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Elizabeth P. Cramer

Virginia Commonwealth University, ecramer@vcu.edu

Y. Joon Choi

Avina I. Ross

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Race, Culture & Abuse of Persons with Disabilities

Elizabeth P. Cramer, Y. Joon Choi, & Avina I. Ross

Abstract

This chapter will explore how race and culture influence the lives of persons with disabilities who are experiencing abuse. The discussion will be framed by an intersectional lens and will be informed by cultural humility and critical race theory. Practitioners need to remain open to the idea that they cannot and will not know all there is to know about any given culture, and they should be open to hearing about their clients' understanding and experiences of culture. Rather than knowing certain pieces of "knowledge" about a cultural group, it is more important to understand what pieces of culture the clients embrace or reject. This chapter will conclude with a composite client case example of a female, middle-aged, Korean immigrant with Multiple Sclerosis, who is very active in her Christian church, and who is being abused by her husband. Discussion of this case will highlight the intersectional context of the client's experience and how they may influence her decision to seek help (and from whom) as well as her experience of receiving help. The case discussion also highlights the practitioner's values and behaviors that are consistent with cultural humility and critical race theory.

Definitions, Conceptual Frameworks, and Relevant Literature

To begin this chapter, we define the terms *abuse*, *domestic violence*, *intimate partner violence*, *race*, *culture*, and *disability*. Cultural humility, CRT, and intersectionality frame our discussion of the influence of race and culture on the lives of persons with disabilities who are experiencing abuse. Following a description of these concepts, we discuss the intersections of race, culture, and disability related to client experiences of abuse and decisions around and experiences of help-seeking. To set up the contexts for the case study in this chapter, intimate partner violence within Korean immigrant communities will be highlighted. This is followed by a discussion of the meaning of disability, specifically Multiple Sclerosis (MS) in historical and contemporary contexts, in Korea and for Korean Americans.

Defining Terms

We use the terms *abuse* and *domestic violence* interchangeably and abusive behavior can include emotional and verbal abuse, economic control, coercion and threats, sexual abuse, intimidation, and isolation, among others (Domestic Abuse Intervention Project, 2011). Adult *intimate partner violence* (IPV) is abuse directed at an intimate or romantic partner. Persons with disabilities often experience abuse by non-intimate partners, including adult children and paid and unpaid caregivers (Baladerian, 2009); however, similarly to persons without disabilities, intimate partners are the most common perpetrators of abuse toward persons with disabilities (Ballan, et al., 2014). For persons with disabilities, the tactics of abuse include disability-specific restraint and control, such as withholding or discarding medicine, refusing to provide personal care, and removing or disabling assistive devices (Gilson, Cramer, & DePoy, 2001). Legal definitions of family or household abuse and intimate partner violence vary by organization and state and they change over time.

We use the term *race* to refer to a socially constructed categorization of humans. As confirmed by Anthropologists, race does not have a biological or genetic basis but it has been used to classify people and to restrict or deny access to social, political, economic, employment, medical, and cultural opportunities for some while granting access to them for others (California Newsreel, 2003; Smedley & Smedley, 2005). Racial classifications have been created by the government, have changed over time (one only need to look at the history of U.S. Census racial categories, see Omi & Winant, 2015), and have been used for purposes of legal and social exclusion (Haney-López, 2006).

The term *culture* can be very broad and traditionally can be thought of as a set of beliefs, behaviors, and traditions that are common to a group of people (Pinderhughes, 1989). The focus on the case study in this chapter is a Korean immigrant woman, and thus acculturation models are of interest. Schwartz and colleagues (2010) proposed a multidimensional model of acculturation that incorporates the interactional contexts within which migration and acculturation occur, including the roles of migrant type (voluntary immigrants, refugees, asylees, sojourners); ethnicity, which they define as “a specific heritage and set of values, beliefs, and customs” (p. 241); the degree of cultural similarity or dissimilarity between the receiving culture and the migrant’s heritage culture; the recency of migration and generation of migration; the proximity of ethnic enclaves that may serve to retain heritage culture; and the receiving society’s historical and contemporary treatment of migrants from different countries and of different ethnic groups. Schwartz et al. view acculturation as an interplay of complex processes rather than an outcome (i.e., that a person is acculturated or not). They developed six components of acculturation that includes both the heritage culture’s and receiving culture’s practices (e.g., language, foods), values (e.g., individualism v. collectivism), and identifications (e.g., with

country of origin v. with receiving country). There could be changes in all, some, or none of these areas for migrants.

A criticism of Schwartz's model and others like it is that they present culture as monolithic (i.e., the heritage culture, the receiving culture), and that practices or values that are ascribed to a particular racial or ethnic group (i.e., collectivism) are accepted and are unquestioned. Therefore, we propose the following working definition to guide our thinking about culture: Culture is a social construction that is influenced by the ways in which people make sense of who they are; the beliefs, practices, and values with which they might identify or reject, partially or wholly; and the institutional influences that promote or suppress the beliefs, practices, and values that appear to be in line with that culture, such as religion, government, and education.

To honor the multiple voices on how to define disability, we have embraced “ontological pluralism” in the disability studies field (Priestley, 1998), and we will build on Liz Crow's work (1992) to focus on both the social model of disability and impairment and their interdependency, but also to interrogate the meaning and experience of impairment. Crow speaks of the “pain, fatigue, depression and chronic illness” caused by impairments, which leave many people with disabilities “frustrated and disheartened” (p. 4). Certainly, there are people who experience pain, fatigue, and depression related to their impairments; however, what pain, fatigue, and depression look like or feel like to people can vary immensely. For example, a condition that would appear to create much discomfort to onlookers, or even others with that same or a similar condition, could actually be experienced as challenging in some ways, but not uncomfortable to that person.

Now that the major terms for the chapter have been presented, the following section describes the conceptual frameworks that underpin the influence of race and culture on the abuse of persons with disabilities.

Conceptual Frameworks: Critical Race Theory, Intersectionality, and Cultural Humility

We frame our discussion of the influence of race and culture on abuse of persons with disabilities through the theoretical frameworks of intersectionality (Collins, 1991; Crenshaw, 1991), cultural humility (Ortega & Coulborn Faller, 2011; Tervalon & Murray-Garcia, 1998), and critical race theory (CRT) (Dean, 2001; Ortiz & Jani, 2010).

Falling under the umbrella of postmodern theories is CRT with the following assumptions: “race is a social construction, race permeates all aspects of social life, and race-based ideology is threaded throughout society” (Ortiz & Jani, 2010, p. 176). As with other postmodern theories, there is a rejection of positivism, including the concepts of universal truths (or Truth) and essentialism. Deconstructing socially constructed phenomena and embracing intersectionality are also consistent with postmodernism. CRT incorporates an interrogation and disruption of structural arrangements that privilege some races and oppress others. CRT proponents believe that the purpose of the creation and modification of racial classifications, usually done by the dominant group, is for social stratification and validation of racial subordination (Ortiz & Jani, 2010; Rodgers, 2015). Stratification and subordination get reinforced on the individual level through microaggressions (e.g., insults disguised as compliments that are grounded in stereotypes -- saying “you are so articulate” to an African American woman), and on the institutional level through macroaggressions (e.g., racial profiling). Just as race is a socially constructed category to classify and oppress, *immigration*

status is another category that functions similarly by creating the *alien* and the justification for restricting, isolating, and othering those who are perceived to be non-citizens (Romero, 2008).

Building on the postmodern idea of race as a social construction, and the attention to power and privilege in CRT, intersectionality views race, ethnicity, gender, disability, class, faith, and other categories as social, political, economic, and cultural constructs, also referred to as positionalities or social locations, that influence the assignment of social value for different persons (Harley, Jolivette, McCormick, & Tice, 2002). Because individuals may be in both dominant and subordinate social locations (such as White lesbians who are privileged by race, but oppressed by gender and sexual orientation), they may have experiences of privilege in some settings and ones of oppression in other settings.

Intersectional analysis attends to the “interdependent and mutually constitutive” view of identities; as Bowleg’s work (2008, p, 312) reminds us that Black + Lesbian + Woman does not equal Black Lesbian Woman in a mathematical equation. Put another way, intersectional analysis affirms that people “are discriminated against in qualitatively different ways as a consequence of the combination of their individual characteristics” (Goward, 2002, para. 3). The Ontario Human Rights Commission (2002) provides examples of the intersection of disability combined with other social locations and how this may complicate the experience of oppression for individuals. To note a few of their examples: the increased poverty rate for women with disabilities compared to people without disabilities, the high unemployment rate for people of color with disabilities compared to people of color without disabilities and to white persons; and the unavailability and inaccessibility of services for indigenous persons with disabilities living on reserves.

Several scholars have applied an intersectional framework to intimate partner violence (for example, Bograd, 1999; Collins, 1988; Crenshaw, 1991; McQueeney, 2016). Gender-only analyses of intimate partner violence have been critiqued for their “false universalism ... rooted in White, middle-class, heterosexual women’s experiences and interests” (McQueeney, 2016, p. 2). Rather, intersections of multiple identities influence the experience of being both a perpetrator and a victim of intimate partner violence. For example, victims’ decisions to involve law enforcement may, in part, be influenced by their concerns about how the abusers may be treated by the criminal justice system, especially if they are from communities that have been or are currently targeted for racial and/or immigrant profiling (Incite! Women of Color Against Violence, 2006). Their concerns, however, should not be mistaken for an unwillingness to involve the criminal justice system because studies have demonstrated that African American domestic violence victims, for example, are more likely to contact law enforcement compared to other racial/ethnic groups (Felson, Messner, Hoskin, & Deane, 2002), they are willing to seek protective orders (Ballan, et al., 2014), and they are likely to endorse criminal prosecution of their abusers (Weisz, 2002). Collins argues that not only should contemporary social, political and economic contexts be considered when analyzing African American women’s experiences of violence, but also “the particular historical context of hierarchical power relations of race, gender, class, nationality, and heterosexism in the United States” (1998, p. 920). Intersectionality can provide a framework for questioning this apparent paradox of why some domestic violence victims may worry about how their abusers would be treated by the criminal justice system while simultaneously desire to involve law enforcement and the courts for self-protection (Felson, et al., 2002) or other reasons.

Understanding the multiple ways in which culture can be experienced by clients and the ways in which practitioners can experience their own and others' cultures is consistent with cultural humility. We believe there is a paradigmatic difference between cultural competence and cultural humility. In our view, cultural competence is post-positivistic (Guba & Lincoln, 1994). The emphasis on the practitioner acquiring the cultural awareness, knowledge, and skills that would then lead to effective practice with a particular cultural group implies post-positivistic assumptions that there is a body of knowledge and skills about that cultural group that is available and not debatable, and that by practitioners gaining this knowledge, they will work better with members of this cultural group. By becoming aware of one's preconceived notions and experiences or lack of experiences with a cultural group, the practitioner can then become more culturally competent. Critiques of cultural competency include that culture is not static; therefore, practitioners will not be able to achieve competence in something that is not fixed; understanding and valuing other cultures may not equate to working effectively with persons from those cultures; and assuming common traits of members of cultural groups can lead to overgeneralizations and stereotyping.

In our opinion, as a more appropriate approach to cultural competence, cultural humility falls more into the constructivist paradigm, which emphasizes that a singular Truth cannot be known or approximated; rather there are multiple realities, relativism, and subjectivity (Guba & Lincoln, 1994). Contrary to the idea that there is certain body of knowledge about a particular culture that can be knowable, a cultural humility perspective embraces the idea of culture as a social construction, that is ever changing, and is experienced uniquely by different persons. Rather than seeing culture as monolithic, a cultural humility perspective sees multiple identities of individuals, and consistent with CRT and intersectionality, these multiple identities mean that

people can be in various dominant and subordinate (or privileged and oppressed) positions in their social locations simultaneously. As with CRT and intersectionality, a very important dimension of a cultural humility perspective is that practitioners need to be vigilantly aware of who they are culturally, their intersectional group memberships, and how this has influenced who they are and how they view others. Practitioners need to remain open to the idea that they cannot and will not know all there is to know about any given culture, and they should be open to hearing about the client's understanding and experiences of culture because rather than knowing certain pieces of "knowledge" about a cultural group, it is more important to understand what pieces of culture clients have embraced or rejected; what has and has not been important to them culturally. This allows clients to be the experts of their own experiences, not the practitioners, which promotes a more egalitarian relationship with clients where power dynamics can be acknowledged and addressed. Rather than striving for the goal of being competent in everything there is to know about a particular client's culture, the goal is to gain a deep understanding of the client's experience of culture (Ortega & Coulborn Faller, 2011; Tervalon & Murray-Garcia, 1998).

We have presented the conceptual frameworks that undergird our chapter. In this next section, we will explore how the intersections of race and disability influence experiences of abuse and decisions around and experiences of help-seeking.

Intersectionality of Race, Disability, and Abuse

As we mentioned in the previous section, intersectionality opens up a multitude of ways in which clients can experience culture. This is also true regarding race, disability and abuse; clients experience abuse differently based on the intersection and social location of their race, disability and other social constructions including culture, ethnicity, age, sex and gender. Race

may play a major role and further complicate experiences of abuse and help seeking. Black women with disabilities, for instance, may face a variety of distinctive experiences such as double oppression (oppression based on being a person of color and a person with a disability) (Lightfoot & Williams, 2009) and stereotypes based on race and disability status or type. Also, black women and other women of color may experience services that are not culturally appropriate or relevant, such as services that fail to address racism and/or the provision of subpar services for persons with darker skin complexions (Lightfoot & Williams, 2009).

In addition to double oppression and lack of culturally appropriate resources, Lightfoot & Williams (2009) found 6 other distinctive issues for persons of color with disabilities in their focus groups study: isolation and shame; lack of knowledge about services; lack of trust in the system; multiple cultural identities; double communication barriers; and cultural differences towards disabilities. These issues may also be experienced differently depending on the client's race, type of disability, and/or disability status. For instance, communication barriers for clients can take the form of language, dialect, proficiency, literacy, and/or an inability to communicate in the desired format or manner of the practitioner. All of these issues, in addition to fears of racism, ableism and a host of other harmful prejudices, can prevent someone from seeking help (Cramer & Plummer, 2009; Lightfoot & Williams, 2009) from formal (i.e., social services or domestic violence agency), familial and/or other social resources (i.e., friends, clergy).

All things considered, it is important for practitioners to not only have a solid handle on the complexities of the intersection of race, disability and abuse, but to also have appropriate responses (services, resources and environments) to clients' needs. Examples can include developing interventions (and prevention programs) to specifically target certain groups and incorporating the appropriate cultural beliefs and values into that work (Cramer & Plummer,

2009). For instance, Oliver (2000) recommends the use of African American popular media to spread awareness and prevention messages, such as through gospel and popular (African American) music. Furthermore, persons of color with disabilities have recommended increasing diversity (including race and disability) in staff and leadership positions at both domestic violence agencies and disability organizations; they also recommended the expansion of agency definitions of *domestic violence* to include more culturally relevant definitions, collaboration or partnership between the domestic violence and disability agencies, and the provision of cultural diversity/relevancy trainings, particularly ones facilitated by persons of color with disabilities (Lightfoot & Williams, 2009).

In sum, intersectionality of race, disability and abuse reveals that clients' experiences with abuse and help seeking behaviors are not monolithic; they are varied and complex and this necessitates culturally appropriate understanding and responses from practitioners. Our chapter's case study is focused on a Korean American immigrant woman who has MS. In the next section, we discuss intimate partner violence in Korean immigrant communities.

Korean Immigrant Communities and Intimate Partner Violence

Although national estimates of IPV among Korean American immigrants do not exist, several small studies suggest that the prevalence of IPV in this immigrant community is very high, with as many as 29-60% of women suffering from physical abuse by an intimate partner (Ahn, 2002; Lee, 2007; Shin, 1995; Song-Kim, 1992). The IPV rate in Korean American immigrant communities is higher than in other Asian ethnic groups (Chun, 1990; Kim & Sung, 2000), and includes severe physical consequences, such as broken bones and teeth, miscarriages, and hospitalization (Song-Kim, 1992).

Witnessing family violence and/or experiencing child physical abuse are risk factors for domestic violence perpetration and victimization (Tjaden & Thoennes, 2000); Eighty percent of Korean American respondents in a study of 103 Korean men and women in Boston reported being hit regularly as children, which was the highest rate among all other Asian ethnic groups studied. Thirty percent of Korean respondents reported witnessing their fathers regularly hit their mothers, and 17% reported that their mothers regularly hit their fathers (Yoshioka & Dang, 2000). Similarly, the Shimtuh study (2000) in the San Francisco Bay Area revealed that 33% of the respondents (women and men) recalled their fathers hitting their mothers at least once.

The literature on abused immigrant women points to their cultures of origin and immigration status as the most important systems affecting their experience of abuse and help-seeking behaviors (Menjivar & Salcido, 2002; Raj & Silverman, 2002). Korean cultural values are heavily influenced by Confucianism, which dictates the daily life and relationships of many Koreans. The values of Confucianism may have a strong impact on IPV: collectivism, conformity to norms, shame, patriarchal and hierarchal family systems, and rigid gender roles (Moon, 2005; Song & Moon, 1998). In fact, in one study, prevalence of IPV was higher among the Korean American immigrant couples who adhered to rigidly traditional gender roles than those who did not (Song & Moon, 1998). Kim & Sung (2000) found that the rate of physical violence in male-dominant couples was four times higher than that of egalitarian couples. Finally, perception of partner resistance to traditional gender roles was a significant predictor of the likelihood of committing IPV among Korean American immigrant men (Yu, 2000).

The importance of family harmony, the priority of family interests over individual interests, and the cultural expectation for women to endure hardship to preserve the family may contribute to the decision of abused Korean American immigrant women to stay in abusive

relationships. The cultural norm of family interdependence and harmony forces individual family members to minimize conflicts within the family. Therefore, abused Korean American immigrant women who adhere to these cultural norms are likely to keep IPV secret, because revealing it outside their family would be a sign of personal failure that would bring shame to the entire family (Kim, Titterington, Kim, & Wells, 2010; Moon, 2005; Tran & Jardins, 2000). For example, the cultural concept of “loss of face” may be related to abused Korean American immigrant women’s concern for their children. Interviews with abused Korean American immigrant women reveal that they did not leave their abusers because of the concern that the reputation of their children will be damaged within the Korean American immigrant community if they belong to a family where the parents had divorced. Further, the future of their children would possibly be compromised by coming from a family with divorce (Postmus & Hahn, 2007; Shimtuh, 2000). This feeling of shame is intensified by feelings of guilt and self-blame in abused Korean American immigrant women. Abused Korean American immigrant women often feel guilty, believing that they must have done something wrong to deserve IPV (Song-Kim, 1992; Tran & Jardins, 2000).

Korean cultural values also seem to influence community members’ views of IPV survivors, as well as their responses to IPV. In a study of Asian American immigrants (Yoshioka & Dang, 2000), 29% of Korean American immigrants, a greater proportion than other Asian immigrants, indicated that a woman who is abused by her husband should not disclose the abuse. Only 27% of Korean American respondents supported the idea of an abused woman calling the police for help, a lower percentage than the other Asian respondents. In another study of Korean American immigrants, respondents selected family honor as the foremost reason for abused Korean American immigrant women not seeking help, followed by effects on children and

shame (New Visions, 2004). In addition, Korean cultural values were one of the most important factors that affected Korean American immigrant clergy's responses to IPV (Choi, 2015a). When abused Korean American immigrant women actually talk to family members and friends about the abuse in spite of shame, women are pressured to remain with their abusers because of fear of ostracism and judgment from others in the community (Shimtuh, 2000).

Immigration is often associated with a disruption in the social support network and a sense of isolation, compounded by limited command of English and lack of familiarity with social and legal services (Raj & Silverman, 2002; Warriar, 2000). Given these risk factors and barriers to services, many abused Korean American immigrant women significantly underutilize formal services such as women's shelters, hotlines, the police, and legal services, seeking professional help only when they face crisis situations (Moon, 2005). Abused Korean American immigrant women who are undocumented, or those whose immigration status depends on their marriage to a U.S. citizen or resident, are reluctant to report their abuse experiences to the police out of fear of deportation (Kasturirangan, Krishnan, & Riger, 2004). Even those who have legal status may avoid reporting IPV because they are fearful of negative consequences arising from their involvement with the police (Warriar, 2000).

Shifts in couples' power balance and occupational and economic changes post-immigration have been shown to be a risk factor for IPV in immigrant communities, including for Korean American immigrants (Kibria, 1990; Song & Moon, 1998; Tran & Jardins, 2000). Song and Moon (1998) found a high correlation between the incidence of wife battering and the inconsistency in the pre- and post-immigration employment status of husbands. In addition, many changes in the traditional Korean family system and structure, mainly the disruption or

reversal of the traditional marital roles, as well as conflicts between old and new values add more stress (Y. Y. Kim & Sung, 2000; Yu, 2000).

As we have discussed above, their immigrant status and competing and changing cultural values shape abused Korean immigrant women's experience of IPV and their help-seeking behaviors, resulting in their turning to Korean American immigrant churches and clergy for help, if they seek help at all (Boodman, 2007; New Visions, 2004). Korean American immigrants show an exceptionally high rate of affiliation with the church (Kim & Kim, 2001). About 75% of Korean American immigrants in the US are affiliated with Christian churches, predominantly in Protestant denominations (Kim, Warner, & Kwon, 2001). Korean American immigrants' avenues to satisfy their social needs are severely restricted due to their language limitation and/or racial minority status in America. Korean American immigrant churches play a crucial role in meeting the psychological, social, and spiritual needs of Korean American immigrants (Boddie & Im, 2008; Min, 2005) and they serve as a cultural institution where congregants' ethnic identity and culture are rediscovered, preserved, and passed from generation to generation (Min, 2005; Warner, 2001). Additionally, Korean American immigrant churches offer practical assistance, such as providing information and aiding in buying vehicles, acquiring housing, obtaining social security numbers, making airport pick-ups, job referrals, and registering children for school, or just about everything recent immigrants need in their settlement process into American society (Kwon, Ebaugh, & Hagan, 1997).

Because of the central role the church has in the lives of Korean American immigrants, Korean American immigrant communities most often view their church and faith leaders as problem solvers, including problems related to IPV (Choi & Cramer, in press). Korean American immigrants identified the Korean American immigrant church as the source from which battered

Korean American immigrant women should seek help, even before families (New Visions, 2004). In addition, several studies on IPV in the Korean American immigrant community identified the strategic position of the Korean American church and clergy in the community and recommended engaging them in efforts to prevent and address IPV (Choi, 2015a; Choi, 2015b; Im, 2003; Moon, 2005; Shimtuh, 2000).

In the next section, we discuss the meaning of disability, and specifically MS, in historical and contemporary contexts in Korea and for Koreans in the United States.

Disability in Korea and for Korean Americans

When considering disability from an intersectional framework within the Asian American population, we believe it is helpful to disaggregate subpopulations of Asians and Pacific Islanders (AAPI), as well as consider factors that affect health and disability outcomes, such as place of birth, migration pattern, acculturation, and socioeconomic status. One study that confirmed the importance of examining differential disability rates across four disability types (functional limitations, Activities of Daily Living limitations, cognitive problems, blindness/deafness) among individuals 55 and older in 7 separate AAPI subpopulations found differences in rates among the AAPI subpopulations and greater variation between non-Hispanic whites and the aggregated AAPI group (Fuller-Thomson, Brennenstuhl, & Hurd, 2011). The authors noted that the disparity in disability outcomes “reflects a complex interplay between migrant selection effects, positive versus negative acculturation effects, and socioeconomic status factors that relate to both the timing of immigration and the country of origin” (p. 99). A study by Mutchler, Prakash, and Burr (2007) confirms the importance of examining such factors as country of birth, length of time in United States, and life cycle stage when one migrated to the United States and their link to disability outcomes.

The social model of disability focuses on how societal attitudes, practices, structures, and institutions isolate individuals with disabilities and exclude them from full participation in their communities. For South Korean immigrants, the focus of our case study, it is helpful to take into consideration the community attitudes, practices, structures, and institutions in their country of birth. For example, special education was not mandated in South Korea until 1977 through the Special Education Promotion Act (Kwon, 2005). Prior to this, the general practice was for students with disabilities to be educated by their families, and then in separate schools for children with disabilities up through the mid 1970s. Inclusion of students with disabilities in regular education classrooms is relatively new, and appeared in the third reauthorization of the SEPA in 1994. Inclusion, according to this Act, means integrating students with disabilities into regular education classes or placing them in special (separate) schools, but using the regular educational curriculum with them. Kwon (2005) notes that the South Korean educational system is similar to the Western system, yet “the inherited foundation remains Confucian,” with an emphasis on “harmony, respect for elders and social order, and authority of leaders” (p. 61).

Kim and Kang (2003) describe public’s attitudes toward people with disabilities in Korea as negative and that having a family member with a disability brings shame to a family. Some families believe that their social standing is compromised by having a family member with a disability and they may attempt to keep the person with a disability away from others. Further examples of exclusion of Koreans with disabilities include the under and unemployment of them in the workforce and their overrepresentation in the lowest income segments of society. Kim and Kang note that Korean beliefs about what causes disability further marginalize Koreans with disabilities: “Koreans believe that having disabilities is the result of the geomantic system of topography, used in choosing auspicious sites for graves and houses, sins committed in a

previous existence, the fault of an ancestor, or a wicked ghost” (p. 145). While it is important to remember that not all Koreans believe this, or have negative attitudes toward Koreans with disabilities, being socialized into this environment as a person with a disability can create challenges with self-image and self-respect and feelings of belonging in one’s community. Kim and Kang’s study of adolescents with physical disabilities (2003) described the ways in which this population can feel valued and useful members of society.

According to the National Multiple Sclerosis Society, Multiple Sclerosis (MS) is “an unpredictable, often disabling disease of the central nervous system that disrupts the flow of information with the brain and body” (National Multiple Sclerosis Society, 2016 “What is MS?”). There is no known cause of MS; however, according to the MS Society, “the body’s immune system attacks myelin, the fatty substance that surrounds and protects the nerve fibers of the central nervous system ... damaged myelin forms scar tissue ... when any part of the myelin sheath or nerve fiber is damaged or destroyed, nerve impulses traveling to and from the brain and spinal cord are distorted or interrupted” (National MS Society, “What is Multiple Sclerosis?” 2015, para 3 and 4). Symptoms and severity of MS can vary across individuals; symptoms may include tingling or numbness in the limbs, loss of vision, muscle tightness, spasticity, paralysis, fatigue, pain, difficulty concentrating, and problems with bowel and bladder functioning (National MS Society, “What is Multiple Sclerosis,” 2015). Symptoms may come and go over the life course of an individual. MS has also been linked to risk for depression (National MS Society, 2015). For individuals with relapsing forms of MS, the Multiple Sclerosis Coalition (2015) advises disease-modifying medication therapies. According to the National MS Society, there are slightly over 2 million people in the world who have MS; the majority are women; most people are diagnosed in younger to middle adulthood; and the disease crosses all racial and

ethnic groups, but is most prevalent in Caucasians of northern European ancestry (National Multiple Sclerosis Society, “MS Prevalence,” and “Who Gets MS?” 2016).

There is very little published literature on MS in Korea. A prevalence study of MS in Korea, based on payment data for National Health Insurance payments to support persons diagnosed with MS, used two different statistical methods to calculate prevalence and found 1,681 cases using one method, and 1,640 using the other or 3.5 - 3.6 per 100,000 persons (N.H. Kim, H. J., Kim, Cheong, et al., 2010). These data are similar to relatively low MS prevalence rates in other Asian countries, and are lower than Caucasian populations. An epidemiologic study in Korea reported a higher incidence of MS in females than males and also indicated the highest incidence in younger females (ages 25 to 29) and in older males (ages 35 - 44) (Chung, Cheong, Park, & Kim, 2012). One study that examined the clinical characteristics and patient outcomes for Koreans with MS found that the characteristics and outcomes were similar to that of Caucasians in Western countries (S.H. Kim, S. Y. Huh, W. Kim, et al., 2013). A study of the reliability and validity of the Korean Multiple Sclerosis Impact Scale and the Multiple Sclerosis International Quality of Life questionnaires in a sample of Korean patients with MS found that both instruments were appropriate to measure health-related quality of life for Koreans with MS (Huh, Joo, S.H., Kim, et al., 2014). There is a Korean MS Society, which engages in awareness and advocacy activities (MS International Federation, 2016). Writings by Koreans about MS are limited. Korea Focus by the Korean Foundation (2012) included a short description of Father Chi’s MS, which indicated that his “years of making cheese left him with multiple sclerosis” and he uses a wheelchair or cane. He’s quoted as describing the disease as “like a bomb ... it comes to the legs and then moves to the eyes ... has a mind of its own I can’t read, or drive, or use the computer.”

We have defined our terms, presented our conceptual frameworks, and described the literature relevant to race, culture, and the abuse of persons with disabilities. As a background to our case study, we covered the literature on IPV in Korean immigrant communities, the role of the Korean American immigrant church in IPV prevention and intervention, and disability and MS in Korea and Korean American populations. The following section presents the case of Mrs. Inae Lee and illuminates how critical race theory, intersectionality, and cultural humility are utilized in the case. The case presented is entirely fictional but is grounded in our practice wisdom through our work with many immigrant battered women and women with disabilities experiencing abuse. Any resemblance to a real case is purely coincidence.

Case of Mrs. Inae Lee

Mrs. Inae Lee is 52 years old and immigrated to the United States from South Korea 15 years ago with her 54-year-old husband, Mr. Jinsoo Han and two daughters, who at the time of immigration were ages five and three. Both Mr. Han and Mrs. Lee are college graduates, and Mr. Han worked as a mid-level manager at a large export/import company in Korea, while Mrs. Lee was a stay-home mom. In the midst of economic meltdown in late 1990s in Korea, often referred to as the IMF crisis, Mr. Han was laid off in 1999 and moved from one temporary job to another for the following two years. They started dipping into their retirement saving, which made them worry about their future, and with the uncertain economic future of the country, they decided to immigrate to the US where Mr. Han's brother had been living successfully since his immigration in 1984. Mr. Han's brother owned two dry cleaning businesses and promised to loan money to Mr. Han to open up his own dry cleaning business. Mr. Han did not like the idea of running a dry cleaner, which seemed like a blue-collar job, not suited for a white-collar worker like him.

However, without the English language skills and knowledge of American society, it seemed to be the only option for him in the US.

Running a dry cleaner was a hard job for him. Initially, he tried to manage it by himself, but soon it was clear that it was necessary for Mrs. Lee to jump in and start running it with Mr. Han. Mr. Han hated the idea of Mrs. Lee working, leaving two small children with his parents. He believed that a woman's place is at home, raising children and running the household, not working to make a living for the family. But entirely relying on the loan from Mr. Han's brother, they could not afford to hire any workers. So Mrs. Lee started working with her husband; they worked 12 hours daily, six days a week, year-round, with exception of official holidays. With her decent English skills thanks to her majoring it in college, Mrs. Lee mostly dealt with customers, while Mr. Han worked in the back of the store covered in sweat. Their hard work resulted in success in their business. Within five years, they were able to pay back the loan from Mr. Han's brother, and in another five years, they were able to open up another dry cleaner.

Both Mr. Han and Mrs. Lee have been active members of a Korean American church in town. They were not Christians when they lived in Korea, but they started going to church soon after they moved to the US., mainly because it was the only place they could meet and associate with other Korean immigrants. In addition, Mrs. Lee thought it was important for her children to maintain their Korean language skill, as well as Korean identity and culture, and the Korean American church was an ideal place for that. Its services were held in Korean, it celebrated Korean holidays, served Korean lunch, and ran a free Korean language school for children. Mrs. Lee enjoyed being with other Korean women in her church, exchanging tips for raising children in the US and learning about American customs and practices from those who have been in the US longer. Mr. Han also enjoyed being active in their church and soon became a deacon of the

church. He felt that the church was the only place where he can feel good about himself, not feeling inferior in a new country with limited English skill. Furthermore, being a deacon afforded him respect and status in the church, which he felt he lost by being an immigrant. Their thriving businesses and academic success of their daughters made them feel proud of their achievement.

Mr. Han was a traditional man in Korea, but his traditional attitudes became even more strengthened after his immigration to the US. He made all the decisions in the family and managed the family finance by himself. He became angry when Mrs. Lee tried to have a say in decision making and often put her down verbally. He also became very jealous, telling Mrs. Lee not to chat with male customers. He became furious when she was friendly to male customers, saying she is disrespecting him. His jealousy and fury became more frequent and more severe, and Mr. Han started throwing things at Mrs. Lee. Whenever Mr. Han went into a rage, Mrs. Lee became terrified that he would actually hit her. He also expected the same obedience and respect from their daughters. Mrs. Lee endured all of these without telling anyone because she was afraid that this will ruin the reputation of her family in the church and the Korean community. She thought as long as she does what he wants her to do, things would not get out of hand.

Ten years after their immigration to the US, Mrs. Lee was diagnosed with MS. Initially, she started feeling weak and tired, and her hands and feet had tingling sensation and felt numb. She thought it was because she had overworked for the last ten years. But when she dropped an iron on her foot while she was ironing a customer's shirt because of weakness in her arm, she went to see a doctor. Her doctor initially did not know what it was, but after a few tests concluded that Mrs. Lee has MS. Mrs. Lee had never heard of MS, but the prospect of developing more severe symptoms worried her, and the thought of being disabled at only 47 years old scared her to death. She worried about who will run their business with her husband

and who will take care of their daughters. But what scared her the most was how she would be viewed and treated by others in her church and the community. She had not seen many disabled people in Korea because most of them were kept home out of others' views. She has seen more disabled people in the US, but still not many in the Korean community. There was no one who was disabled in her church, and she did not know personally anyone who had a disability. She was concerned her disability would bring shame to her family, by tainting the image of her happy and successful family. She was worried that her daughters' future would be in jeopardy due to coming from a family with a disabled person.

Initially, she kept her MS secret from others. But her symptoms steadily worsened -- tremors in her body, muscle stiffness, and problems with speech -- and people in her church started noticing her MS. By the time she had to use a cane to walk, she told a few close friends in her church about her MS and soon the entire church knew about her disability. She received a few stares from some people, but overall the reactions from the church members were courteous. What was unbearable came from her husband instead. Initially, he was worried about who will take care of their businesses. But once Mrs. Lee started showing visible symptoms of MS, he did not want her to come to the stores anymore, saying that she is useless at home and at work and she would embarrass him in front of the customers. Therefore, she stopped going to their stores, and her church became the only refuge for her. She started going to church more often, trying to be involved in church activities. However, Mr. Han berated her that she would be only a burden on others when she goes to church events because she can't help out and that her presence only makes others feel uncomfortable. He prohibited her from going to church other than the Sunday service, and even when the family went to the Sunday service, he wanted her to go home right after the service, instead of staying for lunch. He became more abusive verbally and emotionally.

Despite her husband's cruel treatment of her, Mrs. Lee could not share her pain and fear of her husband with anyone in the church. He was a respected figure in the church, and she felt that she was the one who brought the abuse on herself by having the disability. However, when Mr. Han pushed her to the wall when she struggled to walk to the kitchen saying, "Look at how you walk. You look like a baby, waddling. You are useless!", Mrs. Lee became frightened and feared for her physical safety. She recalled the community event she attended a few years earlier with a female friend who was involved in a theater troupe. The theater troupe did an interactive theater program on a domestic violence situation. Watching the play and how some of the audience members played out different interventions with the victim was something that stuck with her in that she wondered what would happen if she were to disclose to others in her church or community about the abuse. This encouraged her to eventually reach out to the pastor of her church for help. She was not interested in ending the marriage because divorce was unthinkable as a Christian woman, but wanted her husband to stop abusing her. When she told the pastor what has happened, he was very surprised, but comforted her saying that God will protect her. He tried to explain Mr. Han's abuse may be the result of him being stressed because he has to manage both businesses by himself and told her that he did not know personally what is the best way to deal with Mr. Han's anger and referred her to a local domestic violence program. She called the domestic violence agency and talked to a social worker, Diane Smith, about her abuse and disability. After the talk, Mrs. Lee made an appointment with Ms. Smith for a face-to-face individual counseling.

Case Discussion: Implications for the Practitioner

Ms. Smith is a 25-old-year, single Caucasian woman who has been working for the domestic violence program for three years, mainly conducting individual counseling and support

groups for domestic violence survivors. She has worked with Asian clients only a few times, and none of them was Korean. Ms. Smith first thought that Korean Americans and Chinese Americans may have similar family values as each other because they are Asian Americans. But then she soon remembered that by lumping all Asian groups into one unified group, she was overgeneralizing diverse ethnic groups. Moreover, she wondered if Mrs. Lee even identifies herself as Asian. She recalled when her Chinese client wrote “Chinese” on the agency’s intake form instead of choosing Asian. When she asked the client about that, the client answered, “I’ve never thought of myself as being other than Chinese, but since I came to the US, it seems that I am Asian in the eyes of others.” This incident made Ms. Smith realize that race is indeed a social construction imposed on people, as critical race theory posits.

Ms. Smith decided that the most ethical and beneficial step to foster a healthy and open working relationship with Mrs. Lee would be to learn from Mrs. Lee about her understanding of the family dynamics, her perception of the abuse and the precipitating factors that led to the abuse. She would *learn from* the client and not *about* the client. Ms. Smith realized that she can try to learn about Korean culture, but she understood that she cannot know everything about Korean culture since culture is constantly changing. Furthermore, being Korean is only one identity of Mrs. Lee; her perspectives and experiences could be influenced by the intersections of multiple identities such as her age, ethnicity, sexual orientation, religion, immigration experience, disability, sense of belonging, formative influences, and more. Ms. Smith wanted to explore how intersections of Mrs. Lee’s multiple identities may have influenced Mrs. Lee’s conceptualization of family, gender roles, abuse, disability, help-seeking behaviors, as well as her needs and wants.

Hence, Ms. Smith asked herself these questions: What do I think the client would wish that I would recognize/understand about her? How does the client identify with history or parts of history (i.e. immigration, Feminist Movement, sociopolitical revolutions and dictatorships, Civil Rights Movement, etc.)? Does the client have a sense of belonging to certain groups? If so, how is it manifested? Which significant experiences, if any, have shaped the client's worldviews? Has any individual or collective trauma history occurred? What intersectionality of identities is embraced by the client? What identities are rejected by the client? By addressing these factors, Ms. Smith would move toward understanding, validating, and respecting the client's unique feelings and experiences.

As a relatively new practitioner, Ms. Smith has been getting supervision, and as part of this, she processes her cases with a clinical supervisor. Her clinical supervisor is a middle-age, Caucasian female. Ms. Smith has been making note of the times in sessions with her clients when she has experienced strong affective reactions to her clients. Ms. Smith's caseload is becoming increasingly diverse in regards to client race and ethnicity. Her supervisor is assisting Ms. Smith to develop a deeper self-awareness of the intersection of her own identities and how memberships to different groups has affected who she is and how she views clients, including biases and stereotypes about clients. This work is often done during their supervision session in an honest, non-shaming atmosphere. Ms. Smith's supervisor asked Ms. Smith to consider how her identities of a young, single, Caucasian, heterosexual, non-religious woman who is a US citizen without disability have influenced her and her views of a middle-age, married, heterosexual, Christian, Korean immigrant woman with a disability. Ms. Smith asked herself, "what biases and stereotypical beliefs do I have about Mrs. Lee?" In her work with Mrs. Lee,

Ms. Smith began to deconstruct her biases, prejudices, and/or erroneous information regarding the client in order to move toward validating and respecting the client's uniqueness.

Ms. Smith's clinical supervisor helped her to explore the power dynamic in the client-worker relationship. Ms. Smith had many privileges, personally and professionally, to which Mrs. Lee did not have access. Ms. Smith realized her position of power while working with Mrs. Lee. For example, Ms. Smith was able to speak fluent English and communicate with anyone better than Mrs. Lee. Ms. Smith was knowledgeable of the community agencies that provided various services and she did not have to consider whether the agencies would be physically accessible to her the way that Mrs. Lee did. Finally, she had the implicit power of being an American citizen. Mrs. Lee was worried that her husband would be deported if she called the police and her husband is arrested because she and her husband are not American citizens; she heard that US deports non-US citizens who are arrested. When Ms. Smith was aware of Mrs. Lee's feelings and experiences with power dynamics, she was able to explore, validate, and respect Mrs. Lee's perceptions of power in the client-social worker relationship.

Moreover, Ms. Smith explored the power dynamics between Mrs. Lee and the macro systems in her life, including her church; the Korean American community, a geographical community where only approximately 5,000 Koreans live in a city of 300,000; the police; the courts; other governmental and nongovernmental agencies; and the larger American society. She took into consideration the various forms of power, privilege, and oppression when assessing and implementing interventions with Mrs. Lee. Ms. Smith made sure to consistently apply the ethical principles of dignity and self-worth of an individual and self-determination by establishing a more egalitarian relationship with Mrs. Lee where power dynamics are acknowledged and addressed. She assured that what has been learned from Mrs. Lee will translate into action and an

understanding of the client's uniqueness will be reflected in her work with the client going forward.

Concluding Thoughts

Mental health practitioners who are serving a wide range of clients who experience abuse need to attend to the complex intersections of race, ethnicity, culture, disability, faith/spirituality, and abuse. Practitioners should be vigilantly aware of their own cultural affiliations and/or disconnections, their intersectional group memberships, and how these influence who they are and how they view others. This is especially critical when working with clients who have beliefs, practices, or experiences that are very unfamiliar to the practitioner. Practitioners need to remain open to the idea that they cannot and will not know all there is to know about any given culture and what they do think they know is tentative and partial (Dean, 2001; Kumashiro, 2000).

Practitioners can be open to hearing about their clients' understanding and experiences of culture, including what pieces of culture their clients have embraced and what pieces have been rejected. Rather than knowing certain pieces of "knowledge" about a cultural group, it may be more important to understand who created those pieces of knowledge, through what lenses were they viewing the group, for what purposes did they create it, and what was not asked or explored in their study of the group.

Because social conditions and problems are complex and multifaceted, using an intersectional framework to develop and analyze social policies has been recommended (Yamada, Rozas, & Cross-Denny, 2015). Similarly, in direct practice, an intersectional framework attends to differential levels of clients' power and privilege related to their multiple, interdependent identities. A classic essay by Marilyn Frye (2007), "Oppression," introduces the

bird cage analogy, where the wires of the cage are the various systems of oppression that the bird (or person) experiences. Let's consider Mrs. Lee. She is an immigrant, English is not her native language, she has worsening MS, she does not have economic resources independent of her husband, she is not a US citizen, and she is being abused. By removing only one wire of the cage (e.g., assisting her in getting support resources for her MS), the bird (woman) is still not able to leave the "cage"; rather, the other wires, such as language difficulties, inaccessible agency services, lack of financial independence, and escalating IPV, are still very real obstacles. Frye notes that we have to step back and view the whole cage rather than the myopic view of one wire of the cage, to see that the bird is surrounded by a network of systematically related barriers, no one of which would be the least hindrance to its flight, but which, by their relations to each other, are as confining as the solid walls of a dungeon" (2007, p. 157). Therefore, practitioners must see the whole cage, the intersections of power and privilege, and how these might contribute to clients' social exclusion (Yamada, et al., 2015).

Furthermore, practitioners should go beyond the micro level, and work to challenge social structures and policies that marginalize populations based on their intersectional identities (Yamada, et al., 2015). It is essential that practitioners are deeply reflexive about their own social locations and how these may influence the ways in which they are interpreting clients' experiences and behaviors (Dean, 2001; Yamada, et al., 2015). Dean (2001) cautions practitioners to be aware of their "cultural baggage" (p. 627), which influences how they interpret client's values and behaviors. The case we presented about Mrs. Lee demonstrates the complexity of intersectional analysis to begin to understand the client's uniqueness. The practitioner, Ms. Smith, is beginning to engage in the type of reflexive, respectful practice that is

recommended by proponents of cultural humility and critical race theory and is consistent with the values and ethics of the mental health professions.

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