Women, Poverty, and Trauma: An Empowerment Practice Approach

Jean Francis East and Susan J. Roll

This article describes an empowerment approach for working with diverse women who experience poverty, trauma, and multiple structural oppressions. The approach is the result of 20 years of experience developing, implementing, and evaluating this practice in a metropolitan community, and is grounded in women's empowerment theory and relational-cultural theory. The interventions combine social work's clinical interventions with community organizing strategies to promote personal and collective empowerment, supporting the personal is political tenet of feminist practice. The interventions, including nonclinical interviews, story circles, and leadership and advocacy education and training, can guide practitioners in providing services and programs that create a space for women to make changes in their personal lives and in their community. Program outcomes report successful changes for women in improving symptoms, increasing self-efficacy, and engaging in community advocacy. Women who participated also reported an increased sense of power, balancing commonality and difference among women, and a sense of hope for their future.

KEY WORDS: empowerment; poverty; trauma; women

In 1976 articles in the special issue of Social Work on women recognized the importance of gender-based approaches to practice (Berlin, 1976). Since that time, new gender-sensitive theories have emerged, and social work is uniquely positioned to promote gender-based programs and interventions that support the empowerment of women. Particularly relevant is the profession’s ecological theory base that situates the experience of individual women in an environmental context of social, political, and economic structures. This naturally leads to integrated social work interventions that address both the individual and structural barriers to success that women continue to face (Austin, Coombs, & Barr, 2005).

This article presents an approach to personal and collective empowerment for working with diverse women who experience poverty and trauma interwoven with multiple societal and institutional oppressions, including racism, classism, and heterosexism. This approach to practice is based on our 20 years of experience developing, implementing, and evaluating the interventions in a metropolitan community. Our practice-based approach integrates clinical interventions with community organizing strategies. We begin the article by providing the background and organizational context of the approach, followed by the literature and perspectives that have informed this model. The article concludes with model strategies and implications for social work empowerment practice with women.

INTERSECTIONS: WOMEN, POVERTY, AND TRAUMA

In 1978 Pearce coined the phrase “feminization of poverty,” meaning that women were disproportionately living in poverty. Today, not only is the feminization of poverty phenomenon still true, we have more empirical evidence about the complexity of poverty (K. G. Robbins & Morrison, 2014). Poverty-related trauma includes concerns related to isolation, victimization, discrimination, and stigma, in addition to the lack of basic material resources like housing and food (Broussard, Joseph, & Thompson, 2012). The relationship between poverty and mental health, health, and violence experienced by women is also well documented (Elliott, Bjelajac, Fallot, Markoff, & Reed, 2005; Savage, Quiros, Dodd, & Bonavota, 2007). These realities for women are also experienced in a context of systems of care, including public assistance, child welfare, housing, child care, health care, and mental health services.

Intervention models that consider the complexities of gender, racism, economic oppression, poverty, and trauma are not mainstream, but are developing (Markward & Yegidis, 2011). For
example, best practices for women’s mental health such as those published by the U.S. Department of Health and Human Services (Substance Abuse and Mental Health Services Administration, 2011) support integrated treatment and trauma-informed care models that address the relationships of stigma, trauma, and violence. In addition, some woman-centered clinical interventions (Tseris, 2013; Worell & Reamer, 2003) emphasize a process of dialogue and consciousness raising to help women understand how social locations influence self-definition and meaning making in the context of mental health and trauma experiences and reactions. These interventions challenge the mental health and trauma models that privilege assessment and diagnosis over the “social context of gender inequality” (Tseris, 2013, p. 154). This is particularly true for women of color who are overrepresented in the low-income population and who experience not only sexism, but also race-based structural barriers (Abramovitz, 1996). Emerging research on racism and trauma has important implications for this work (Spanierman & Poteat, 2005). Relevant to social workers, what the services for the mental health side of the poverty–trauma equation often miss is the engagement of women, not only in recovery, but also in a process that can facilitate collective empowerment. Particularly for women who have experienced trauma, support for understanding the difference between internal and external sources of distress is important (Richmond, Geiger, & Reed, 2013). Woman–centered empowerment approaches can support women to increase their capacity to exercise choice by understanding their rights, analyzing how their personal experiences are embedded in oppressive structures, experiencing themselves as citizens of a community, and taking actions on behalf of themselves and others (Kabeer, 2012).

This article is based on the experience of a small nonprofit that was started in 1995. The founders recognized that women marginalized by poverty, racism, trauma, and social systems of care could benefit from gender-specific programs that addressed this marginalization. The agency embraced a definition of empowerment as increased power and control at the intrapersonal, interpersonal, and community and political levels (Gutiérrez, Parsons, & Cox, 1998). These tenets were supported throughout the agency in the form of staff development, collaboration, and leadership.

Services initially focused on clinical interventions such as individual and group counseling, and then expanded to add mentoring, advocacy, and organizing, including a women’s empowerment and leadership model that combined personal growth with community engagement. Most women initially accessed the agency counseling or group services as a result of their symptoms from depression, anxiety, experiences of violence or trauma, and isolation. Many were participating in community welfare-to-work programs; others lacked insurance or access to counseling, and some came to the agency through an interest in being involved with other women in the community. Ninety–five percent had incomes below the poverty threshold, and 60 percent were women of color, primarily Latina and African American.

Treatment interventions, while not the focus of this article, were based on feminist principles. As such, trauma–focused cognitive–behavioral therapy combined cognitive interventions with an emphasis on relationships, empowerment, and trust (Bisson & Andrew, 2007; Elliott et al., 2005). In addition, support and psychoeducational groups were made available to all women interested in increasing knowledge and skills and reducing isolation. Mentoring for participants was made available when women identified an interest in a relationship to help support their goals. What made the agency services unique was the women’s leadership program, which was based on the social work founders’ knowledge and vision of an integrated practice approach that would combine change strategies from both clinical and community practice. As the founders developed and implemented the women’s leadership program, a practice approach emerged based on the central tenets of social work’s individual and community empowerment values (see Figure 1).

THEORETICAL PERSPECTIVES

Two theoretical perspectives informed the practice model: (1) women’s empowerment and (2) women’s psychology, development, and relational–cultural theory (RCT).

Women’s Empowerment

Empowerment theory, which is embedded in social work practice models, contextualizes human problems in a sociopolitical context that is oppressive to those most marginalized in society (S. P. Robbins, Chatterjee, & Canda, 2012). Empowerment practice for women addresses three conditions: (1) alienation
from self, maintained by stereotypes and objectification; (2) the double-bind situation of women, or contradictory societal messages about women; and (3) institutional and structural sexism (GlenMaye, 1998). Women’s social work empowerment methods propose addressing these conditions through interventions that support individual change and growth, acknowledgment of negative valuations experienced by oppressed groups, and learning how to increase power in interpersonal and political contexts (Gutiérrez & Lewis, 1999). Key principles of these social work approaches include the following: (a) Empowerment is contextual, and therefore a sense of control looks different for different situations, cultures, and identities; (b) empowerment is a developmental process; (c) empowerment is both a process and an outcome; and (d) empowerment practice involves relationships that embrace mutuality, build on strengths, and recognize diversity with cultural humility.

**Women’s Psychology and RCT**

Women’s psychology theory and practice has expanded since 1976, beginning with the works of Jean Baker Miller (1976), who recognized how developmental theories were created in the context of a patriarchal system that pathologized women. Miller’s initial work, Toward a New Psychology of Women, has been expanded through the work of the Stone Center at Wellesley College, Massachusetts, into RCT, a framework for understanding women’s development and growth (Jordan, Walker, & Hartling, 2004). RCT proposes a shift in thinking from the dominant Western psychological view of the development of self as a process of moving toward an independent and more autonomous being, to a view, particularly relevant for women, of moving to a more relational self with an emphasis on relationship and connection (Jordan, Kaplan, Miller, Stiver, & Surrey, 1991). RCT, while originating from the field of psychology, has been incorporated into the social work’s perspective on human behavior in the social environment and the core competencies of practice (Comstock et al., 2008).

Several key concepts in RCT are applicable and integrate well with social work’s empowerment theory and practice. The first is an understanding of power. Solomon’s (1976) seminal work on empowerment
for social work exposed the concept of power blocks that inhibit client systems, suggesting that social workers need to reduce the powerlessness of stigmatized groups. Miller (1982) defined power as the “capacity to produce change,” reducing powerlessness through changing one’s thoughts and acting in larger social and political realms. Miller and Solomon both recognized that power was experienced in different ways and contexts, and that the use of power for women often led to discomfort in identity and finding one’s voice. Silence was acknowledged to often be the result of oppressive structures that suppress women, particularly those most marginalized by race and economic oppression (Goldberger, Tarule Clinchy, & Belenky, 1996). This construction of power has important implications for how women come to understand their lives. Women who have experienced powerlessness may need time to experience power in a new way as part of their identity development. A developmental process of empowerment can provide this time. This is not to imply that women are inherently less powerful, but rather that the oppressions many women face take away some of their power.

A second concept of RCT that is essential to the developmental process of empowerment is that of mutuality and empathy. “In a mutually empathic relationship, each individual allows and assists the other in coming more fully into clarity, reality, and relatedness; each shapes the other” (Jordan, 1997, p. 15). Empathy is a cornerstone of social work relationships, as is creating growth and fostering relationships and mutuality to support the empowerment process. In social work, mutuality and empathy define a therapeutic relationship that embodies respect, authenticity, the woman’s definition of the problem, and emotional availability (Freedberg, 2009). At the community practice level, mutuality in the relationship leads to blurring of roles for the social worker and participant, and maintaining empathic relationships is as significant as gaining institutional power (Joseph et al., 1989; Stall and Stoecker, 1998; Weintraub & Goodman, 2010). Mutuality in relationships is especially salient for women of color, for whom racism “often, if not always, represents the failure of mutual empathy” (Tatum, 1997, p. 92).

In summary, social work empowerment theory and RCT create a framework for woman-centered social work practice that builds on women’s relational strengths and on our professional value of social justice. These theories integrate identity development in the context of the complexity of the lives of women who experience poverty, trauma, multiple environmental stressors, and oppression based on the intersections of race, class, gender, and ability.

**AN APPROACH FOR WOMEN’S EMPOWERMENT**

Based on these theoretical underpinnings, our approach to women’s empowerment emerged as presented in Figure 1. The approach supports clinical and psychological needs while simultaneously promoting women as leaders and members of the community. The description of this approach is based on its implementation between 2000 and 2014, during which time over 800 women participated in the agency programs. There are three separate, but overlapping components to the approach: engagement through sharing stories, developing a voice, and leadership and advocacy. Each component of the approach and the related activities are described in the following sections.

**Engaging with Stories:** “I built walls and now I have relationships.”

Once a woman enrolled in an agency program through counseling, a group, mentoring, or attending a community meeting, she was invited to expand her participation. Engaging women to share their stories (that is, to give them a voice) and come together with others started a process of creating social support and reducing isolation. Two key strategies were used in the engagement process: (1) one-to-one interviews and (2) story circles.

A one-to-one interview was designed to allow women to share their situations, hopes, and concerns about their current life outside of the therapeutic relationship. This interview was different from a clinical assessment interview, which may have been done separately. One-to-one interviews were conducted by outreach staff, volunteers, and graduate student interns. An interview guide included questions meant to encourage women to see themselves beyond their labels and problems. Women were asked to identify specific concerns or obstacles to meeting their goals, particularly in the context of their environment. A key purpose of the interview was to elicit an individual’s self-interest for action (Brown, 2006), and to frame it in terms of motivation for growth. So while a woman may be struggling with depression and anxiety from past trauma and working on this in a counseling relationship, in the one-to-one
interview context she is seen as someone who has concerns and opinions about the public sphere of her life. Interview questions are not standardized, but rather individually build on the context of each woman’s experiences. For example, a woman who has suffered intimate partner violence may be asked about her experience with the courts or if she experienced discrimination with law enforcement based on her identity. Another woman who is in transitional housing may be asked about how the requirements of the program help or hinder success. Through these questions and dialogue, women are able to begin to connect their personal lives with the environmental and political realities they face, which often include experiences of classism and racism.

The second strategy for engaging women is called a story circle. Bringing women together in circles or small group processes has been found to be a critical component of women’s empowerment (Carr, 2003; Wilson, Abram, & Anderson, 2010). The story circle is a structured onetime group experience where women can share and explore the commonalities and meanings of their experiences and be introduced to action responses. Under the guidance of a trained community facilitator, the process takes approximately an hour and includes anywhere from six to 12 participants. Usually, there were specific topics identified from the interviews, such as being a woman, child care concerns in our community, culture and spirituality, and what it means to be a leader.

The story circle process is about telling stories within a very structured format. The format includes five components: (1) an introduction and setting of guidelines, (2) focus questions directed at a particular theme, (3) a time for reflection and discussion of what participants heard, (4) a call to action, and (5) a closing. The story circles set the stage for a first step in a consciousness-raising process, a key feminist empowerment strategy (hooks, 2000). Both strategies in the engagement process are an invitation, in a structured and safe way, to engage women without expectations.

Developing a Voice: “We all had a voice. We are all heard.”

This component of the approach provides an opportunity for women to refine their voices, continue to work on personal growth beyond the therapeutic relationship, and begin to participate in leadership development activities. After their participation in an interview or story circle, women were personally contacted about their interest in being part of the agency’s women’s leadership program. Often this elicited a response of “Oh, I’m not a leader.” This was responded to with an invitation to “try out” one of the monthly evening gatherings. Dinner and babysitting were provided, and some women reported attending just to have evening time with other women without family responsibilities. The evening meetings included workshops and discussions on pertinent issues related to women’s many roles and life experiences. Topics covered a range of concerns, including self-esteem and confidence; courage; conflict resolution strategies; communication with power; advocacy, in general or on specific issues; goal setting; and claiming one’s culture. Some topics were generated by current policy issues, others by women’s responses in the interview process. As women became more engaged, they were asked to help plan and take on roles at the evening events.

As is evidenced by the process and topics, opportunities for personal change regarding one’s beliefs and cognitions were integrated with coming together with other women to speak out on issues. It is important to note that personal development as a process is not considered a separate activity in this women’s empowerment approach; rather, it is an integrated component of community change. For example, on a topic like courage, the focus may be on how courage is or is not experienced in one’s life; how one’s social location supports resiliency; and what tools can be used to increase courage personally, interpersonally, and politically. At one evening that was focused on the topic of change and the importance of empowering relationships, the discussion turned to how creating goals for change in a public transitional housing program was difficult because of constant turnover of case managers. This led to a group of women meeting the housing authority staff about their concerns.

The process of increasing the use of one’s voice also includes building new skills that can lead to both personal and systems change. Skills in team building, problem solving, advocacy, and personal leadership style were provided so that women could begin to see themselves as leaders or potential leaders. Diversity in leadership models and styles from diverse cultures (Bordas, 2007) were discussed and encouraged. For example, women shared leadership traditions from different cultural groups and how these traditions could be embraced in our work.

As women became more engaged, they moved beyond seeing their concerns as only belonging to
themselves. Consciousness raising is an ongoing part of the empowerment approach and involves learning how to analyze personal issues in the context of social structures (Gutiérrez & Lewis, 1999). Consciousness raising is also integrated with the principle of emotionality and holism, defined as combining rational and nonrational processes (Brinker-Jenkins & Hooyman, 1986). For example, a discussion of patriarchy was often combined with an artistic expression process, such as sculpting with clay or making a collage. This process connected and embodied emotion and critical questioning.

**Becoming a Leader and Advocate: “It makes you feel really good about yourself.”**

Becoming a leader and advocate meant sharing one’s perspective in the community—assuming more leadership roles and getting involved publically in community forums or actions. Borrowing from community organizing, leadership development and training were a key component of the process (Sen, 2003). Specific leadership training and development taught women how to analyze issues, understand the legislative process, and facilitate story circles. Public and community work can take many forms. For some women, this could mean taking on advocacy roles on behalf of themselves and their family with a particular agency or program, for example, getting a same-day medical appointment. Self-advocacy can create new processes or knowledge that others can use in advocating for themselves. Some women chose to participate in local community groups such as a parent committee at their children’s school or a neighborhood association for a community cleanup. Other women joined advocacy organizations, such as 9 to 5 Association for Working Women, the Latina Initiative, or the National Alliance of Mental Illness. Women also participated in specific advocacy efforts such as supporting legislation for a state Earned Income Tax Credit, access to child care dollars, getting out the vote, or better access to mental health services. As a result, these women learned to assert their ideas, speak in public forums, do research, and take on leadership roles.

Key to this approach is its nonlinear nature. Women did not follow the components in a specific chronological fashion, but rather engaged in the various components on the basis of where they were in their own process. This was particularly striking when a woman would join the leadership program without having first participated in counseling or group services and then realize that the anger that made her effective in organizing for the rights of others was connected to her own personal trauma and victimization, which she was now ready to address.

**EVALUATION**

As this is an emergent approach, our data for evaluation came in the form of survey results, interviews, and stories that were recorded by participants. In the counseling program, from 2008 to 2010, between 50 percent and 60 percent of the women completed three or more counseling sessions. For this group of women, 76 percent self-reported improved symptoms of anxiety, depression, and isolation, and 87 percent reported an increased sense of personal self-efficacy, defined as a greater sense of control in their lives. In the leadership empowerment activities, 53 percent of the women who engaged in at least one activity continued to engage in all three components. Among this group, 98 percent self-reported improved relationships in the community; 72 percent reported an increased ability to advocate for themselves and others; and 32 percent spoke in public forums, such as conferences, the state legislature, and community meetings. In addition to using a survey evaluation, much of material that demonstrates the approach’s efficacy came from qualitative data that were part of the evaluation process—the shared stories, interviews, and journaling that the women shared.

Following a review of the qualitative data, we identified three common themes, described here. The first theme is that of gaining a sense of power. This was expressed well in what one participant wrote: “Reveling in our feminine energy, which I have been afraid of before, was an empowering experience in every way.” This theme was present consistently across the stories and was supported by an outside local research project, which found that women in the program gained a sense of power through the values of networking, sharing stories, and being in a safe space (Parsons, 2004). The second theme, found in many of the stories, is balancing commonality and difference. One participant stated, “To know women from all walks of life . . . . We are a mixed group and yet when I hear one of the staff, a white, middle-class woman, talk about domestic violence, it helps to know that some experiences have no class and no race.”

Many women expressed this same realization, that there was a surprising sense of community among
a varied group of participants. The third common theme was the experience of meaningful participation and hope. Many women who came to the agency without the ability to express a genuine sense of hope revealed in their stories a renewed sense that they were valued and had hope for their future and that of their families. Expressed well by one single mother of two, “the opportunity to hear inspirational readings and then do one myself, using my leadership skills, talking about important issues like poverty and race,... it is a step in the right direction for my daughters.” It is beyond the scope of this article to present a comprehensive picture of the program’s outcomes and evaluation, and a limitation of this approach is that more empirical research is needed to validate its efficacy.

**IMPLICATIONS AND CONCLUSIONS FOR SOCIAL WORK PRACTICE**

The National Association of Social Workers’ (NASW’s) *Code of Ethics* calls for “particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty” (NASW, 2008, p. 1). This mandate supports the significance of empowering women who experience the complexities of poverty, trauma, isolation, and stigma. Practice approaches that take into account these experiences add to social work interventions that promote individual and collective empowerment. The theoretical framework for this approach uniquely integrates the tenets of RCT with the social work literature on women’s empowerment, and is applicable in both therapeutic and community organizing settings. In fact, the approach is best integrated at multiple levels—which is why it fits so well in social work.

Several lessons can be applied from the description of this social work empowerment approach with women and the strategies we implemented. First, clinical and community social workers need to recognize how gender-based oppression is embedded in our systems services, particularly in how we problematize women’s situations, isolating symptoms like trauma-based depression, limited social support, or lack of economic self-sufficiency due to poverty. Social workers in community-based settings working with women who experience poverty and trauma can pay more attention to the contexts in which women experience a lack of power, and to the range of life experiences women have beyond a presenting problem or their particular agency service area. We instead support an integrated approach to practice, where women are recognized as a whole and the feminist principle of the personal is political is embedded in the activities.

Second, social workers working with women can embrace a relational empowerment frame of practice and put into place group interventions that address themes of power, stigma, and betrayal. In this emergent and relational practice, everyone is a learner and participants are experts in their experiences. Finally, increasing access to knowledge, skills, and opportunities for engaging with others in community advocacy work is a therapeutic intervention. Recognizing that services and support for women must be framed in the context of a society that privileges the voices of men, this model has been proven effective due to its careful attention to the opportunity for women to voice and share their experiences and to collectively create power through relationships with others.

**REFERENCES**


Jean Francis East, PhD, is professor, Graduate School of Social Work, University of Denver, 2148 S. High Street, Denver, CO 80208; e-mail: jean.east@du.edu. Susan J. Roll, PhD, is associate professor, School of Social Work, California State University, Chico.

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