Critical Consciousness Raising as an Element of Empowering Practice with Survivors of Domestic Violence

Sara A. McGirr & Cris M. Sullivan

To cite this article: Sara A. McGirr & Cris M. Sullivan (2016): Critical Consciousness Raising as an Element of Empowering Practice with Survivors of Domestic Violence, Journal of Social Service Research, DOI: 10.1080/01488376.2016.1212777

To link to this article: http://dx.doi.org/10.1080/01488376.2016.1212777
Critical Consciousness Raising as an Element of Empowering Practice with Survivors of Domestic Violence

Sara A. McGirr and Cris M. Sullivan

Department of Psychology, Michigan State University, East Lansing, Michigan, USA

ABSTRACT

Many practitioners who work with survivors of domestic violence (DV) attempt to raise survivors’ consciousness about DV dynamics as well as about oppression they may encounter from the systems with which they interact. Such critical consciousness raising is one component of the “empowering practices” that many DV advocates aim to implement. Despite the significance of empowering practices for those working with DV survivors, the literature is not clear about the frequency with which practitioners engage in consciousness raising or how critical consciousness is related to psychological outcomes such as self-efficacy among survivors. To explore these effects, 98 women from two DV shelter programs in two midsized Midwest cities were interviewed shortly after they left the shelters about their experiences while accessing services. Women who reported that their advocates engaged in DV consciousness-raising practice also reported developing greater DV critical consciousness and self-efficacy while in shelter. These findings suggest that gaining greater understanding of the effects of society-wide oppression on their experiences can lead survivors to a greater belief in their general ability to meet their goals. Future research should explore the effects of such changes on survivors’ lives over time, as well as the most effective practices to raise critical consciousness.

KEYWORDS

Consciousness; domestic violence; empower; empirical

Domestic violence (DV) against women is “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). While people of all genders are both perpetrators and victims of DV (Messinger, 2011), research indicates that this pattern of controlling abuse most often involves men committing violence against women (Black et al., 2011). More than 1 in 3 women (35.6%) in the United States have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime (Black et al., 2011).

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, p. 76). Domestic violence committed by men against women is one 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, 2004; Pascoe, 2007). The threat or actual perpetration of physical, sexual, or psychological violence is an attempt to strip women of their power and ability to shape their own choices, thus rendering them subject to the control of their partners (Hill Collins, 2004). Domestic violence is a major social problem that demands widespread action to both support survivors and end all violence against women.

Long before the rise of the Battered Women’s Movement in the 1970s, social workers, counselors, psychologists, and other social service delivery practitioners were working to develop effective responses to women’s experiences of domestic violence (Schechter, 1982; Stark, 2007). Programs and independent practitioners now offer a wide variety of services that support abuse survivors in meeting the variety of needs they and their families may have. Practitioners and
advocates commonly engage in activities such as assisting survivors in developing safety plans, connecting women to desired supports, and counseling survivors on trauma and the dynamics of abuse. While these services and their related effects are certainly important in their own regard, many practitioners also aim to support the long-term well-being of women and their children through the promotion of survivors’ empowerment (Kasturirangan, 2008).

Empowerment has long been a key concept in a variety of social service–related disciplines, including social work and psychology. It involves building material, social, and political resources so that individuals have the power needed for self-determination (Zimmerman, 2000). As such, empowerment is central to the work of improving individual, organizational, and community well-being. Given that the experience of domestic violence includes being stripped of one’s power and ability to control one’s own choices, those working with domestic violence survivors have intentionally included a focus on empowerment as a cornerstone of their work (Cattaneo & Chapman, 2010; Kasturirangan, 2008).

Empowering practice in social services aims to promote individuals’ interpersonal and social power through increasing their knowledge, skills, beliefs, and access to resources (Cattaneo, Calton, & Brodsky, 2010; Cattaneo & Chapman, 2010; Sullivan, 2016). When engaging in empowering practice, the practitioner’s role shifts from that of a professional helper or expert to one of a facilitator or partner. Those seeking services are viewed as collaborators that have a primary, active role in the change process and in agenda setting (Sullivan, 2016; Zimmerman, 2000). Ultimately, the process by which people receive assistance or advocacy is thought to be as important as, if not more so than, the specific services or resources they receive (Kulkarni, Bell, & Rhodes, 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 et al., 2012; Wright, Perez, & Johnson, 2010), 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).

As the goal of empowering practice is to increase clients’ interpersonal and social power, domestic violence programs target outcomes that embody these constructs. Empowered outcomes include psychological changes or behaviors that demonstrate mastery over one’s environment or affairs (Goodman et al., 2015; Rappaport, 1987), the attainment or gaining of power (Cattaneo & Chapman, 2010; Kasturirangan, 2008), exerting control over one’s life (Cattaneo & Goodman, 2015; Zimmerman, 2000), and “taking an active stance toward problems,” or “fighting against one’s 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) by helping women increase their own personal, interpersonal, and sociopolitical power (Gutierrez & Lewis, 1999). Empowered outcomes in the context of DV service delivery can be categorized into three primary changes: (a) increased confidence in one’s ability to achieve desired goals (self-efficacy), (b) stronger interpersonal relationships and connection to one’s community, and (c) increased critical consciousness (greater understanding of one’s experiences within one’s sociopolitical context; Gutierrez & Lewis, 1999).

Many theorists position critical 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; Gutierrez & Lewis, 1999; Kaminski, Kaufman, Graubarth, & Robins, 2000; Perez, Johnson, & Wright, 2012; Zimmerman, 2000). 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 DV service providers actually incorporate consciousness raising into their practice or how this affects participants.

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” (Freire, 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. The process of developing critical consciousness involves examining causes of oppression and its social and personal manifestations (Freire, 1970).

To begin this critical reflection, individuals must work to understand how their society distributes power via economic, legal, and social resources (Gutierrez & Lewis, 1999). This requires individuals to examine their social identity in terms of race, ethnicity, class, gender, and sexual orientation, among other social identities, and to assess their position in the social order (Hernández, Almeida, & Dolan-Del Vecchio, 2005). Through this exercise, an individual becomes aware of existing and historical processes of oppression (such as policies, practices, or roles) that lead to outcomes of oppression (such as exploitation 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, Griffith, & Abdul-Adil, 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).

Developing critical consciousness can have a variety of beneficial effects on both marginalized individuals and communities. 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 generate 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, allowing individuals to move away from the role of pessimistic victim of oppression and toward the role of creator of alternative, liberating situations (Alschuler, 1986). Finally, increased individual and collective liberatory action can contribute to a more equitable and just system of distribution of resources in society (Chronister & Davidson, 2010).

In addition to the benefits discussed thus far, critical consciousness can increase individuals’ awareness of their abilities; knowledge of the control they can exert in transforming their relationships, life situations, and the environment; and use of these abilities (Chronister & Davidson, 2010; Martin-Baro, 1994). The belief in one’s ability to achieve goals is also known as self-efficacy (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 confidence in tax preparation abilities). However, some researchers have conceptualized a more global sense of self-efficacy that describes individuals’ confidence in their ability to cope or solve problems across a range of challenging, stressful, or novel situations (Schwarzer & Jerusalem, 1999; Sherer et al., 1982; Skinner, Chapman, & Baltes, 1988). While global self-efficacy scholars agree that the construct should be examined in a situation-specific manner when possible, they also argue that the appropriate degree of specificity varies with context (Scholz, Dona, Sud, & Schwarzer, 2002). For example, global assessments are most appropriate when broad self-beliefs are critical, such as when individuals must adapt to major unexpected and stressful situations.

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 subsequent choices, goals, persistence (Gist & Mitchell, 1992), motivation, and behavior (Gutierrez & Lewis, 1999). Increased self-efficacy is often a desirable outcome for social services to pursue because it is associated with psychological and physical well-being (Bandura, 1982, 1992, 1995) and it may be essential for enabling critically conscious individuals to translate their knowledge into action for personal, social, or political change (Bandura, 1982; Watts, Diemer, & Voight, 2011). In other words, social service providers often aim to improve self-efficacy because this psychological change can positively affect overall individual and community well-being.

Improved self-efficacy and the benefits that result may be particularly important for survivors of domestic
violence as they may have low self-efficacy due to experiences of abuse and isolation. Some scholars theorize survivors’ self-efficacy may be hindered by the effects of abuse, including factors such 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 believe 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 more quickly give up when they face challenges (Bandura, 1995). This process may result in survivors having fewer positive efficacy-building experiences, thereby further validating their belief that they are unfit to accomplish goals. In addition to the physical, psychological, sexual, and/or financial abuse perpetrated by abusers seeking power and control, women experience negative effects from the inadequate or detrimental community and systemic responses to their battery. Unhelpful and victim-blaming responses may result in revictimization and decreased self-efficacy (Campbell, 2006, 2008; Rivera, Sullivan, & Zeoli, 2012).

In addition to improved self-efficacy, survivors of domestic violence may experience numerous other positive psychological outcomes as a result of developing critical consciousness. For example, activities similar to consciousness raising may help women who have come to accept their abusers’ critical messages realize that they are not alone (Davis & Srinivasan, 1995) and acknowledge their self-worth (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 learn to challenge stereotypical beliefs about the roles of men and women in relationships and the family (Tutty, Bidgood, & Rothery, 1993).

It is important to note that for some survivors, increasing one’s individual initiative or power might actually be undesirable. In certain communities that are less individualistic, acting independently may be viewed negatively (Riger, 1993). In these cases, the goal of promoting “self-efficacy” per se may not match well with the values of the women that are “being empowered.” Under these circumstances, social service providers could instead emphasize the communal benefits of critical consciousness. For example, critical consciousness may help promote a sense of interdependence and community that may have been compromised in abusive situations.

Finally, critical consciousness may provide comfort and inspire confidence as survivors work toward maximizing the safety of their families and achieving long-term well-being (Sullivan, 2016). This may include participating in ongoing liberation behavior (Kasturirangan, 2008) such as engaging in peer support for other DV survivors or joining collective action efforts to end violence against women. While the perpetrators of violence are ultimately responsible for whether women or children are abused again (Davies & Lyon, 2013), the hope is that improvements to empowerment (including critical consciousness) will promote progress toward social and emotional well-being (Sullivan, 2016).

Attempts to enhance survivors’ empowerment that do not involve critical consciousness development may not be as successful (Kasturirangan, 2008). For example, without an understanding of how sexist oppression has contributed to their abuse, survivors may be less able to recognize societal forces that have held them back and therefore less able to develop successful strategies for navigating these forces (Kasturirangan, 2008). This suggests that further research on critical consciousness raising is needed if DV service providers are invested in the authentic promotion of empowerment.

The only published experimental study to date specifically involving critical consciousness and survivors of domestic violence examined the effectiveness of a group career counseling intervention, called ACCESS, designed specifically for domestic violence survivors (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 made more progress toward achieving their goals than did those in the non–critical consciousness condition 5 weeks after they completed the program (Chronister & McWhirter, 2006). This study suggests that introducing consciousness-raising elements into an intervention may be effective both in shaping survivors’ awareness of oppression and in supporting progress in other areas of life.
Although there are few empirical studies about raising critical consciousness with domestic violence survivors, there are models in the broader social work literature. Practices identified include nonhierarchical critical dialogue as part of a reciprocal action-reflection cycle (Frier, 1970), collaborative problem solving (Alschuler, 1986), cognitive reframing of oppression, 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 example, 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).

Despite the potential significance of critical consciousness raising as an element of empowerment in work with survivors of domestic violence, little is known about what these practices might look like in a domestic violence shelter context. The literature is also in need of research regarding whether consciousness-raising practices are being utilized in this setting, whether they are successful in promoting critical consciousness, and how the development of critical consciousness affects survivors’ self-efficacy. To begin to fill these gaps, the present study explored consciousness-raising practices in a direct service delivery context—domestic violence shelters—by empirically examining four questions: (a) To what extent do staff engage in activities designed to raise survivors’ consciousness related to their experiences of domestic violence? (b) Do survivors who report experiencing more DV consciousness-raising practices report greater development of DV critical consciousness? (c) Do survivors who report greater development of DV critical consciousness also report greater development of self-efficacy? (d) Does the development of DV critical consciousness mediate the relationship between DV consciousness-raising practices and the development of self-efficacy?

Method

Participants were recruited from two domestic violence shelter programs in two midsized cities in the Mid-west. The programs provided comparable services to women and had similar organizational models. Women were eligible to participate if they were at least 18 years old and had exited the shelter program within the last 30 days during the 10-month study period. To recruit participants, shelter staff told all women who came into the program during this period that they could participate in a confidential, individual interview about their experiences with the shelter. This information was additionally conveyed during regular shelter meetings and during the regular exit procedure, as well as through fliers distributed to program participants and posted in the facilities. A member of the research team also spent time each week at the shelters in order to recruit potential participants. A total of 182 women were informed about the study through this process. Of this group, 172 women who were interested either filled out a recruitment form and left it in a location in either shelter that only the research team had access to or called the contact number provided on the flier. Women who indicated their interest in taking part were called within a week after their exit from the shelter. The research team made contact with 124 women by phone, and 103 ultimately chose to participate in an interview. All interviews took place in person in private settings that were both safe and convenient for the women. All participants gave consent before their interviews began and were compensated $25 for their time. Trained interviewers spoke with women for approximately 90 minutes, asking participants a series of closed- and open-ended questions about their experiences in shelter. Five participants were ultimately excluded from the sample due to incomplete data on the scales of interest resulting from interviewer error. Human subjects approval was obtained through Michigan State University’s Institutional Review Board before the start of the study.
The final study sample comprised 98 women who 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; \(M = 30\) 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 were mothers (84%; range of 1 to 8 children), and most were unemployed at the time of the interview (69.7%).

**Measures**

The study used subscales from two measures, the Empowering Practices Scale and the Empowered Outcomes Scale, which were created for this study.

**Scale Development: Empowering Practices**

The Empowering Practices Scale was developed in collaboration with domestic violence shelter staff, who identified practices consistent with increasing survivors’ personal and interpersonal power. This list was supplemented with items suggested by a review of the empowerment literature for a total of 56 items that were asked of survivors during interviews. Following data collection, items were screened for adequate variance and reviewed for centrality to empowerment concepts. This resulted in a 15-item Empowering Practices scale comprising three subscales that were theoretically meaningful, conceptually distinct, and internally consistent: Build Skills, Support Agency, and Raise Consciousness; the Raise Consciousness subscale was used in the current study.

**Raise Consciousness**

The 6-item Raise Consciousness subscale (6 items; \(M = 1.75, SD = 1.12; \alpha = .95\)) assessed the degree to which staff used certain practices to raise participants’ critical consciousness related to domestic violence during their time in shelter. Respondents indicated the degree to which they agreed with statements such as “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.” (See Table 1 for full list of items.) Subscale scores were calculated by averaging responses across the items (0 = *Not at all* to 3 = *Very much*).

**Scale Development: Empowered Outcomes**

The Empowered Outcomes Scale was also created in collaboration with shelter staff and grounded in the empowerment literature. It is a measure intended to capture the extent to which survivors experienced changes in feelings, skills, and knowledge suggesting increased empowerment. Following data collection, an original set of 32 items was factor analyzed. Items that had strong loadings on more than one factor were dropped, resulting in a 22-item Empowered Outcomes Scale with three subscales, each based on a factor that was conceptually distinct and had high internal consistency: Connections, Critical Consciousness, and Global Self-efficacy. Both Critical Consciousness and Global Self-efficacy were used in the current study.

**Critical Consciousness**

The 8-item Critical Consciousness subscale (\(M = 3.22, SD = .84, \alpha = .91\)) assessed the extent to which women’s domestic violence critical consciousness had developed

### Table 1. Subscales used for analyses.

<table>
<thead>
<tr>
<th>Empowering Practices: Raise Consciousness subscale (6 items; (\alpha = .95))</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Response options (0–3):</strong> Not at all, A little, Somewhat, Very much</td>
</tr>
<tr>
<td>The shelter staff …</td>
</tr>
<tr>
<td>talked with me about why some people are abusive.</td>
</tr>
<tr>
<td>talked with me about the dynamics of domestic violence.</td>
</tr>
<tr>
<td>helped me learn about the effects of domestic violence on my life.</td>
</tr>
<tr>
<td>helped me learn more about different types of abuse.</td>
</tr>
<tr>
<td>talked with me about how domestic violence relates to other types of violence against women.</td>
</tr>
<tr>
<td>talked to me about how common domestic violence is.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Empowered Outcomes: Critical Consciousness subscale (8 items (\alpha = .91))</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Response Options (1–4):</strong> Strongly Disagree, Somewhat Disagree, Somewhat Agree, Strongly Agree</td>
</tr>
<tr>
<td>Because of my experience at shelter, I have a greater understanding …</td>
</tr>
<tr>
<td>of how common domestic violence is.</td>
</tr>
<tr>
<td>of how domestic violence affects me.</td>
</tr>
<tr>
<td>that woman are not to blame for being abused in a relationship.</td>
</tr>
<tr>
<td>of the causes of domestic violence.</td>
</tr>
<tr>
<td>of how racist systems make it difficult for women to protect themselves and their children.</td>
</tr>
<tr>
<td>that together with other women, I feel I can have a part in ending violence against women.</td>
</tr>
<tr>
<td>of how sexist systems make it difficult for women to protect themselves and their children.</td>
</tr>
<tr>
<td>that I have the right to be angry about what I’ve experienced.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Empowered Outcomes: Global Self-Efficacy subscale (9 items; (\alpha = .96))</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Response Options (1–4):</strong> Strongly Disagree, Somewhat Disagree, Somewhat Agree, Strongly Agree</td>
</tr>
<tr>
<td>Because of my experience at shelter …</td>
</tr>
<tr>
<td>I am better at deciding what I want for my life.</td>
</tr>
<tr>
<td>I trust myself and my decisions more.</td>
</tr>
<tr>
<td>I am more able to achieve goals I set for myself.</td>
</tr>
<tr>
<td>I am better at knowing what steps to take to achieve my goals.</td>
</tr>
<tr>
<td>I am more confident about the decisions I make.</td>
</tr>
<tr>
<td>I have a greater understanding that I have the ability to make changes in my own life.</td>
</tr>
<tr>
<td>I have a greater sense of freedom to make changes in my own life.</td>
</tr>
<tr>
<td>I can do more things on my own.</td>
</tr>
<tr>
<td>I am better at figuring out how to handle problems that arise in my life.</td>
</tr>
</tbody>
</table>
because of their experience at 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.” (See Table 1 for full list of items.) Subscale scores were calculated by averaging responses across the items (1 = strongly disagree to 4 = strongly agree).

Global Self-Efficacy

The 9-item Global Self-Efficacy subscale ($M = 3.18$, $SD = .85$, $\alpha = .96$) measured the extent to which women’s generalized 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). See Table 1 for the full list of items used in the study.

Results

Staff Engagement in Critical Consciousness Raising

To explore the extent to which DV practitioners in the shelter programs engaged in activities designed to raise consciousness (Research Question 1), descriptive statistics of the Raise Consciousness Scale were examined. See Table 2 for item means and standard deviations. It is interesting to note that fewer than half of the participants endorsed that these activities were occurring. Women most commonly “agreed very much” that shelter program 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).

Table 2. Item means and standard deviations for Empowering Practices: Raise Consciousness subscale by shelter sample.

<table>
<thead>
<tr>
<th>Item: Shelter staff</th>
<th>Whole sample</th>
<th>Shelter One</th>
<th>Shelter Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>talked with me about why some people are abusive.</td>
<td>1.69 (1.23)</td>
<td>1.31 (1.28)</td>
<td>2.00 (1.11)</td>
</tr>
<tr>
<td>talked with me about the dynamics of domestic violence.</td>
<td>1.70 (1.27)</td>
<td>1.33 (1.28)</td>
<td>2.02 (1.18)</td>
</tr>
<tr>
<td>helped me learn about the effects of domestic violence on my life.</td>
<td>1.86 (1.26)</td>
<td>1.71 (1.32)</td>
<td>1.98 (1.20)</td>
</tr>
<tr>
<td>helped me learn more about different types of abuse.</td>
<td>1.87 (1.22)</td>
<td>1.69 (1.18)</td>
<td>2.02 (1.25)</td>
</tr>
<tr>
<td>talked with me about how domestic violence relates to other types of violence against women.</td>
<td>1.59 (1.31)</td>
<td>1.11 (1.19)</td>
<td>2.00 (1.29)</td>
</tr>
<tr>
<td>talked to me about how common domestic violence is.</td>
<td>1.82 (1.25)</td>
<td>1.42 (1.25)</td>
<td>2.15 (1.67)</td>
</tr>
</tbody>
</table>

Note. $M$ = mean; $SD$ = standard deviation.

While women from each of the two shelters included in the study received scale scores that ranged from 0 to 3, the subsamples differed in their average Raise Consciousness Scale scores (see Table 2 for item means and standard deviations by shelter sample). 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 practitioners at Shelter Two may have engaged in more domestic violence consciousness-raising practices than did those 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.
**Relationship Between Consciousness Raising and Critical Consciousness**

On average, participants agreed that they had a greater understanding of the critical consciousness topics because of their experiences in shelter (see Table 3 for item means and standard deviations). To test whether women who reported experiencing more consciousness-raising practices would report greater development of DV critical consciousness (Research Question 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 supported the prediction that women who reported experiencing more consciousness-raising practices would also report greater development of DV critical consciousness.

**Table 3.** Item means and standard deviations for Empowered Outcomes subscales.

<table>
<thead>
<tr>
<th><strong>Critical Consciousness</strong></th>
<th>$M$ (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. of how common domestic violence is.</td>
<td>3.41 (0.99)</td>
</tr>
<tr>
<td>2. of how domestic violence affects me.</td>
<td>3.17 (1.08)</td>
</tr>
<tr>
<td>3. that woman are not to blame for being abused in a relationship.</td>
<td>3.37 (1.05)</td>
</tr>
<tr>
<td>4. of the causes of domestic violence.</td>
<td>3.03 (1.16)</td>
</tr>
<tr>
<td>5. of how racist systems make it difficult for women to protect themselves and their children.</td>
<td>2.97 (1.15)</td>
</tr>
<tr>
<td>6. that together with other women, I feel I can have a part in ending violence against women.</td>
<td>3.31 (0.99)</td>
</tr>
<tr>
<td>7. of how sexist systems make it difficult for women to protect themselves and their children.</td>
<td>3.22 (1.12)</td>
</tr>
<tr>
<td>8. that I have the right to be angry about what I’ve experienced.</td>
<td>3.33 (0.97)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Global Self-Efficacy</strong></th>
<th>$M$ (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I am better at deciding what I want for my life.</td>
<td>3.17 (1.05)</td>
</tr>
<tr>
<td>2. I trust myself and my decisions more.</td>
<td>3.20 (0.90)</td>
</tr>
<tr>
<td>3. I am more able to achieve goals I set for myself.</td>
<td>3.11 (1.02)</td>
</tr>
<tr>
<td>4. I am better at knowing what steps to take to achieve my goals.</td>
<td>3.18 (1.00)</td>
</tr>
<tr>
<td>5. I am more confident about the decisions I make.</td>
<td>3.18 (1.03)</td>
</tr>
<tr>
<td>6. I have a greater understanding that I have the ability to make changes in my own life.</td>
<td>3.32 (0.97)</td>
</tr>
<tr>
<td>7. I have a greater sense of freedom to make changes in my own life.</td>
<td>3.40 (0.94)</td>
</tr>
<tr>
<td>8. I can do more things on my own.</td>
<td>3.06 (1.09)</td>
</tr>
<tr>
<td>9. I am better at figuring out how to handle problems that arise in my life.</td>
<td>2.98 (1.03)</td>
</tr>
</tbody>
</table>

Note. $M =$ mean; $SD =$ standard deviation.

**Relationship Between Critical Consciousness and Self-Efficacy**

On average, participants agreed that they had grown in their global self-efficacy because of their experiences in shelter (see Table 3 for item means and standard deviations). To examine whether women who reported greater development of DV critical consciousness would also report greater development of self-efficacy (Research Question 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, $b = 0.743$, $t$ (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 supported the hypothesis that women who reported greater development of DV critical consciousness would also report greater development of generalized self-efficacy.

**Test of Mediation**

To determine whether DV critical consciousness mediated the relationship between DV consciousness-raising practice and self-efficacy (Research Question 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 (2008) 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 mediational effects are calculated in each sample. In the present analyses, parameter estimates were based on 1,000 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.

Alternate Mediation Hypotheses

Due to the cross-sectional nature of the data, the study cannot definitively determine 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 using bootstrapping analyses, 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. The analyses

---

**Figure 1.** Test of mediation model. Critical consciousness fully mediated the association between consciousness raising and self-efficacy. The total indirect effect of consciousness raising on the outcome variable through the mediator was significant, and the unconditional direct effect of DV consciousness-raising practice scores on participants’ self-efficacy became nonsignificant when the critical consciousness mediator was included in the model.
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.

**Discussion**

As hypothesized, consciousness-raising practices in DV service delivery were associated with the development of critical consciousness, which, in turn, predicted the development of DV survivors’ self-efficacy. In other words, understanding the personal effects of society-wide oppression correlated with participants’ confidence in their ability to meet goals. The results also supported Chronister and McWhirter’s (2006) claim that survivors of domestic violence who participate in critical consciousness raising will build greater critical consciousness and will be better at making progress to reach their goals.

It is interesting to note (and supports the study hypotheses) that women from the two shelter programs experienced significantly different levels of consciousness-raising practice. This suggests that some domestic violence programs may focus on consciousness raising more than others. Further, consciousness raising was not as common a practice as one might assume, given the sociopolitical history of DV shelters being ground in a social change movement (Stark, 2003). Although the frequency of consciousness-raising practice varied from shelter to shelter, when implemented, these practices produced similar outcomes. That is, the patterns of statistical relationships were consistent across 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.

Confidence in the study findings is increased by the fact that they corroborate a number of conclusions and contentions purported by others. For example, the findings support the argument that how services are delivered (incorporating empowering practices vs. not using these practices) may be as important as the type of services offered (e.g., shelter, child care, legal assistance, etc.). While no two settings can ever be exactly alike, at face value the sites involved in this study are very similar. They offer seemingly comparable services to relatively comparable populations. Despite these apparent similarities, the two subsamples reported significant differences in self-efficacy development. This suggests that a factor other than the concrete services themselves may have affected 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 practitioners utilized more empowering practices (such as consciousness raising), women experienced more empowered outcomes (including critical consciousness) and increased self-efficacy.

The study has additional strengths, as well as limitations, worth noting. First, while this was a relatively small, exploratory study, the shelter programs included were quite similar to the types of programs offered across the United States. Likewise, the replication of the proposed relationships in both of the sampled shelters provides support for the study’s generalizability. Second, the study provided empirical support for our proposed relationships by testing the mediation using an established bootstrapping approach with empirical support (Preacher & Hayes, 2008) that has been cited over 10,000 times. However, the cross-sectional interrelationships represented in this mediation model are strictly correlational, and therefore the interpretation of the direction of effects is based on theoretical, rather than statistical, considerations. It is also possible that the link between consciousness-raising practices and self-efficacy could be better explained by a third unexamined variable than by DV critical consciousness. However, the current study demonstrated an initial connection between these variables that future research should further explore.

Finally, the scales used in the study were developed in cooperation with DV agency staff and survivors and were based on existing DV empowerment
literature. This process helped to ensure the face and external validity of the measures and thus their relevance to the field. However, they also have limitations. The Raise Consciousness subscale focuses on one type of practice, namely staff speaking with survivors about DV consciousness-related topics. Therefore, the study did not test any specific consciousness-raising techniques, such as collaborative problem solving (Alschuler, 1986), cognitive framing, or narrative approaches (Ratts et al., 2010), or examine the effects of other types of exercises (e.g., group discussions, journaling). In addition, the items on the Critical Consciousness subscale focus largely on knowledge about domestic violence, asking women whether 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 understanding other systems of oppression that shape survivors’ experiences (e.g., racism and classism). These limitations speak to the need for the creation of additional standardized measures of empowering practices and empowerment-related outcomes specifically for domestic violence survivors and programs.

**Conclusion**

Advocates have long argued that providing services within an empowerment-based framework is essential to the effectiveness of their work (Cattaneo & Chapman, 2010; Goodman & Epstein, 2009; Kasturirangan, 2008; Kulkarni et al., 2012; Sullivan, 2012). This study provides empirical support for this claim. Staff efforts to raise critical consciousness appear to lead to positive changes in women’s critical consciousness as well as to greater global self-efficacy. The relationship between such consciousness-raising practices and global self-efficacy was fully mediated by DV critical consciousness, a result that suggests that knowledge of oppressive social processes may result in an increased belief in one’s ability to achieve goals.

More studies are clearly needed to explicate these complex relationships more fully. Future research should measure critical consciousness and self-efficacy at shelter entry as well as at shelter exit (and beyond) to more confidently conclude that women’s empowerment increases over time as a result of interactions with shelter staff. Researchers should also examine how potential moderators of these relationships, including socioeconomic status and race/ethnicity, may influence this development. Longitudinal studies that follow survivors after exiting shelter could likewise explore the long-term effects of such changes on survivors’ lives. The field would also benefit from examinations of the frequency and content of DV critical consciousness-raising conversations, as well as the specific approaches used by practitioners therein, to ascertain the most effective methods for promoting desired outcomes. Results could support the creation of evidence-informed advocacy interventions that could be employed widely to promote survivor empowerment.

These findings should hearten and inspire service providers who work so diligently to enhance survivors’ empowerment and encourage others to examine the extent to which their practices involve consciousness-raising components. If such practices do indeed increase survivors’ power over their lives, it is imperative that more programs—not just domestic violence shelters—engage in such efforts in order to make sustained and meaningful change in the lives of clients and their children.

**Funding**

National Institute of Mental Health: R24MH75941.

**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*(8), 492–496.


Center for Injury Prevention and Control, Centers for Disease Control and Prevention.


Perez, S., Johnson, D. M., & Wright, C. V. (2012). The attenuating effect of empowerment on IPV-related PTSD...


