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Collective Action and Emancipatory Aims:
Applying Principles of Feminist Practice in a Shelter for Domestic
Violence Survivors with Disabilities

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Preface: Women with disabilities who experience domestic violence must contend not only with the trauma of the violence itself, but also with a system that is inadequate and often misinformed about how to serve their needs. As a result of this systemic inadequacy, women with disabilities are severely under-served and are at risk for remaining in abusive relationships. Thus, there is a crucial need for domestic violence shelters that serve women with disabilities. This Paper focuses on Freedom House, a fully accessible New York City shelter for domestic violence survivors with disabilities and their families. The shelter itself is a recently constructed building developed using state-of-the-art design and technology for accessibility. As the only shelter of its kind, Freedom House represents a unique opportunity to implement an innovative, transformative approach to service provision designed specifically to address the co-occurrence of domestic violence and disability in the lives of shelter residents.

The purpose of this Paper is to outline one such approach as a viable model of care that is feminist, liberatory, and essential to recovery from trauma among domestic violence survivors with disabilities. Our theoretical framework is informed by the psychological theory of empowerment feminist practice (Worell and Remer, 2003) and by feminist disability theory (Garland-Thomson, 2001; Mays, 2006; Morris, 1991; Thomas, 1999). This emergent model provides both a theoretical argument for empowerment and a framework for responsive feminist practice for women with disabilities within a shelter setting.

Freedom House Domestic Violence Shelter: Domestic violence shelters are established to provide a safe haven for survivors and their families. However, whether a woman with a disability can access most shelters is questionable. Chang, et al. (2003) surveyed community domestic violence shelters in North Carolina and found that 77 percent of the shelters they studied stated that they were wheelchair accessible, but it must be noted that non-disabled people's perceptions of accessibility are often inaccurate (Hunt, Matthews, Milsom & Lammel, 2006). Chang et al. also reported that 58 percent of the shelters they studied reported that they could accommodate a woman with a disability who used a personal care assistant. However, Howland, Nosek, and Young (2001) reported that only 6 percent of the 598 domestic violence shelters they surveyed indicated that they could handle the personal care needs of a woman with a disability who required such assistance. Clearly, accessibility among shelters is a significant problem.

Freedom House, which opened in 2005, was designed and built with the needs of women with disabilities in mind. The underlying philosophy of Freedom House is an integrative approach to survival, recovery from trauma, and personal and familial safety. The core premise is that mastering activities of daily living is the key to escaping violence for oneself and one's children and the shelter includes many accessibility features in its public areas, such as hallways wide enough for two wheelchairs to pass each other, large bathrooms with transfer bars and wheelchair accessible sinks, light switches that are lower on the wall, coat hooks on doors that are low, and large elevators with easily reachable buttons. An outdoor garden area is easily navigable by a wheelchair and tables that can be used for projects such as potting plants accommodate a wheelchair. The laundry room has a wide entrance making it easy for a wheelchair user to enter. The machines are front loading and the positioning and spacing of the washers and dryers permit easy transfer of clothes to the dryer. The counters are lowered to enable comfortable folding of clothes.

The resident apartments in the facility also accommodate women with disabilities. The kitchens have lowered counters, the sink is lowered to permit ease and comfort in dishwashing,

and the stove is also lower making it easier to cook from a wheelchair or seated position. The bathrooms are designed for easy wheelchair use; for example, sinks are lowered and the bathrooms do not have a tub, thus allowing a woman with a mobility impairment to enter the shower easily and the shower has a support bar to enable transfer from a wheelchair to a shower seat. Closets are large enough to enable a wheelchair to enter and closet bars and shelving are low enough to enable clothes to be hung and stored comfortably. Light switches are placed low on the wall. Additionally, the intercom system for communication between the staff and the apartments is an audio-visual system; this allows women or children who are deaf or hard of hearing and use sign language to use the intercom.

Freedom House communications include a text messaging number, and mobile email and instant messaging addressees, in addition to teletypewriter/TDD access for women who are deaf or hard of hearing, or who have a speech impairment. Freedom House's physical accessibility is complimented by having staff who have training and/or experience in disability, including staff with disabilities themselves, and some staff are skilled in American Sign Language. In addition, Freedom House has contracted with an interpreter referral agency for interpreter services when needed. Finally the Board of Directors for Freedom House and its parent agency, Barrier Free Living, Inc., includes members with disabilities.

Empowerment Feminist Practice: The theoretical framework for our analysis of Freedom House was derived from two sources. The first source is Worell and Remer's (2003) theory of *empowerment feminist practice*, predicated on the assumptions of feminist psychological theory which places a primacy on understanding the client's sociocultural environment, in addition to confronting gender role stereotypes and power differentials (Jordan, Kaplan, Miller, Stiver, and Surrey, 1991; Gilligan, 1982; Jack, 1991). Worell and Remer outline four main principles of this approach:

Personal and Social Identities are Interdependent: This principle states that individuals occupy numerous social locations (for example, gender, social class, religion) that are constructed through societal expectations and reinforced through repeated exposure to societal messages (Worell and Remer, 2003). One of the goals of empowerment feminist practice, therefore, is for practitioners to help clients identify and discuss the meaning of their social locations and assess their relative salience and relevance in understanding their own identity. This attention and exploration of social identities in turn helps raise clients' awareness of internal and external conflicts that can be explored therapeutically to allow clients to challenge social expectations and norms. This process can support clients so that they are "living comfortably within the interdependence of their social locations" (Worell and Remer, 2003, page 67).

The Person is Political: Worell and Remer (2003) assert that the primary source of a client's pathology is social and political, rather than individual or personal. They advocate the need for therapists to help clients separate the external and internal sources of their problems in order to identify the influence of institutionalized sexism, oppression and social rules on their sense of self. Clients are urged to see their "pathologies" as the result of socially constructed, adaptive mechanisms resulting from a damaging social environment. Clients are further encouraged to redefine societal messages in their own internal dialogues as well as within their

friendships, relationships, and broader social networks as a means of creating pervasive personal, interpersonal, and social change.

Relationships are Egalitarian: Therapists utilizing an empowerment model aim to maintain egalitarian relationships with clients as a means of overcoming the typical imbalance of power so often encountered by clients. To achieve this balance, practitioners can engage in self-disclosure, describe their own feelings, and highlight clients' strengths. The desired outcomes of the therapeutic process are decided upon together by the client and practitioner, and the practitioner openly describes her/his own beliefs and values. Worell and Remer (2003) state that egalitarian therapeutic relationships are crucial to empowerment feminist practice because clients' difficulties often stem from an unjust balance of power in their families, relationships, workplaces, and society at large.

Women's Perspectives are Valued: Characteristics that society ascribes as "female" (such as, nurturing and empathetic) are seen as subordinate to those associated with "male" (for example, autonomous and aggressive). Women are thus made to feel deficient and incapable because of this imposed hierarchy and they in turn internalize this devaluation (Jack, 1991; Worell and Remer, 2003). It is therefore the task of empowerment feminist practitioners to help clients redefine these damaging notions of gender and to value their personal characteristics. Worell and Remer argue that this task should be examined from the perspective of collective experience; that is, empowerment feminist practitioners should move beyond the traditional psychotherapeutic dyad and work with women in large and small groups to create critical awareness and positive change.

Feminist Disability Theory: The second source of our theoretical framework is *feminist disability theory* (Garland-Thomson, 2001; Mays, 2006; Morris, 1991; Thomas, 1999). Feminist disability theory has its roots in the principles of material feminism, which contend that women's social and personal disempowerment are consequences of the material conditions of women's lives. These conditions, from a material feminist standpoint, generally consist of subordinate wages and sub-optimal living conditions. According to this standpoint, societal and economic structures perpetuate women's oppression by supporting masculinist and male-dominated sources of power and by reinforcing women's marginalization and lack of access to resources.

Feminist disability theory states that we must consider the often gendered nature of disability. In particular, when seeking to understand the experiences of abused women who have disabilities, we must consider the intersecting sources of oppression: being a woman, living with a disability, and being abused. This understanding, together with a consideration of material conditions and economic subordination, provides an overall conceptualization of the life circumstances of domestic violence survivors with disabilities.

Feminist disability studies further posits that definitions of normalcy are socially and culturally constructed, mainly by the male-dominated majority, and are propelled through social attitudes and social institutions. It recognizes the marginalization and stigmatization of those who do not fit into this definition of normalcy. Additionally, feminist disability studies argues that women with disabilities must activate the right to shape their own definitions of femininity rather than conforming to societal biases around notions of the physical self (Garland-Thomson, 2001). This right is crucial, given the parallels between the lack of agency ascribed to both women and individuals with disabilities (Johnson, 2011).

Integrative Theoretical Framework: Our integration of empowerment feminist practice and feminist disability theory is premised on certain underlying assumptions common to both theories. The first assumption is the *primacy of social location*. In empowerment feminist practice, understanding and interpreting one's social location is key to exploring and understanding one's identity. Similarly, feminist disability studies argues for the exposure and examination of societal suppositions around the salience of disability as one identifying aspect of the identity of a woman with a disability. An empowerment approach therefore would encourage the consideration of numerous interacting social locations as means of identity development.

The second common assumption we wish to highlight is the need for women with disabilities to embrace their own *sense of agency*. Both empowerment feminist practice and feminist disability studies emphasize self-directed and self-determined action on the part of women who are marginalized and silenced within the broader society. We additionally contend that a domestic violence shelter can be an ideal setting for fostering agency among women who have experienced violence. A shelter houses newcomers as well as women who have resided in the shelter for months and the longer term residents can model for newcomers the inner strength they have found after leaving an abusive relationship.

A third assumption common to both of these theories is the importance of *reframing societal biases*. The sociopolitical environment places women with disabilities in a position of lesser-than with respect to their rights, their presumed inadequacies, and their physical selves. Our integrative framework argues that shelters serving women with disabilities must ensure that every person working in the shelter understands these societal constraints and actively encourages residents to reject social biases around disability. This reframing can be supported through therapeutic relationships with practitioners who foster egalitarian relationships with the residents they serve.

Finally, our theoretical framework emphasizes *subverting power differentials*. Both empowerment feminist practice and feminist disability studies stress the importance of women owning the spaces they occupy by adopting such roles as leader, educator, and expert. We maintain that a shelter setting can provide ample opportunity for women to take on such roles in a safe place among supportive peers. For some women with disabilities who enter the shelter setting, this opportunity can represent their foray into a role that bolsters their identity as self-sufficient beings who have skills that can benefit others. As with the other three assumptions in our framework, this chance for developing a positive sense of self can be viewed as a unique opportunity for both growth and connection that a shelter setting can nurture.

Applying the Theoretical Framework to our Analysis of the Shelter Setting: Our analysis of Freedom House was guided by our integrative theoretical framework. Therefore, we sought to examine the presence of empowerment feminist principles for women with disabilities in the rules and policies governing the shelter, and in the day-to-day life of women residing in the shelter. Our research team has collaborated with Freedom House since its inception, and we have participated as members and observers in its various community meetings and functions. We have also met with and interviewed the directors, staff, and residents at the shelter as part of our ongoing research partnership. Through these various sources, we have compiled descriptions of the strengths and the challenges involved in enacting an integrative feminist empowerment approach in a domestic violence shelter for women with disabilities.

Strengths of Enacting an Empowerment Approach: There are many ways in which Freedom House exemplifies the strengths of a feminist empowerment approach. We have observed the positive effects of having staff who are trained in multiple modes of communication and who have a deep understanding of the discrimination which domestic violence survivors with disabilities face. We also have seen the effects of having staff who themselves have or previously had disabilities. In Freedom House, the world of disabilities *is* the normal world, and the realities that both staff and residents work within are the realities of disabilities. The benefits of residing in a physical building that is accessible also are tremendous. We view the shelter building itself as a form of empowerment because it normalizes the needs of those who may have disabilities of mobility and communication by incorporating the various accommodations into the facilities used by all staff and residents.

Another strength of the empowerment approach is less tangible but equally essential -- the sense of community created among the residents and various staff members in the shelter. Freedom House holds weekly community meetings that bring the staff and residents together. Residents are given the opportunity to express ideas and concerns, and it is clear from these meetings that certain residents have comfortably adopted informal leadership roles in which they voice the collective concerns of residents to the directors and staff at the meetings. This sense of community also pervades various social gatherings held at the shelter. We view this collective experience as key in the process of empowerment as it allows residents to find common experiences and to express their sense of identity in a safe space among others who are searching for a new path for themselves and their children.

Challenges of Enacting an Empowerment Approach: While we have found compelling evidence of the strengths of the feminist empowerment approach adopted in the shelter, we also have been struck by certain challenges that we believe can expose underlying difficulties in the feminist empowerment framework. We view these challenges as examples of a tension that exists between two opposing poles of values that are present in the shelter setting. One pole is characterized by the residents' need for *empowerment and freedom*. This need is, of course, central to the aims of a feminist approach, and we would argue for its primacy in any service provision setting.

The other pole is characterized by the institutional values of *safety and social control*. This pole represents policies and practices for keeping residents safe while simultaneously imposing restrictions on residents' freedoms. Examples of these practices include the fact that residents are held to a strict curfew, are restricted in having visitors, and have restricted hours for evening use of the communal TV room. While we recognize that these are agreed upon practices within the shelter setting, their presence has led us to consider whether there may be an alternative approach to framing the ideals of service provision for domestic violence survivors with disabilities, an approach that can perhaps move beyond the strictures of the empowerment framework.

Final Considerations -- Moving Beyond Empowerment: The tensions and challenges we found in our feminist empowerment analysis of Freedom House were certainly not unique to this one setting. We conceptualize the contradiction between the provision of a safe haven and the simultaneous surveillance of that haven as a common challenge in feminist domestic violence work, and one that becomes all the more complex when serving domestic violence survivors with disabilities. Given the challenges we observed in the enactment of empowerment, we

propose for consideration an alternative in the form of *emancipatory theory* (Ali, 2002; Inglis, 1997). The notion of emancipation is based on the belief that personal growth and transformation can be achieved through the creation of alternative means of functioning that serve to disrupt the existing structures of oppression in one's life. Personal transformation can thus be construed as a process of overcoming both the practical and psychological constraints that impede one's movement away from trauma and into thriving.

Central to the idea of emancipation is the premise that this process must be collective. Through collective action, a particular method of growth is possible in which one achieves positive change through and with others. In the emancipation and liberatory transformation literatures, such action usually occurs within a critical sociocultural environment that includes clients' examination of the interactions among race, gender, and class and an exploration of how those interactions are cumulatively oppressive.

Emancipatory change is relevant to our theoretical framing of Freedom House for two key reasons. First, the group process is a crucial component of the services provided by Freedom House; all of the groups (including occupational therapy groups, weekly community meetings of staff and residents, and domestic violence support groups) are held for residents to meet together and to work on the strengths and abilities that are key to their safety and survival while they are residents and after they leave the shelter. Second, a critical examination of the workings of racism, sexism, and classism is highly relevant to the experiences of the residents of Freedom House because most of the residents are women of color who are very low income. Additionally, while a consideration of oppression based on ability status has not been included in previous iterations of emancipatory theory, we propose that ableism be added as an area of emphasis for practitioners and theorists alike.

What would adopting an emancipatory approach look like for a setting like Freedom House -- which aims to simultaneously provide both freedom and safety to its residents? We suggest two compatible strategies for enacting this approach. First, we recommend a more resident-directed mode of functioning for the shelter. Residents who have resided at the shelter for a minimum of one month could opt to join a resident advisory panel that votes on all proposed policies and changes for the running of the shelter. This change would disrupt the feeling of top-down control that can confront women in the shelter setting and that we argue mimics the control that residents' abusers likely held over them. This change would also provide for a sense of agency derived from the women themselves for the sake of other women who are current and future residents of the shelter. While there is a possibility that this change would alter some of the safety-focused practices of the shelter, we argue that settings such as Freedom House must re-envision the notion of safety in order to resist the commonplace oppression of women and individuals with disabilities who must contend with restrictive boundaries in all aspects of their lived experience.

Our other recommendation focuses on the notion of collective action as a means of therapeutic healing and growth for shelter residents. We propose that a shelter setting can encourage residents to engage in organized efforts to mobilize women inside and outside of the shelter to address the sociopolitical underpinnings of oppression for women with disabilities. We view such efforts as essential to feminist practice for domestic violence survivors with disabilities. At Freedom House, residents can be connected to outside activist groups upon leaving the shelter so that they can help create positive change as part of their post-abuse, post-shelter life. They also can learn about such groups while they are in the shelter as a means of seeing the possibilities ahead of them.

Asch and Fine (1992) have stated that “disability rights theorists and activists can borrow from socialist-feminists who call for societal transformation in addition to equality of opportunity within existing arrangements” (p. 166). We contend that such arrangements must include service-provision and the helping relationships that can exist between residents and staff in shelters such as Freedom House and in similar settings that could be adapted to serve women with disabilities. Shelter residents can – and should – be encouraged to question and challenge systemic structures that simultaneously contribute to their oppression and make it possible for domestic violence against women with disabilities to remain hidden and go unchecked.

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