
Empowerment Practice: A Focus on Battered Women

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During the past two decades, empowerment theory has gained popularity as a way to develop social policy reforms, programs, and practices related to oppressed and disenfranchised populations. This article applies the principles of empowerment practice to address the needs of battered women, and it discusses the implications for social work practice.

Social work pioneers embodied empowerment practice as early as the 1890s (Ortiz, 1994; Parsons, Gutierrez, & Cox, 1998; Simon, 1994). During the late 19th and early 20th centuries, “the development of social work methods . . . reflected differences in perspective, from a focus on social control of the poor to an emphasis on self-determination and empowerment” (Parsons, Gutierrez, & Cox, p. 3). The most notable historical writing about empowerment practice in social work is Solomon’s (1976) *Black Empowerment*, which acknowledges the powerlessness of African Americans and focuses on increasing their intrapersonal, interpersonal, economic, and political power as a means of increasing their capacity to influence decisions that affect their lives. Many scholars (see, e.g., Gutierrez, GlenMaye, & DeLois, 1995; Gutierrez, Parsons, & Cox, 1998; McGuire, 1994; Parsons, 1991) have expanded on Solomon’s (1976) work to include the empowerment of diverse populations, such as people with disabilities, women, gays and lesbians, the elderly,



youths, homeless people, residents of public housing, and families. In addition, feminists are credited with advancing empowerment theory because they, too, “reject either/or dualisms and reification of privileged ‘truths’” (Bricker-Jenkins, 1994, p. 103).

In the past two decades, empowerment practice has addressed issues of structural oppression and economic deprivation (Evans, 1992; Rose, 1990), racism and stereotyping, sexism, and the marginalization of minority groups (Parsons, 1998; Simon, 1990), and it remains a popular method of intervention. It has gained momentum and support as the economic deprivation and discrepancies among nondominant groups in this country have become more evident and indisputable (Brenton, 1994; Gutierrez & Nurius, 1994).

Although it is challenging to define empowerment theory, there is agreement that “the theory of empowerment is based on the assumption that the capacity of people to improve their lives is determined by their ability to control their environment, namely, having power” (Hasenfeld, 1987, p. 478). According to Gutierrez, DeLois, and GlenMaye (1995), empowerment theory is rooted in three important elements: power, powerlessness, and oppression. Additional features of empowerment theory include the importance of engaging in activities to reduce the powerlessness that is created by negative valuations of members of a stigmatized group (Solomon, 1976) and helping these persons exert “greater control and influence in their personal and professional lives” (Gitterman, 1994, pp. x-xi). To empowerment theorists, this power and control are applicable at all systemic levels and must be considered in their cultural context (Bookman & Morgen, 1988; Rappaport, 1987). To Parr (as cited in Bricker-Jenkins, 1994), empowerment is the “ability to speak one’s own truths in one’s own voice and participate in the decisions that affect one’s life” (p. 97). Gutierrez, DeLois, et al. (1995) described intervention methods of empowerment practice as

basing the helping relationship on collaboration, trust and share power; utilizing small groups; accepting the client’s definition

of the problem; identifying and building on the client's strengths; raising the client's consciousness of issues of class and power; actively involving the client in the change process; teaching specific skills; . . . experiencing a sense of personal power within the helping relationship; and mobilizing resources or advocating for clients. (p. 535)

People who are victims of violence are, by definition, involved in a power dynamic. Sexual assault, child abuse, elder abuse, and other forms of relationship violence stem from one person's or group of people's having power over others. Empowerment theory provides principles that are needed to inform empowerment practice with battered women.

BATTERED WOMEN

The battered woman's movement emerged following the growth of the woman's movement in the 1960s (GlenMaye, 1998), and since that time, advocates for battered women, who are often survivors themselves, have sought to empower victims of domestic violence. The strategies of advocates have included providing services, such as shelters, economic assistance, and support groups, and influencing institutional change by working to establish severe penalties, mandatory arrest laws, and obligatory treatment and counseling services for batterers (Carlson, 1990).

The social work profession considers women to be a population at risk because many women have limited access to resources and are systematically excluded from positions of power (Bookman & Morgen, 1988; GlenMaye, 1998; Hall, 1992; Hooyman, 1994). Furthermore, social workers have been and continue to be a central force in recognizing the vulnerability of battered women and responding to issues of power and powerlessness with services and arrangements to protect the women's safety (Carlson, 1990; GlenMaye, 1998). Discrimination, economic deprivation, and oppression prevent battered women from leaving their violent partners and contribute to women's continued victimization.

Research has indicated that domestic violence is a woman's victimization issue, since 95% of the victims of domestic abuse in the United States are female and 95% of the perpetrators are male (Salber & Taliaferro, 1994). The Bureau of Justice Statistics (BJS) (1995) estimated that a woman is assaulted every 9 seconds in this country and is six times more likely to be physically assaulted by her husband than by a stranger. The BJS estimated that 4 million women are battered each year by intimate partners (although many argue that this estimate is low) and that approximately 2,000 American women die at the hands of their abusers each year.

Every year, approximately 6 million women suffer psychological and physical health problems because of domestic abuse (Henderson, 1992), which cost employers about \$55 million in lost wages and medical expenses every year (Salber & Taliaferro, 1994). Tilden (1989) reported that the injuries of 20% to 25% of the women who seek medical care in hospital emergency rooms are related to domestic assault and that 1 in 12 women patients at prenatal clinics are victims of domestic violence. Moreover, the physical assaults often start or escalate during pregnancy (Salber & Taliaferro, 1994).

Both the physical and mental health of battered women are compromised by the physical and emotional trauma that the women experience, including physical injuries and battered women's greater tendency toward suicidality and addiction to drugs and alcohol. The financial losses that battered women sustain because of the violence perpetrated against them often result in poverty and homelessness for them and their children. Table 1 presents a typology of domestic violence that depicts the expression of oppression, stereotyping, powerlessness, and learned helplessness in the lives of battered women, based on patriarchal and hierarchical ideological belief systems and the attitudes and behaviors that the systems engender. Subsequent individual and community behaviors may include unresponsiveness, gender inequality, and blaming and discriminating against battered women.

TABLE 1: Framework for Understanding the Typology of a Battered Woman in a Hierarchical and Patriarchal System

<i>Ideological Belief System</i>	<i>Attitude</i>	<i>Behavior</i>	<i>Expression</i>
Hierarchical Patriarchal	“That’s the way it is.” Apathy Need to maintain the status quo	Unresponsiveness Blaming the victim Gender inequalities Discrimination	Oppression Powerlessness Stereotyping Learned helplessness

NOTE: The typology presented here is based on Lum’s (1996, p. 178) typology for understanding oppression and was modified to illustrate oppression and powerlessness in the lives of battered women.

EMPOWERMENT PRACTICE WITH BATTERED WOMEN

Powerless individuals or groups become empowered when they gain power and access to resources (Bookman & Morgen, 1988; Pinderhughes, 1983; Solomon, 1976, 1983; Staples, 1990). To help them achieve empowerment, social workers use four practice strategies: enabling, linking, catalyzing, and priming (Lum, 1996). Enabling involves identifying and recognizing the strengths of individuals or groups. Linking involves connecting individuals with others who share common histories, issues, and barriers. It is based on the assumption that “people and families can augment their own strengths by linking with others who can provide new perceptions and/or opportunities” (Lum, p. 253). Catalyzing involves obtaining additional resources for individuals and families so that they can achieve independence and power on the assumption that these resources are “prerequisites to the family fully utilizing their existing resources” (Lum, p. 253). In priming, social workers act as brokers for individuals or families with systems that have been historically challenging and seek to educate the professionals in these systems about the barriers and difficulties that disempowered individuals and families encounter.

Table 2 illustrates the four strategies of empowerment practice and presents some examples of empowering strategies

TABLE 2: Strategies for Empowering Battered Women at the Intrapersonal, Interpersonal, and Institutional Levels

<i>Strategies</i>	<i>Intrapersonal (microlevel)</i>	<i>Interpersonal (mezzolevel)</i>	<i>Institutional (macrolevel)</i>
Enabling	Giving choices Validating the situation Providing emotional support Providing shelter support	Providing support groups Providing shelter support and services for choices and opportunities	The Clothes Line Project Volunteer positions for survivors
Linking groups		Reducing isolation Developing community resources Organizing Domestic Violence Awareness Month	Coalitions State/national advocacy
Catalyzing	Providing economic assistance Providing employment assistance Providing transitional housing	Creating new domestic violence programs Writing new legislation Expanding services to women and children	Funding Conducting research Addressing issues of gender inequities
Priming	Appearing in court with an advocate Assisting with order of protection	Helping families understand the impact of violence Public awareness and education	Violence education Skill training (assertiveness, self-control,

with battered women at three systemic levels—the macrolevel (institutional), mezzolevel (interpersonal), and microlevel (intrapersonal)—consistent with the principles of empowerment theory.

Macrolevel Strategies

Advocates for battered women often agree that societal macro-systems and events have consistently discouraged battered

women from attaining optimal health, well-being, and power (Hilton, 1993). However, they also agree that certain elements of macrosystems have protected battered women from harm by providing shelter, making spouse abuse illegal, and placing domestic violence prominently on the public political agenda. For example, a 1991 survey (Roche & Sadoski, 1996) of 622 shelters for battered women in the United States found that, on average, the shelters had been in existence for 9 years. The survey found that the shelters shared the following 15 common objectives:

To secure battered women's safety, to promote a violence-free life, to achieve self-sufficiency and independence, to increase the safe surroundings for battered women and their children, to increase access to material resources, to increase legal protection, to reduce the battered women's isolation, to change cultural beliefs and values that promote violence against women, to change institutional and community decisions that support individual men's use of abusive tactics against women, to end violence against women, to create a model organization of shared power and leadership, to build a political movement of women, to increase the collective power of women, to end racism, and to end homophobia. (p. 18)

The emergence of additional women's shelters and domestic violence agencies has helped many battered women in their pursuit of physical, psychological, and emotional health and well-being.

In addition, many federal organizations and state coalitions assist battered women and promote their well-being by addressing matters of legislation, education, training, and research. One goal is to educate and inform the public about battered women and the scope of the domestic violence problem. Another goal is to seek justice in systems that deter victims from seeking services or filing charges against their abusers, misunderstand the complexity of domestic violence and the lives of women who are living in violent relationships, and compromise the health and well-being of victims.

In September 1994, President Bill Clinton signed into law the Violence Against Women Act (VAWA) (U.S. Department of

Justice, Violence Against Women Office, 1997). VAWA is the “most extensive support that the federal government has ever committed to improve, expand, and enhance services and community responses to battered women” (Roche & Sadoski, 1996, p. 13). The Violence Against Women Office of the U.S. Department of Justice is responsible for supporting battered women and domestic violence agencies through lobbying and legislative advocacy to protect battered women and to hold batterers accountable for their violence and through providing funding to state programs. In March 1995, President Clinton “announced \$26 million in S*T*O*P* grants to states to bolster their law enforcement, prosecution, and victim services, to better address the violence against women” (U.S. Department of Justice, Violence Against Women Office, pp. 2-3). The federal government’s increased commitment to ameliorating the problem is aimed at keeping more women safe from violence in their homes.

Microlevel and Mezzolevel Strategies

Practitioners and researchers maintain that battering behavior reflects issues of power and control. Thus, the successful implementation of the four strategies of empowerment is expected to result in changes at the microlevel and mezzolevel, as well as at the macrolevel. Four psychological changes occur in empowered individuals or groups: increased self-efficacy, the development of group consciousness, decreased self-blame, and the assumption of personal responsibility (Evans, 1992; Gutierrez, DeLois, & Glenmaye, 1995; Lum, 1996).

Self-efficacy. Bandura (1982, p. 122) defined *self-efficacy* as the belief in one’s ability to “produce and to regulate events in one’s own life.” Self-efficacy and a sense of competence develop as a person gains self-confidence (Evans, 1992). Women who are routinely abused by their husbands or partners report having little confidence in their ability to escape their tormentors (Mechanic, 1995). Walker (1979) suggested that battered women remain in abusive relationships because

they cannot predict what will happen when they leave the relationships, and thus, they believe that staying is safer than leaving. Battered women's sense of self-efficacy, self-perception, and self-control (or lack thereof) are the foundations of the theory of learned helplessness (Seligman, 1975). An empowering belief is feeling like a survivor, rather than a victim.

Group consciousness. Group consciousness, "an awareness of how political structures affect individual and group experiences" (Lum, 1996, p. 250), develops when members of a powerless group begin to recognize shared feelings and experiences. Many battered women report both perceived and actual isolation from family members, friends, and support systems (including their religious or spiritual leaders). This sense of isolation often perpetuates and exacerbates domestic violence (Walker, 1979). The women do not talk about the abuse because their families, friends, and others blame them for the violence or do not believe that the assaults have occurred or do not believe that they are as severe as the woman describe. These reactions, in addition to shame and embarrassment, are often enough to keep battered women from seeking help. An empowering belief for battered women is that they are not alone.

Reduced self-blame. When battered women are empowered, they are "freed from feeling responsible for their negative situation" (Lum, 1996, p. 251). Thus, decreasing self-blame is a critical step in empowerment practice with battered women. Many battered women believe that the abuse is their fault (Walker, 1979; Wood & Middleman, 1992). An empowering belief is that they are not responsible for the violence and rage of their abusers.

Assumption of personal responsibility. As Lum (1996) noted, "clients who do not feel responsible for their problems may not invest their efforts in developing solutions unless they assume some personal responsibility for future change" (p. 251). Assuming personal responsibility is different from

assuming blame for the abuser's behavior. Battered women who feel powerless frequently see themselves as helpless. An empowerment belief is for battered women to begin taking responsibility for their future by actively attempting to change their situations.

Psychological Dimensions of Empowerment

Table 3 illustrates the four psychological dimensions of empowerment, and it presents examples of women at the pre-empowerment level and those who are empowered at the three systemic levels. Battered women who are regaining some power and control begin to make statements that depict new strengths and capacities. For example, the statement, "it is not my fault," depicts an empowered woman who no longer accepts responsibility for her abuser's brutal behavior and recognizes that she can do little to control his violence.

CONCLUSION

Hall (1992) suggested that "empowering changes in women's attitudes result in new values that motivate [women] to participate more actively in broader social contexts" (p. 97). Moreover, research has indicated that empowering battered women enables them to escape violence in their lives (Davis & Srinivasan, 1995; GlenMaye, 1998; Stout & McPhail, 1998; Tutty, 1996; Walker, 1994; Wood & Middleman, 1992). This article has shown how the principles of empowerment practice may be used to gain a better understanding of, and to collaborate with, battered women and to comprehend the typology of battered women in the current context of violence against women.

The four primary empowering strategies can be translated into practice techniques for work with and on behalf of battered women at the intrapersonal, interpersonal, and institutional levels and at the four steps (increasing self-efficacy, attaining group consciousness, reducing self-blame, and assuming responsibility) in the empowerment process. Moreover, they

TABLE 3: Steps and Levels of Empowerment: Statements by a Battered Woman

<i>Step</i>	<i>Preempowerment Statement</i>	<i>Intrapersonal (microlevel)</i>	<i>Interpersonal (mezzolevel)</i>	<i>Institutional (macrolevel)</i>
Efficacy	"I am a victim." "I can't change my situation."	"I will survive." "I am a survivor, not a victim."	"We will overcome."	"We can make a difference."
Group consciousness	"I am alone." "No one else understands my situation."	"I am not alone." "I can't control my batterer's behavior."	"We will be most successful when we can help each other."	"There are many institutions and systems that serve or should serve battered women."
Reducing self-blame	"It's my fault; if only I wouldn't make him mad."	"It is not my fault."	"Domestic violence occurs in many relationships." "Domestic violence crosses economic, racial, cultural, and ethnic boundaries."	"Laws need to be changed to protect women and their children."
Assuming responsibility	"I can't do anything to change my situation."	"I have to protect myself."	"I need to help my sisters."	"We have to raise consciousness and awareness."

are based on the recognition that violence against women is a complex social problem and not the effect of individual women's deficits. The empowerment perspective maintains that battered women are not victims of violence by choice and that given adequate support, resources, and opportunities, they will choose violence-free lives for themselves and their children.

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