control and are less able to develop successful strategies for reaching their goals (Kasturirangan, 2008). This suggests that further research on critical consciousness-raising as a component of empowering practice is needed if DV service providers are truly invested in the authentic promotion of empowerment.

### **Critical Consciousness and Domestic Violence Service Provision**

Despite the historical centrality of "empowerment" to the Domestic Violence movement, and the significance of critical consciousness as an element of empowerment, there is a perplexing absence of in-depth discussions of critical consciousness practice in the violence against women practice literature. Existing literature on critical consciousness among survivors of domestic violence is principally theoretical, with very few empirical examinations. For instance, at the present date no studies were found that examined consciousness-raising as a specific element of shelter-based domestic violence programs.

The only known published experimental study to date involving critical consciousness and survivors of domestic violence examined the effectiveness of a group career counseling intervention called ACCESS that was designed specifically for this population (Chronister & McWhirter, 2006). In this study, ACCESS was administered either with or without a critical consciousness component. The critical consciousness component of the intervention included a

variety of elements, including a focus on “development in social context” through journaling assignments, “clarification of individual goals with group assistance,” information about domestic violence, and an examination of the power dynamics of domestic violence experiences (Chronister & McWhirter, 2006, p.153)

Participants in the critical consciousness condition had higher critical consciousness scores and had made more progress toward achieving their goals than those in the non-critical consciousness condition five weeks after they completed the program (Chronister & McWhirter, 2006). This study suggests that introducing consciousness-raising elements into an intervention could be effective both in shaping survivors’ awareness of oppression and in supporting progress in other areas of life.

Although there are almost no empirical studies about raising critical consciousness with domestic violence survivors, there are models in the broader social work literature. Practices identified include: non-hierarchical critical dialogue as part of a reciprocal action-reflection cycle (Friere, 1970) collaborative problem solving (Alschuler, 1986), cognitive reframing of oppression (Ratts et al., 2010), and narrative approaches that help individuals “re-author” their understanding of their life stories (Ratts et al., 2010), among many others. These processes can be implemented using a variety of methods in many different settings. For instance, a group in South Africa used a peer education model (that included arts-based techniques such as drama productions) to encourage participants to develop critical consciousness around gender norms that endanger young people’s sexual health (Campbell & MacPhail, 2002). Feminist bloggers build gender critical consciousness via rhetoric in the public sphere, utilizing online media to encourage story sharing and internal and interpersonal dialogue about oppression in a way that is well suited to our culture’s increasing preference for technology-mediated communication

(Sowards & Renegar, 2004). “Self Esteem Groups” aim to blend techniques of consciousness-raising groups (sharing of personal testimonies) with assertiveness training to encourage social awareness while promoting personal development (Enns, 1992). Finally, practitioners in low income urban neighborhoods have used movies and music as a launching point for youth to critique the messages of popular culture and undergo a critical reflection and action process (Watts, Abdul-Adil, & Pratt, 2002).

Whether or not these techniques or others would be effective in working with survivors of domestic violence remains to be tested. Given the emphasis on creating empowering programs that are specific to the population and context, some adaptation of these models might be necessary to fit the experiences, needs and concerns of domestic violence survivors.

### **Self-Efficacy as an Outcome of Critical Consciousness**

As was discussed above, one of the results of developing critical consciousness may be increased *self-efficacy*. Self-efficacy is commonly defined as an individual’s belief in his or her capability to achieve a goal (Bandura, 1977). This construct is sometimes understood as being domain-specific, such that an individual’s self-efficacy may be greater in one arena than in another (e.g. confidence in sports abilities versus tax preparation abilities). However, some researchers have conceptualized a more global sense of self-efficacy that describes an individual’s confidence in their ability to cope or solve problems across a range of challenging, stressful or novel situations (Sherer & Maddux, 1982; Skinner, Chapman, & Baltes, 1988; Schwarzer & Jerusalem, 1999). While general self-efficacy scholars agree that the construct should be examined in a situation-specific manner when possible, they argue that the appropriate degree of specificity varies with the context (Scholz, Guitierrez-Dona, Sud & Schwarzer, 2002).

Generalized assessments are most appropriate when broad self-beliefs are critical, such as when individuals under stress have to deal with new life experiences over an extended period of time.

Self-efficacy is an important outcome of critical consciousness because 1) it is associated with psychological and physical well-being, and 2) it may be essential for enabling critically conscious individuals to translate their knowledge into action for personal, social or political change.

*Relationship between self-efficacy and well-being.* Feeling incapable of affecting one's world (as is the case with individuals with low generalized self-efficacy), can result in heightened feelings of futility, depression, and anxiety. Conversely, improvements to self-efficacy can help individuals overcome these challenges, and promote greater effectiveness in problem-solving, persistence in the face of obstacles, and overall ability to make desired changes in one's environment (Bandura, 1982). Perceived self-efficacy has also been shown to affect health-promotive behavior (Bandura, 1995). When individuals lack a belief in their own ability to deal with stress in their lives, they are more susceptible to bacterial and viral infections, the development of physical disorders and increase in the rate of progression of disease (Schneiderman, McCabe, & Baum, 1992; Steptoe & Appels, 1989 in Bandura, 1995). Self-efficacy also impacts individuals' openness to considerations of personal change to their health habits as well as their ability to make effective and lasting changes (Bandura, 1992).

*Self-efficacy as necessary for social and political action.* Self-efficacy may also be a necessary precursor to social and political change. Individuals with high levels of self-efficacy are more likely to endorse collective change efforts than those with low levels of self-efficacy (Bandura, 1982). Likewise, self-efficacy provides the basis for collective efficacy (the belief that a group has the capabilities to reach a goal; Gutierrez & Lewis, 1999). Self-efficacy may also be

the extra needed boost that connects critical reflection with critical action. Evidence has suggested that a shift in understanding or analysis of the world does not, in and of itself, predict greater participation in activism (Peterson et. al, 2002). Rather, researchers suggest that the relationship between analysis of oppression and action for social change may in fact be mediated or moderated by *political efficacy* (the belief in one's ability to affect political or social change through individual or collective efforts; i.e. self-efficacy in the political domain; Watts, Diemer, & Voight, 2011). In short, without the presence of self-efficacy, the development of critical consciousness may not result in greater action toward social change (Watts et al., 1999).

### **Self-Efficacy Among Domestic Violence Survivors**

Greater self-efficacy is a particularly important outcome of critical consciousness in domestic violence services because survivors may have decreased self-efficacy due to having been abused and isolated by their batterers. Some scholars suggest that survivors' self efficacy may be constricted and/or prevented from developing by the impacts of abuse, including such factors as declining health, lessened opportunities to develop skills and accomplish goals, and restricted access to information and role models (Chronister & McWhirter, 2003). This process may be self-reinforcing. People who have come to believe that they lack the ability to accomplish their goals often further constrict their activities, have less motivation to undertake new tasks that might broaden their skills, and are more quick to give up when they face challenges (Bandura, 1995). This process may result in survivors having fewer positive efficacy-relevant experiences, thereby providing behavioral validation of their belief that they do not have what it takes to accomplish their goals. In addition to the physical, psychological, sexual and/or financial abuse that is perpetrated by abusers seeking power and control, women also experience negative effects from the inadequate and sometimes dangerous community and systemic

responses to their battery. These unhelpful or even victim-blaming responses may result not only in re-victimization but in a decreased sense of self-efficacy (Campbell, 2006, 2008; Rivera, Sullivan, & Zeoli, 2012).

### **Building Self-Efficacy**

Given the potential for this construct to benefit survivors' well-being and sociopolitical development, it is critical to understand how survivors assess their self-efficacy and how the development of self-efficacy can be supported by domestic violence service programs. Self-efficacy beliefs are dynamic, and change over time as an individual's assessment of their capacity and the requirements of the task shifts (Bandura, 1988; Bandura & Wood 1989, Wood & Bandura, 1989).

There are four main ways through which individuals build self-efficacy: enactive mastery (successfully accomplishing a goal), vicarious experiences (seeing another person similar to yourself succeeding), verbal persuasion (someone else asserting that you have the necessary abilities), and recognizing one's physiological and emotional states that may accompany taking risks (e.g., butterflies in the stomach) (Bandura, 1995). Domestic violence advocates engage in these various instructional methods when working with survivors. They may applaud the survivor's past accomplishments, model new behavior, encourage new behavior, and/or help survivors recognize and deal with the physiological responses to advocating for oneself.

Consciousness-raising practice is one example of a verbal persuasion experience that could ultimately lead to greater self-efficacy. As shelter staff speak with women about the individual and society-wide dynamics of domestic violence, survivors may engage in critical reflection and build greater critical consciousness, coming to a new understanding of the impact their abusers' actions have had on their lives. They may begin to see how racist and sexist

systems make it difficult for women to protect themselves and their children and that they are not to blame for the abuse they have experienced. *This new found critical consciousness may alter women's self-efficacy by providing them with a more realistic assessment of the hurdles that have stood in their way in the past, and the resources they have to overcome them.* They may begin to understand how their partners' psychological, physical, economic or sexual assertions of power and control, in concert with larger systems of oppression, have worked to interfere with their success in previously unseen ways. This could include the recognition that continual ridicule and discouragement from their partners and disparaging societal messages about women have negatively affected their perceptions of their ability to achieve their goals. Lessening the presence and/or impact of such damaging messages in women's self assessments could positively impact their perceptions, leading to realizations that they actually *do* have the knowledge, skills, and/or resources that are necessary to achieve their goals.

### **The Current Study**

Despite the significance of critical consciousness as an element of empowerment in DV service delivery, little is known about what these practices might look like, whether or not they are being utilized, if they are successful in promoting critical consciousness, or how the development of critical consciousness in the DV shelter context impacts survivors' self-efficacy. In order to explore some of these effects, the current study analyzed data from a larger project (the Survivor Empowerment Study) funded by the National Institute of Mental Health to examine the empowerment model in DV shelters and to develop measures of empowering practice and empowered outcomes to be used broadly in the violence against women field.

In this project, 98 adult women were interviewed shortly after they left a DV shelter about their experiences while accessing services. The researcher examined the following hypotheses and explorations:

- 1) To what extent do staff engage in activities designed to raise consciousness?
- 2) Are the consciousness-raising practices of staff at domestic violence shelters related to the development of critical consciousness among survivors of domestic violence? The study hypothesized that women who report experiencing more consciousness-raising practices would report greater development of DV critical consciousness.<sup>2</sup>
- 3) Is the development of critical consciousness related to the development of self-efficacy? The study hypothesized that women who reported greater development of DV critical consciousness would report greater development of self-efficacy.

---

<sup>2</sup> Many feminist scholars emphasize the importance of considering how individuals' multiple social identities impact their experience, attending to a concept known (among other names) as intersectionality (Crenshaw, 1989). In the context of this study, an "intersectional" analysis would explore how women's cultivation of critical consciousness and self efficacy was impacted by the intersection of their sex with other social identity categories. For instance, such an analysis might examine if the proposed relationship between consciousness-raising practices and DV critical consciousness was moderated by women's racial identification. Other intersectional considerations could include the moderation of this relationship by socioeconomic status, nativity, native language, sexual orientation, and/or gender identity, among other key variables. This assumes that not all female survivors of violence would experience this process identically, and that potential differences might be systematically variable according to one's positionality. While such an analysis would add depth to this examination, a fairly small sample size and general lack of variability in the values of these key group variables limits my ability to appropriately and adequately investigate such questions.



4) Does the development of DV critical consciousness mediate the relationship between consciousness-raising practices and the development of self-efficacy? The study hypothesized that the development of DV critical consciousness would be a significant mediator of this relationship.

## METHOD

Participants in the Survivor Empowerment Study were recruited from two domestic violence shelter programs in two mid-sized cities in the Midwest. Each of the programs provided comparable services to women and had similar organizational models. Inclusion criteria stated that women were eligible to participate if they were at least 18 years old and had exited the shelter program within the last 30 days. Recruiters at each of the sites approached every shelter resident at the beginning of her stay to provide information about the study. Women who were potentially interested in taking part were contacted upon their exit from the shelter. Women who participated in an interview were paid \$25. All interviews took place in private settings that were both safe and convenient for the women. The researchers trained a team of interviewers to conduct the 90-minute mixed-method interviews. The training emphasized the importance of understanding violence against women and utilizing feminist interviewing principles.

### Measures

The current study used three subscales of the two validated measures created from the Survivor Empowerment Study—the *Empowering Practices* scale and the *Survivor Empowerment* scale. Specifically, the Consciousness-raising Practice subscale measured the extent to which staff engaged in consciousness-raising with participants. Critical consciousness and self-efficacy were measured by two subscales of the Survivor Empowerment measure.

*Domestic Violence Consciousness-Raising Practice.* The *Raise Consciousness* subscale (6 items;  $M=1.75$ ,  $SD=1.12$ ;  $\alpha=.95$ ;  $CITC=.72-.89$ ) of the *Empowering Practices* scale was used to assess consciousness-raising practices by staff at the shelter. Respondents indicated the degree to which staff used certain practices, including “The shelter staff talked with me about how domestic violence related to other types of violence against women” and “The shelter staff talked

to me about why some people are abusive.” Subscale scores were created by averaging responses across the items (0= not at all, 1 = a little, 2 = somewhat, 3 = very much).

*Domestic Violence Critical Consciousness.* The *Critical Consciousness* subscale (8 items;  $M=3.22$ ,  $SD=.84$ ,  $\alpha = .91$ ;  $CITC=.57-.85$ ) of the *Survivor Empowerment* scale was used to assess the extent to which women’s domestic violence critical consciousness had developed because of their experience sat shelter. Respondents indicated the degree to which they agreed with statements such as “I have a greater understanding of how sexist systems make it difficult for women to protect themselves and their children” and “I have a greater understanding of the causes of domestic violence.” Subscale scores were calculated by averaging responses across the items (1=strongly disagree to 4=strongly agree).

*Self-Efficacy.* The *Self Efficacy* (9 items;  $M=3.18$ ,  $SD=.85$ ,  $\alpha = .96$ ;  $CITC=.77-.86$ ) subscale of the *Survivor Empowerment* scale was used to measure the extent to which women’s self-efficacy had grown because of their time in the shelter program. Respondents indicated the degree to which they agreed with items such as “I am more able to achieve goals I set for myself” and “I have a greater understanding that I have the ability to make changes in my own life.” Subscale scores were calculated by averaging responses across the items (1=strongly disagree to 4=strongly agree).

## RESULTS

### Description of the Sample

The sample was comprised of 98 women who had recently exited a domestic violence shelter. Participants ranged in age from 19 to 60 ( $M=34.41$ ,  $SD= 10.09$ ), and stayed an average of 40 days ( $SD=45.61$ ; Range= 3 to 300; Median= 30) in the shelter program. Forty-six of the women identified as African American, 33 as White, 4 as Hispanic/Chicana/Latina/Mexican, 1 as Asian-Pacific, and 1 as Native American. Thirteen of the participants identified as Multiracial/Other, and 6 of these women reported some African American heritage. The participants had a variety of educational experiences. Most of the participants were mothers (84%; range of 1 to 8 children), and most were unemployed at the time of the interview (69.7%). This data set excludes four additional women who were interviewed for the study that did not complete the relevant measures due to interviewer error.

### Staff Engagement in Critical Consciousness-Raising

To explore the extent to which staff engaged in activities designed to raise consciousness, (Hypothesis 1), the author examined the descriptive statistics of the Domestic Violence Consciousness-raising Practice scale. The sample had an average scale score of 1.75 (range of 0= *Not at All* to 3= *Very Much*) with a standard deviation of 1.12. Women most commonly “agreed very much” that staff spoke with them about “the effects of domestic violence on their lives,” (48%) and about “different types of abuse” (46%). The most common topic that women reported staff had *not* spoken about was “how domestic violence relates to other types of violence against women” (35%). The distribution was somewhat bimodal, as 38 of the participants (39% of the sample) were clustered at either the very top or very bottom of the scale.

Fifteen participants (15% of the sample) received a scale score of 0 (indicating that shelter staff had not talked with them about any of the topics), and 23 participants (23%) received a scale score of 3 (indicating they very much agreed that shelter staff talked with them about all of the topics).

While women from each of the two shelters included in the study received scale scores that ranged from 0-3, the subsamples differed in their average Critical Consciousness-raising Practice scale scores. An ANOVA revealed significant differences between the two samples,  $F(1, 96) = 7.36, p = .008$ . The mean score for Shelter One (45 participants,  $M = 1.43, SD = 1.09$ ) was significantly lower than the mean score for Shelter Two (53 participants,  $M = 2.03, SD = 1.09$ ). This suggests that staff at Shelter Two may have engaged in more domestic violence consciousness-raising practices than did staff at Shelter One, at least from the survivors' perspective.

These shelter differences likely contributed to the bimodal distribution of the overall sample. Frequencies revealed that women from Shelter One comprised 66% ( $n=10$ ) of those participants who reported no consciousness-raising practice (a "0" on the scale), and only 17% ( $n=4$ ) of those who had very high consciousness-raising practice scores (a "3" on the scale). Conversely, women from the larger Shelter Two sample represented only 33% ( $n=5$ ) of the women with a score of "0" and 83% ( $n=19$ ) of those with a score of "3" in the overall sample. In other words, 22% of the women in Shelter One reported experiencing no consciousness-raising practice, compared to only 9% of Shelter Two participants. Over a third (36%) of the women from Shelter Two reported high consciousness-raising practice, compared to only 9% of women from Shelter One. See Table 2 in the appendices for comparisons of the whole sample and each of the shelter samples on each of the items of the scale.

### **Relationship between Consciousness-Raising and Critical Consciousness**

To test whether women who reported experiencing more consciousness-raising practices would report greater development of DV critical consciousness (Hypothesis 2), participants' DV critical consciousness scores were regressed onto their DV consciousness-raising practice scores. To reduce mild negative skew and better meet the normality assumptions of the analysis, a square root transformation was used on the DV critical consciousness scores. As hypothesized, DV consciousness-raising practice significantly predicted DV critical consciousness scores,  $b = 0.187$ ,  $t(96) = 9.881$ ,  $p < .001$ . DV consciousness-raising practice also explained a significant proportion of variance in DV critical consciousness development,  $R^2 = 0.504$ ,  $F(1, 96) = 97.63$ ,  $p < .001$ . To test for influential outliers, the analysis was conducted again with cases with residuals greater than two standard deviations (5 cases) removed. The effect was similar and the results remained significant. This finding supports the prediction that women who reported experiencing more consciousness-raising practices would also report greater development of DV critical consciousness.

### **Relationship between Critical Consciousness and Self-Efficacy**

To examine whether women who reported greater development of DV critical consciousness would also report greater development of self-efficacy, (Hypothesis 3), participants' self-efficacy scores were regressed onto their DV critical consciousness scores. To reduce mild negative skew and better meet the normality assumptions of the analysis, a square root transformation was used on the DV critical consciousness scores and the self-efficacy scores. DV critical consciousness significantly predicted self-efficacy,  $b = .743$ ,  $t(96) = 10.582$ ,  $p < .001$ . DV critical consciousness also explained a significant proportion of variance in self-efficacy,  $R^2 = 0.538$ ,  $F(1, 96) = 111.972$ ,  $p < .001$ . The analysis was conducted again with cases

with residuals greater than two standard deviations (6 cases) removed to test for influential outliers. Once again, the effect was similar and the results remained significant. This outcome supports the hypothesis that women who reported greater development of DV critical consciousness would also report greater development of self-efficacy.

### **Test of Mediation**

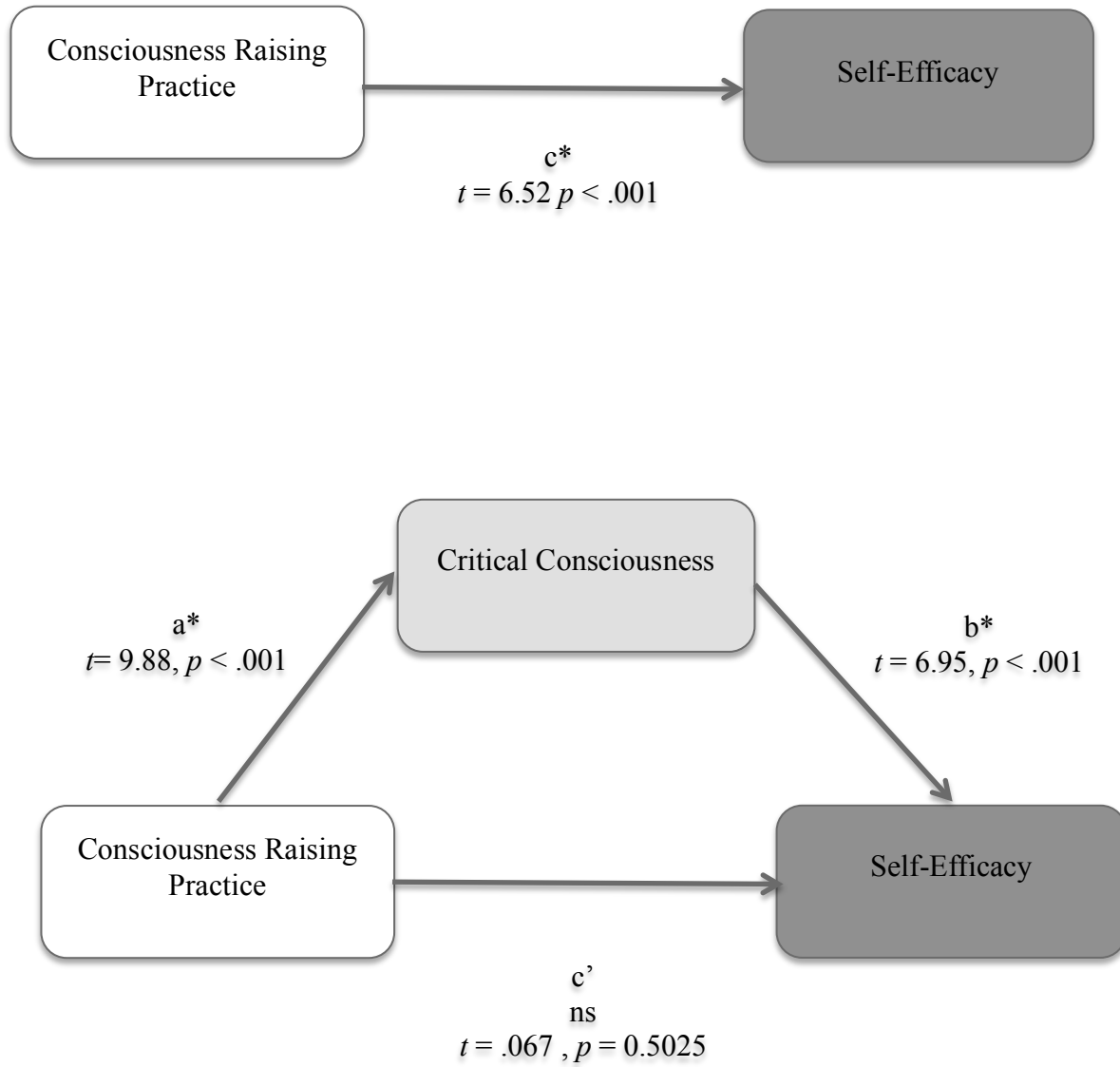
In order to determine whether DV critical consciousness mediated the relationship between DV consciousness-raising practice and self-efficacy (Hypothesis 4), bootstrapping analyses using methods described by Preacher and Hayes (2008) for estimating direct and indirect effects with mediators were employed. Self-efficacy was entered as the dependent variable, DV consciousness-raising practice was entered as the predictor variable, and DV critical consciousness was entered as a proposed mediator in the SPSS macro created by Preacher and Hayes for bootstrap analyses. Mediation was tested by assessing the significance of the cross product of the coefficients for the predictor variable to mediator relation (the a path), and the mediator to outcome relation (the b path; See Figure 1). An ab cross product test examines the statistical significance of the difference between the unconditional direct effect, or c path, and the conditional direct effect, or c' path. (The method used in the current study solves the distribution problems in the data through bootstrapping, in which k samples of the original size are taken from the obtained data and meditational effects are calculated in each sample. In the present analyses, parameter estimates were based on 1000 bootstrap samples.)

Figure 1 shows the t values and significance of the a, b, c, and c' paths, and the significance of the indirect effect. The analyses revealed with 95% confidence that the total indirect effect of consciousness-raising on the outcome variable through the mediator was significant, with a point estimate of .130 and a 95% bias-corrected and accelerated bootstrap confidence interval of .081

to .179. As these confidence intervals do not contain zero, the point estimate is significant at the level indicated. Furthermore, the analyses indicated that the unconditional direct effect of DV consciousness-raising practice scores on participants' self-efficacy (unconditional direct effect,  $t = 6.52$   $p < .001$ ) became nonsignificant when the critical consciousness mediator was included in the model (conditional direct effect of consciousness-raising,  $t = 0.067$ ,  $p = 0.50$ , *ns*). Thus, critical consciousness fully mediated the association between consciousness-raising and self-efficacy.



**Figure 1. Test of Mediation**

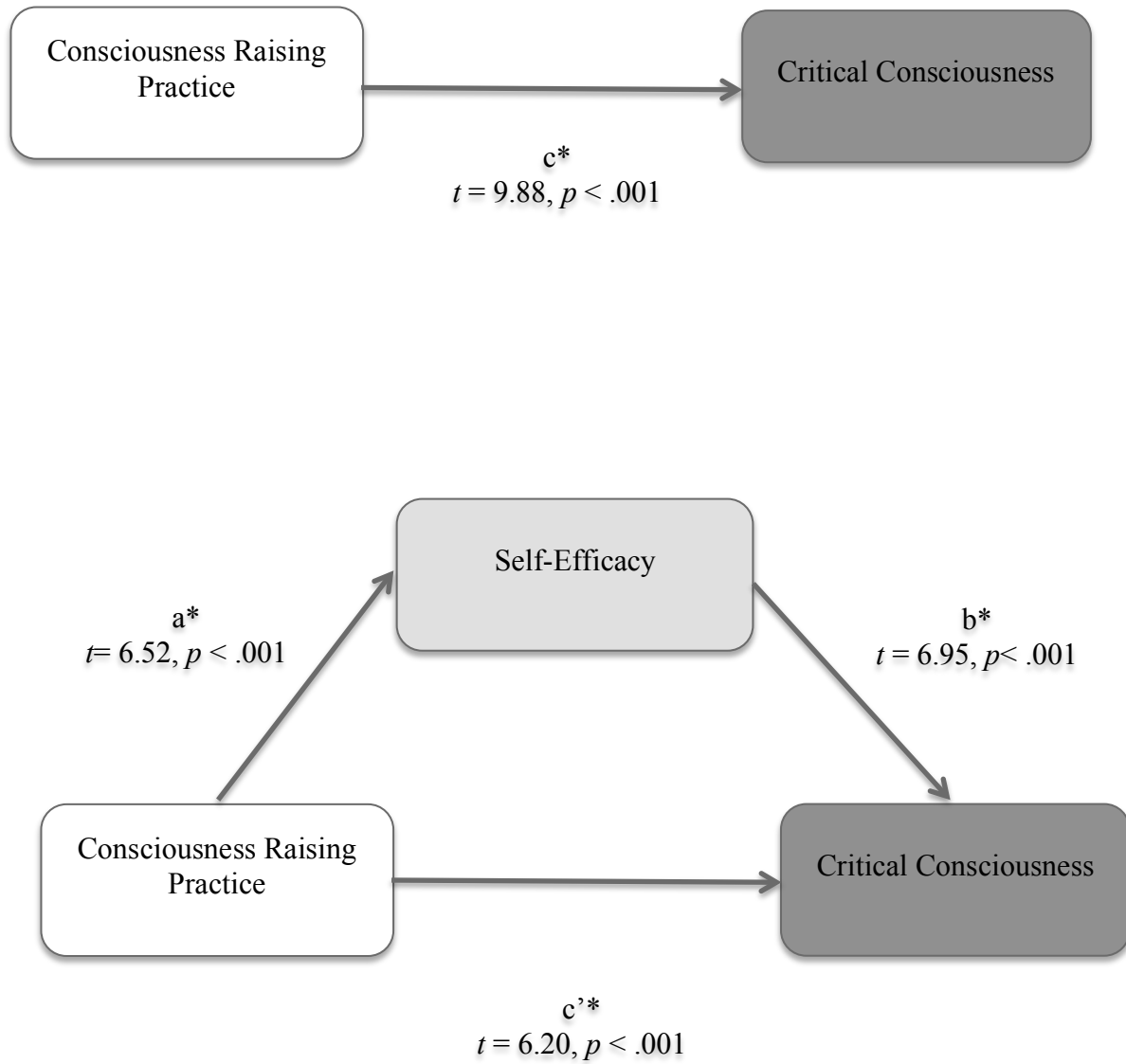


### Alternate Mediation Hypotheses

Due to the cross-sectional nature of the data, the study cannot determine definitively the temporal ordering in which the constructs of interest may have emerged. In lieu of examining the order suggested by theory using longitudinal data, the study explored an alternate mediation model in which self-efficacy mediates the relationship between DV consciousness-raising practice and DV critical consciousness. Once again, bootstrapping analyses using methods described by Preacher and Hayes (2008) for estimating direct and indirect effects with mediators were employed. DV critical consciousness was entered as the dependent variable, DV consciousness-raising practice was entered as the predictor variable, and self-efficacy was entered as a proposed mediator in the SPSS macro created by Preacher and Hayes for bootstrap analyses.

Figure 2 shows the *t* values and significance of the *a*, *b*, *c*, and *c'* paths, and the significance of the indirect effect. The analyses revealed with 95% confidence that the total indirect effect of consciousness-raising on the outcome variable through the mediator was significant (point estimate of .071 and a 95% bias-corrected and accelerated bootstrap confidence interval of .038 to .118). However, the results indicated that the unconditional direct effect of DV consciousness-raising practice scores on participants' DV critical consciousness (unconditional direct effect,  $t = 9.88$ ,  $p < .001$ ) remained significant when the self-efficacy mediator was included in the model (conditional direct effect of consciousness-raising,  $t = 6.20$ ,  $p < .001$ ). Thus, self-efficacy only partially mediated the association between DV consciousness-raising and DV critical consciousness. While a more formal analysis of goodness of fit is not within the scope of the current study, these results suggest that the original model with complete mediation is likely superior to the alternate model with partial mediation.

**Figure 2.** Test of Alternate Mediation Model



## DISCUSSION

Study results supported the author's hypotheses regarding the relationships among consciousness-raising practices in domestic violence shelters, the development of critical consciousness, and its impact on the self-efficacy of survivors of domestic violence. Women who reported that shelter staff engaged in more DV consciousness-raising practice also reported greater shifts in their DV critical consciousness. Participants who reported greater shifts in DV critical consciousness also reported developing greater self-efficacy during their time in shelter. This finding lends support to the assertion that gaining greater understanding of the effects of society-wide oppression on one's personal experiences can lead to a greater belief in one's general ability to meet one's goals.

These results also support Chronister and McWhirter's (2006) work that demonstrated that survivors of domestic violence who experience critical consciousness-raising practice will build greater critical consciousness, and will be better at making progress to reach their goals. Somewhat contrary to the present study's results, Chronister & McWhirter (2006) did not find significant differences in *career-search* self-efficacy for those in the critical consciousness condition at any time point. Failure to find an effect in this previous study could have been a function of the small sample size, the intervention, the focus on career-search self-efficacy, or other study design elements. Further research with more rigorous design is needed to explore the relationship between a variety of different consciousness-raising practices and various domains of self-efficacy. Furthermore, while Chronister & McWhirter (2006) did not find a significant difference in self-efficacy between the groups, they did find a significant increase in this construct from posttest to follow-up for those women in the critical consciousness condition. The

researchers suggest that this increase may be due in part to their increased critical consciousness, but additional research is needed to understand how these processes unfold over time.

The relationships among these variables were replicated in both shelter samples. While the samples demonstrated significantly different levels of consciousness-raising practice, DV critical consciousness development, and self-efficacy among the participants, the patterns of relationships described above remained in both settings. The replication of this pattern in two different shelters lends credibility to the generalizability of this study to other comparable domestic violence shelters.

These findings also support the argument that *how* services are delivered may be as important as the *type* of services offered. While no two settings can ever be exactly alike, at face value the shelters involved in this study are very similar. They offer seemingly comparable services to relatively comparable populations. Despite these apparent similarities, the two different subsamples reported significant differences in self-esteem development. This suggests that a factor other than the concrete services themselves may have impacted women's belief in their ability to accomplish their goals. The significant differences in DV consciousness-raising practice and DV critical consciousness development suggest that when shelter staff utilized more empowering practices (such as consciousness-raising), women experienced more empowered outcomes (including critical consciousness), which may in turn have influenced their self-efficacy.

### **Limitations of the Study**

The study has a number of limitations that are worth noting. First, the data used in this study were collected using a cross-sectional design, as each woman was interviewed at only one time point following the end of her stay in the shelter. Although a causal model is proposed based on

theory and previous research, the relationships are strictly correlational and therefore their directionality cannot be determined conclusively. While the study provided some support for the ordering of the variables through a mediation model, a restricted range of the DV critical consciousness measure (with values clustered at the top of the scale) may have impacted the variable's variance and therefore the full exploration of the alternative hypothesis.

The sample size was small (N=98) and limited to two shelters in one state. The limited sample prevented the examination of potential moderators of these relationships, including socioeconomic status and race/ethnicity. Additionally, the study's results may only be generalized to survivors of domestic violence who accessed *shelter* services, and not other types of domestic violence services.

The scales used in the study also have limitations. First, the Domestic Violence Consciousness-Raising Practice Scale focuses on one type of practice, namely staff speaking with survivors about different topics. Therefore the study's examination of the effect of consciousness-raising practice does not include other types of practice that may be influential. Next, the items on the Domestic Violence Critical Consciousness Scale focus largely on knowledge about domestic violence, asking women if they have a greater understanding of a particular dynamic of abuse because of their time staying in shelter. Consequently, this scale does not delve very deeply into other elements of Domestic Violence Critical Consciousness, such as knowledge of sexism, or into other systems of oppression that shape survivors' experiences, such as racism, classism, heterosexism, etc. Additionally, the study did not use a standardized measure of self-efficacy. Finally, the scales used in the study depend on survivors' recall of experiences and mindset changes that may have occurred weeks or months before the

interview. While this data may be imperfect based on the limitations of human memory, it does provide insight into survivors' perceptions of experiences and changes that may have occurred.

### **Directions for Further Research**

The empirical examination of empowerment in domestic violence service delivery is a growing area of study. As was discussed previously, there is a great deal of debate in the field (and in social science more broadly) about the nature and processes involved in promoting empowerment among vulnerable populations. While domestic violence scholars have learned a great deal from the research on empowerment in other contexts, there is still work to be done in tailoring these practices to the unique needs of survivors of domestic violence. As this line of inquiry unfolds, researchers should further refine and develop their definitions and measures of empowering practice and empowerment-related outcomes.

In order to ensure these measures are as closely aligned to women's real experiences as possible, qualitative studies with survivors who have accessed services are needed. Listening to women who have been through the experience of seeking services would inform researchers' understanding of what supports women would like as they move toward claiming or building greater power in their personal, social and political lives. Potential topics to explore could include how survivors would like to be treated by staff; implicit messages the shelter's rules or programming might be sending without staff's knowledge; or how to best help women balance the challenges of meeting their basic needs while they are also discovering and enacting their power. While no two women's experiences or needs will be the same, the field has a responsibility to understand existing patterns and to prepare staff with the skills to help women as they help themselves.

Within the broader topic of empowerment, the examination of consciousness-raising as an element of empowering practice in the domestic violence shelter context is a relatively new research arena. As such, existing measures of DV consciousness-raising and DV critical consciousness development are still in their infancy. Future research should further develop these measures to help scholars and practitioners better understand these processes as they unfold in the shelter context. For example, DV consciousness-raising scales should be expanded to include other types of practice that might be important in supporting survivors' critical consciousness development. This could include asking participants if staff worked to engage women in group-based consciousness-raising processes, coordinated peer mentorship, or provided opportunities to engage in sociopolitical action in the broader community, among other activities. Furthermore, future studies should utilize improved scales or more nuanced response options in measuring DV critical consciousness to ensure all the variation present among individuals is captured and to avoid issues with restricted range in the analyses. Finally, future research should explore the relationship between consciousness-raising and critical consciousness development and other known empowering practices and empowered outcomes, as well as its effect on other significant mental health and well-being outcomes beyond self-efficacy.

Researchers should also consider how women's experiences with domestic violence service provision and empowerment might vary due to their race and/or socioeconomic status. Future studies should recruit larger samples of women from more diverse racial/ethnic backgrounds and socioeconomic statuses to allow for a more powerful and nuanced examination of women's experiences from an intersectional lens. Likewise, future studies of critical consciousness development among shelter users should include measures that tap into women's growing



awareness of other forms of oppression that may shape their unique experiences, such as racism, classism, heterosexism, etc.

In addition to studying women's experiences from an intersectional perspective, future studies should also attend to diversity in service delivery context. For instance, such studies could examine the impact of DV consciousness-raising practice in different types of domestic violence service contexts, such as counseling centers, support groups, etc., to see how empowering practices and outcomes in these service settings may differ from the shelter context. Furthermore, future research could examine the impact of the service organization's dynamics on empowerment. By using an organizational framework approach, researchers could study what is happening within various levels and settings in the organization that may be promoting or inhibiting consciousness-raising practice and the development of critical consciousness. For example, are all parties in the organization in agreement with the empowerment approach, from the board of directors and the administrators to the shelter staff and security staff? Do the policies and procedures in place at the organization create barriers to empowering practice? Are mechanisms in place for women using services to give timely and honest feedback to the organization? The answers to these questions and many more like them could provide great insight into why women may or may not find a particular service context to be empowering.

Finally, future studies should employ longitudinal research techniques, following women from the time they enter shelter to the time they leave shelter and beyond. Such studies would provide more information about the long-term impacts of shelter practice on women's well-being and empowerment. A longitudinal study would also provide empirical insight into the now theoretically-based causal model, demonstrating if consciousness-raising practice at shelter does in fact lead to critical consciousness development, and then self-efficacy. Finally, such a design

would also correct for any biases in memory that may be present in a cross-sectional examination of a process that truly unfolds over time.

## **CONCLUSION**

Domestic violence is a life threatening manifestation of gender inequality and a major social problem that demands intervention and social change. One technique for promoting survivor well being and working toward the creation of a just society is critical consciousness development. If domestic violence service delivery truly aims to assist women in taking control of their lives, recognizing and using their own abilities, and ultimately fostering empowerment to participate in creating a more equitable society, DV service providers and administrators should not let consciousness-raising practice be pushed to the wayside. Attempts at empowerment that do not involve the component of critical consciousness are simply not likely to be as successful in achieving these aims. Domestic violence service delivery and the violence against women movement must take up this mantle in order to ensure survivors are receiving the best support possible to promote their long-term well-being.

## APPENDICES

APPENDIX A

Table 1. *Participant Demographics*

<i>Variable</i>	<i>Mean (SD) or N (%)</i>
Age	34.39 (10.14)
Current relationship status	
Married, Living Together	2 (2.0%)
Married Separated	12 (12.2)
Divorced	4 (4.1)
Involved/Dating, Not living together	6 (6.1)
Living Together	4 (4.1)
Ex-Girlfriend/Ex-Boyfriend	51 (52.0)
Other	6 (6.1)
Ex-Involved	12 (12.2)
Education Level	
Less than High School	17 (17.3%)
High School Grad/GED	32 (32.7)
Some College	38 (38.8)
Associate's Degree (2-year)	7 (7.1)
Bachelor's Degree (4-year)	3 (3.1)
Graduate or Professional Degree	1 (1.0)
Current employment	
Employed	30 (30.6%)
Unemployed	68 (69.4)
Number of Children	2.22 (1.70)
Sexual orientation	
Heterosexual/Straight	92 (93.9%)
Lesbian/Gay	2 (2.0)
Bisexual	3 (3.1)
Race	
Black/African-American	45 (45.9%)
White/Caucasian	33 (33.7)
Hispanic/Chicana/Latina/Mexican	4 (4.1)
Asian-Pacific	1 (1.0)
Native American	1 (1.0)
Other	1 (1.0)
Multiracial	12 (12.2)
Number of Days Stayed at Shelter	39.91 (45.83)

*\*Note: One participant did not complete the demographic information.*

APPENDIX B

Table 2. *Average Scores on the Empowering Practices Scale Items by Shelter Sample*

<i>Item</i>	<i>Mean (SD)</i>		
	<u>Whole Sample</u>	<u>Shelter One</u>	<u>Shelter Two</u>
<u>Shelter staff...</u>			
Talked with me about why some people are abusive	1.68 (1.23)	1.31 (1.28)	2.00 (1.11)
Talked with me about the dynamics of domestic violence	1.70 (1.27)	1.33 (1.28)	2.02 (1.18)
Helped me learn about the effects of domestic violence on my life	1.86 (1.26)	1.71 (1.32)	1.98 (1.20)
Helped me learn more about different types of abuse	1.87 (1.22)	1.69 (1.18)	2.02 (1.25)
Talked with me about how domestic violence relates to other types of violence against women	1.59 (1.31)	1.11 (1.19)	2.00 (1.29)
Talked to me about how common domestic violence is	1.82 (1.25)	1.42 (1.25)	2.15 (1.67)

## REFERENCES

## REFERENCES

- Alschuler, A. (1986). Creating a world where it is easier to love: Counseling applications of Paulo Freire's theory. *Journal of Counseling & Development, 64*, 492–496.
- Andersen, M. L. (2005). Thinking about Women: A Quarter Century's View. *Gender & Society, 19*(4), 437-455.
- Bandura, A. (1977). *Social learning theory*. Englewood Cliffs, NJ: Prentice-Hall
- Bandura, A. (1982). Self-efficacy mechanism in human agency. *American Psychologist, 37*: 122-147.
- Bandura, A. (1984). Recycling misconceptions of perceived self-efficacy. *Cognitive Therapy and Research, 8*: 213-229.
- Bandura A. (1986). Social foundations of thought and action: A social-cognitive view. Englewood Cliffs, NJ: Prentice-Hall.
- Bandura, A. (1988). Self-regulation of motivation and action through goal systems. In V. Hamilton, G. H. Bower, & N. H. Frijda (Eds.), *Cognitive perspectives on emotion and motivation*: 37-61. Dordrecht, Netherlands: Kluwer Academic Publishers.
- Bandura, A. (1992). Self-efficacy mechanism in psychobiologic functioning. In R. Schwarzer (Ed.), *Self-efficacy: Thought control of action* (pp. 355–394). Washington, DC: Hemisphere.
- Bandura, A. (1995). Exercise of personal and collective efficacy in changing societies, in Bandura, A. (Ed.), *Self-efficacy in changing societies*. Cambridge University Press.
- Bandura, A., & Wood, R. E. (1989). Effect of perceived controllability and performance standards on self-regulation of complex decision making. *Journal of Personality and Social Psychology, 56*: 805-814.
- Browne, A., & Williams, K. R. (1993). Gender, intimacy, and lethal violence: Trends from 1976 through 1987. *Gender & Society, 7*(1), 78-98.
- Busch, N. B., & Valentine, D. (2000). Empowerment Practice: A Focus on Battered Women. *Affilia, 15*(1), 82–95.
- Campbell, C., & MacPhail, C. (2002). Peer education, gender and the development of critical consciousness: participatory HIV prevention by South African youth. *Social Science & Medicine (1982), 55*(2), 331–45.
- Campbell, R. (2006). Rape survivors' experiences with the legal and medical systems Do rape victim advocates make a difference?. *Violence Against Women, 12*(1), 30-45.



- Campbell, R. (2008). The psychological impact of rape victims. *American Psychologist*, 63(8), 702.
- Cattaneo, L. B., & Chapman, A. R. (2010). The process of empowerment: A model for use in research and practice. *The American Psychologist*, 65(7), 646–59.
- Chronister, K. M., & Davidson, M. M. (2010). Promoting distributive justice for intimate partner violence survivors with group intervention. *The Journal for Specialists in Group Work*, 35(2), 115–123.
- Chronister, K. M., & McWhirter, E. H. (2006). An experimental examination of two career interventions for battered women. *Journal of Counseling Psychology*, 53(2), 151–164.
- Connell, R. (2009) *Short introductions: gender*. Cambridge: Polity Press.
- Davies, J. M. & Lyon, E. (2013). *Domestic violence advocacy: Complex lives/difficult choices, 2<sup>nd</sup> Edition*. Thousand Oaks, CA: SAGE.
- Davis, L. V., & Srinivasan, M. (1995). Listening to the voices of battered women: What helps them escape violence. *Affilia*, 10, 45-69.
- Enns, C. Z. (1992). Self-Esteem Groups: A Synthesis of Consciousness-Raising and Assertiveness Training. *Journal of Counseling & Development*, 71(1), 7–13.
- Foster-Fishman, P.G., Salem, D.A., Chibnall, S., Legler, R. & Yapchai, C. (1998). Empirical support for the critical assumptions of empowerment theory. *American Journal of Community Psychology*, 26 (4), 507-536.
- Freire, P. (1970). *Pedagogy of the oppressed*. New York, NY: Continuum.
- Gist, M. E., & Mitchell, T. R. (1992). Self-efficacy: A theoretical analysis of its determinants and malleability. *Academy of Management review*, 17(2), 183-211.
- Goodman, R. D., & West-Olatunji, C. a. (2009). Applying critical consciousness: Culturally competent disaster response outcomes. *Journal of Counseling & Development*, 87(4), 458–465.
- Gurin, P. (1985). Women's gender consciousness. *Public Opinion Quarterly*, 49(2), 143-163.
- Gurin, P., Miller, A. H., & Gurin, G. (1980). Stratum identification and consciousness. *Social Psychology Quarterly*, 30-47.
- Gutiérrez, L. M., & Lewis, E. A. (Eds.). (1999). *Empowering women of color*. Columbia University Press.
- Gutierrez, L., & Ortega, R. (1991). Developing methods to empower Latinos: The importance of groups. *Social Work with Groups*, 14(2), 23-24.
- Hanisch, C. (1970). The personal is political. *Notes from the Second Year*, 76-78.

- Hedrick, M. (2006). *Self, other and the sociopolitical in politically active women survivors of domestic violence*. ProQuest Dissertations and Theses.
- Hernández, P., Almeida, R., & Dolan-Del Vecchio, K. (2005). Critical consciousness, accountability, and empowerment: Key processes for helping families heal. *Family Process*, 44(1), 105–119.
- Hill Collins. P. (2004). *Black sexual politics: African Americans, gender, and the new racism*. New York: Routledge.
- Hopper, K. (1999). John Berger and Erick Holtzman. *Social Policy*, 30(2), 13-21.
- Johnson, D.M., Worell, J., & Chandler R.K. (2005). Assessing psychological health and empowerment in women: The Personal Progress Scale Revised. *Women and Health*, 41, 109–129.
- Johnson, M. P. (1995). Patriarchal terrorism and common couple violence: Two forms of violence against women. *Journal of Marriage and the Family*, 57, 283–294.
- Kaminski, M., Kaufman, J., Graubarth, R., & Robins, T. (2000). How do people become empowered? A case study of union activists. *Human Relations*, 53(10), 1357–1383.
- Kasturirangan, A. (2008). Empowerment and programs designed to address domestic violence. *Violence against women*, 14(12), 1465–75.
- Kulkarni, S. J., Bell, H., & Rhodes, D. M. (2012). Back to basics: essential qualities of services for survivors of intimate partner violence. *Violence against women*, 18(1), 85–101.
- Lamb, S. (2001). *The secret lives of girls*. New York: Free Press.
- Martín-Baró, I. (1994). *Writings for a liberation psychology*. Cambridge, MA: Harvard University Press.
- Martin, P. Y. (2004). Gender as social institution. *Social Forces*, 82(4), 1249-1273.
- McDermott, M. J., & Garofalo, J. (2004). When advocacy for domestic violence victims backfires: Types and sources of victim disempowerment. *Violence Against Women*, 10(11), 1245–1266.
- Morales-Campos, D.Y., Casillas, M., & McCurdy, S.A. (2009). From isolation to connection: Understanding a support group for Hispanic women living with gender-based violence in Houston, Texas. *Journal of Immigrant Minority Health*, 11, 57-65.
- Pascoe, C. J. (2007). *Dude, you're a fag: Masculinity and sexuality in high school*. Berkeley: University of California Press.
- Peled, E. L., Eisikovits, Z., Enosh, G., & Winstock, Z. (2000). Choice and empowerment for battered women who stay: Toward a constructivist model. *Social Work*, 45, 9-25.

- Perez, S., Johnson, D. M., & Wright, C. V. (2012). The attenuating effect of empowerment on IPV-related PTSD symptoms in battered women living in domestic violence shelters. *Violence Against Women, 18*(1), 102–17.
- Preacher, K. J., & Hayes, A. F. (2008). Asymptotic and resampling strategies for assessing and comparing indirect effects in multiple mediator models. *Behavior Research Methods, 40*, 879-891.
- Prilleltensky, I., & Gonick, L. (1994). The discourse of oppression in the social sciences: Past, present, and future. In E. J. Trickett, R. J. Watts, & D. Birman (Eds.), *Human diversity: Perspectives on people in context* (pp. 145-177). San Francisco: Jossey-Bass.
- Rappaport, J. (1987). Terms of empowerment/exemplars of prevention: Toward a theory for community psychology. *American Journal of Community Psychology, 15*, 121–148.
- Ratts, M. J., Anthony, L., & Santos, K. N. T. (2010). The Dimensions of Social Justice model: Transforming traditional group work into a socially just framework. *The Journal for Specialists in Group Work, 35*(2), 160–168.
- Rivera, E. A., Sullivan, C. M., & Zeoli, A. M. (2012). Secondary victimization of abused mothers by family court mediators. *Feminist Criminology, 7*(3), 234-252.
- Schneiderman, N., MacCabe, P. M., & Baum, A. (Eds.). (1992). *Stress and disease processes*. Routledge.
- Scholz, U., Doña, B. G., Sud, S., & Schwarzer, R. (2002). Is general self-efficacy a universal construct? Psychometric findings from 25 countries. *European journal of psychological assessment, 18*(3), 242.
- Schwarzer, R. & Jerusalem, M. (Eds.) (1999). Scales for the assessment of teacher and student characteristics. Berlin, Germany: Freie Universitat Berlin.
- Sherer, M., & Maddux, J.E. (1982). The Self-Efficacy Scale: Construction and validation. *Psychological reports, 51*, 663-671.
- Skinner, E.A., Chapman, M., & Baltes, P.B. (1988). Control, means-ends, and agency beliefs: A new conceptualization and its measurement during childhood. *Journal of Personality and Social Psychology, 54*, 117-133.
- Song, L.Y. (2012). Service utilization, perceived changes of self, and life satisfaction among women who experienced intimate partner abuse: the mediation effect of empowerment. *Journal of Interpersonal Violence, 27*(6), 1112–36.
- Sowards, S. K., & Renegar, V. R. (2004). The rhetorical functions of consciousness-raising in third wave feminism. *Communication Studies, 55*(4), 535–552.
- Straus, M. A., & Gelles, R. (1986). Societal change and change in family violence from 1975 to 1985 as revealed by two national surveys. *Journal of Marriage and the Family, 48*, 465–479.

- Sullivan, C.M. (2003). Using the ESID model to reduce intimate male violence against women. *American Journal of Community Psychology*, 32(3), 295-303.
- Sullivan, C.M. (2012, October). *Examining the work of domestic violence programs within a "Social and Emotional Well-being Promotion" conceptual framework*, Harrisburg, PA: National Resource Center on Domestic Violence at [www.dvevidenceproject.org](http://www.dvevidenceproject.org).
- Tutty, L. M., Bidgood, B. A., & Rothery, M. A. (1993). Support groups for battered women: Research on their efficacy. *Journal of Family Violence*, 8(4), 325-343.
- Watts, R. J., Abdul-Adil, J. K., & Pratt, T. (2002). Enhancing critical consciousness in young African American men: A psychoeducational approach. *Psychology of Men & Masculinity*, 3(1), 41–50.
- Watts, R. J., Williams, N. C., & Jagers, R. J. (2003). Sociopolitical development. *American Journal of Community Psychology*, 31(1-2), 185–94.
- Watts, R. J., Diemer, M. A., & Voight, A. M. (2011). Critical consciousness: Current status and future directions. *New Directions for Child and Adolescent Development*, 2011(134), 43-57.
- Watts, R., Griffith, D., & Abdul-Adil, J. (1999). Sociopolitical development as an antidote for oppression--theory and action. *American Journal of Community Psychology*. 27(2), 255–271.
- Wood, R. E., & Bandura, A. (1989). Social cognitive theory of organizational management. *Academy of Management Review*, 14: 361-384.
- Worrell, J., & Remer, L. (2003). *Feminist perspectives in therapy: empowering diverse women*. Hoboken: Wiley.
- Wright, C. V., Perez, S., & Johnson, D. M. (2010). The mediating role of empowerment for African American women experiencing intimate partner violence. *Psychological Trauma : Theory, Research, Practice And Policy*, 2(4), 266–272.
- Zimmerman, M. A. (2000). Empowerment theory :Psychological, organizational, and community levels of analysis. In J.Rappaport& E.Seidman (Eds.), *Handbook of community psychology* (pp. 43–63). New York, NY: Kluwer Academic/Plenum.