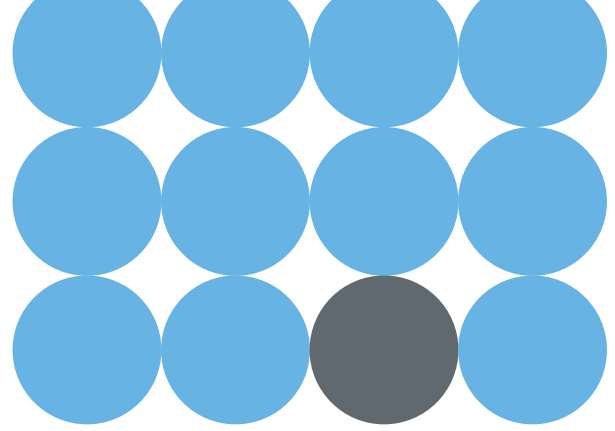


Social Justice Brief

Melvin H. Wilson, MBA, LCSW
Manager, Department of Social
Justice & Human Rights
mwilson.nasw@socialworkers.org

Rita Webb, MSW
Senior Policy Associate, Department
of Social Justice & Human Rights
rwebb.nasw@socialworkers.org



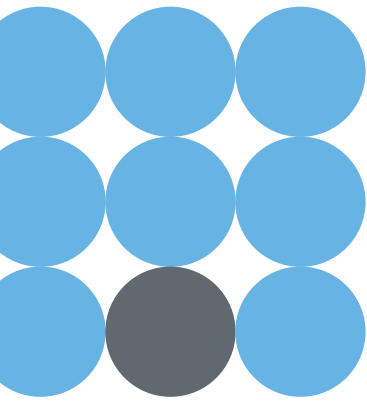
Social Work's Role in Responding to Intimate Partner Violence

The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty.



750 First Street NE, Suite 800
Washington, DC 20002-4241
SocialWorkers.org

The National Association of Social Workers (NASW) is the largest membership organization of professional social workers in the world, with nearly 120,000 members. NASW works to enhance the professional growth and development of its members, to create and maintain professional standards, and to advance sound social policies.



Social Work's Role in Responding to Intimate Partner Violence

Intimate partner violence (IPV), also referred to as domestic violence, is a serious and persistent life-threatening criminal and public health problem affecting millions of people each year across the United States. IPV is prevalent in every socioeconomic group, regardless of race or ethnicity. Because of the pervasiveness of IPV, especially with women as the primary victim, it is not only a criminal justice and public health crisis, but also has enormous child welfare implications. Moreover, the emotional toll that the trauma of physical, sexual, and psychological abuse takes on its survivors can last for a lifetime.

The objectives of this social justice brief are to have a comprehensive discussion about the psychosocial implications of IPV for both the survivors and our society. We also will examine closely the at-risk factors for being a survivor of IPV; strategies to preventing IPV; and programs, services, legislation, and policies for addressing the physical and psychological aftermath of IPV. Perhaps of equal importance, the brief will discuss the degree to which children exposed to IPV suffer from early childhood trauma and the resultant manifestations of adverse behavior during later developmental stages.

This brief will also look at the scope of IPV as a public health epidemic in the United States by showing the intersectionality of IPV with a range of biopsychosocial complexities that can be life defining for those at the margins of society. Finally, we will make the connection

between IPV and social work policy and social work practice, and then demonstrate the important role that social workers play in working with other stakeholders to address IPV prevention, supportive services, and formulation of IPV laws and policies that hold perpetrators accountable.

Implications for Social Work in Addressing IPV

Social workers have a significant responsibility in all aspects of IPV, including legislation, policies, practice, and advocacy. This social justice brief serves as an affirmation of the profession's commitment to working with advocates and other professions to prevent IPV and to fight for quality services for those who are survivors of IPV. Social workers have long been providers of essential services to survivors of IPV and to their children.

However, it is also crucial that the social work profession lends its voice to helping to shape legislation and mold public policies that greatly reduce cases of IPV. Social workers along with physicians, psychologists, and other mental health professionals who are on the frontlines in working with people victimized by IPV and their families have both a statutory and ethical mandate to mitigate the physical and emotional harms caused by IPV.

Becoming trauma informed should be a fundamental practice standard for social workers who have professional contact with survivors of IPV and their children. As stated in a recent issue of *Social Work Today*, “in recent years, trauma education has vastly evolved, and frequent mass violence, natural disasters, and other tragic events amplify its importance in social work curriculum.” At some point in their career most social workers will probably have clients who have experienced trauma, but those who work in child welfare or in criminal justice settings must be especially aware of the intersection of IPV and life-altering trauma.

Background

According to the Centers for Disease Control and Prevention (CDC), IPV is a serious, preventable public health problem that affects millions of Americans. The term refers to physical violence, sexual violence, stalking, and psychological aggression (including coercive acts). In the United States, an average of 20 people are physically abused by intimate partners every minute. This equates to more than 10 million abuse survivors of IPV. The perpetrator is usually someone with whom the survivors have a close personal relationship involving (a) emotional connectedness, (b) regular contact, (c) ongoing physical contact

or sexual intimacy (d) being recognized in public settings as a couple, and (5) intimate familiarity about each other’s lives.

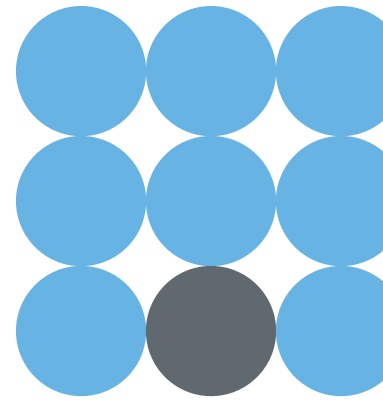
Statistical Overview

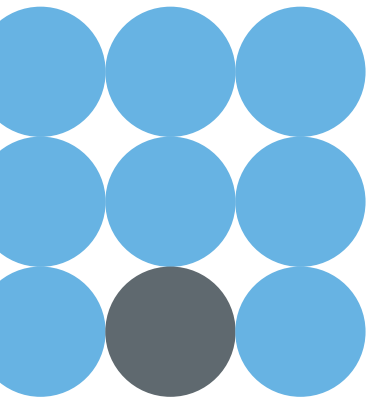
IPV affects both men and women, although a greater burden of the consequences of IPV is placed on the lives of women and girls. The physical violence of IPV is a significant factor, likely accompanied by emotionally abusive and controlling behavior often indicative of a systemic pattern of dominance and control by the batterer. Intimately associated with IPV is the likely result of physical injury, psychological trauma, and even death. According to data from the National Intimate Partner and Sexual Violence Survey (NISVS), nearly one in four adult women and nearly one in seven men in the United States report receiving severe physical violence from an intimate partner. IPV occurs among all races, ethnicities, classes, socioeconomic strata, and sexual orientations and across the lifespan, but findings indicate that IPV disproportionately affects racial, ethnic, and sexual minority groups.

Complexity of the Domestic Violence and IPV Problem

Comprehending and recognizing the complexities of these behaviors help to develop strategies for preventing IPV. Research indicates that there are related types of violence that often coexist as they evolve into acts of IPV. The pattern is that physical IPV is usually accompanied by sexual IPV and is then accompanied by emotional abuse.

A widely used model for further understanding IPV is the ecological model, which is based on the premise that violence is a result of factors operating at four levels: individual, relationship, community, and societal.





According to the U.S. Department of Justice’s (DOJ’s) Office on Violence Against Women (OVW), the ecological model helps to explain the characteristics of IPV and how behaviors in domestic relationships are used by one partner to gain or maintain power and control over the other partner. According to OVW, IPV is not only physical and sexual, but also has emotional, economic, or psychological components that lead to oppressive influences over the other person. IPV is about abusive and violent acts with which perpetrators fulfill their need to exert power and control.

According to DOJ’s OVW, forms of abuse include the following:

- » **Physical Abuse:** Hitting, slapping, shoving, grabbing, pinching, and biting. Physical abuse also includes denying a partner medical care or forcing alcohol or drug use on him or her.
- » **Sexual Abuse:** Coercing or attempting to coerce any sexual contact or behavior without consent. Sexual abuse includes but not limited to, marital rape, forcing sex after physical violence has occurred, or treating one in a sexually demeaning manner.
- » **Emotional Abuse:** Undermining an individual’s sense of self-worth.
- » **Economic Abuse:** Making or attempting to make an individual financially dependent by maintaining total control over financial resources.
- » **Psychological Abuse:** Emotional and verbal abuse, including insults and attempts to scare, isolate, or control a person.

IPV Gender-Based Risks

IPV is a public health problem affecting millions of people throughout this country. The devastation caused by IPV to individuals,

families, and communities cuts across generations and can continue throughout a lifespan. Women are disproportionately victims of intimate partner violence as demonstrated by the following as follows:

- » One in three women have been physically abused by an intimate partner
- » One in seven women have been stalked.
- » IPV is most common among women between the ages of 18 and 24.
- » In their lifetime, nearly 15% of American women are injured because of IPV.
- » More than one in three women in the United States have experienced rape, physical violence, or stalking by an intimate partner in their lifetime.
- » Nearly half of all women in the United States have experienced psychological aggression by an intimate partner in their lifetime.

It is important to note that IPV is characterized by both episodic and generational abuse cycles that can seriously affect victims. It is estimated that 42 million U.S. women experienced one of these forms of violence—rape, physical violence, or stalking—by an intimate partner in the past 12 months.

Population-Based Variations in IPV

IPV is a global public health problem that is endemic within nearly every culture around the world. Given that IPV has both gender and cultural implications in the United States, it is useful to examine IPV from an American subculture perspective.

Women (in particular young women) low-income women, and some minorities are disproportionately likely to experience IPV. Women also bear the brunt of the emotional consequences of exposure to the threat of

violence. A recent *Journal of Community Psychology* [article](#) showed that the presence of sexual violence in a given neighborhood reduces overall feelings of safety for women—but not men. Apprehension related to the frequency of rape or other forms of sexual assault in a neighborhood significantly influences women’s perceptions of safety. Women tend to be socialized to be aware of their vulnerability of being attacked.

Women of Color

The overall picture of IPV in the United States is that it is a public health crisis for women of all races and ethnicities. However, IPV prevention and support services are best planned when we understand levels of risk within segmented populations. Often the broader discussion of IPV does not fully inform the public that IPV violence disproportionately affects the long-term health of women of color.

This is particularly true when income disparities are taken into consideration. It is a fact that the poorer the household, the higher the rate of IPV. Women at the bottom of the nation’s income spectrum experience more than six times the rate of nonfatal intimate partner violence as compared with women in the highest income category.

When considering demographics and some demographic groups in the United States, American Indian women are victimized at a rate more than double that of women of other races. African American women also experience significantly higher rates of IPV than white women and other races or ethnic groups. These data are not to suggest that IPV is not a major concern within the Hispanic/Latino and Asian and Pacific Islander (API) communities.

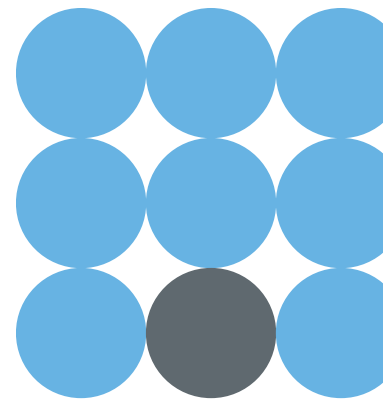
American Indians and Alaska Natives

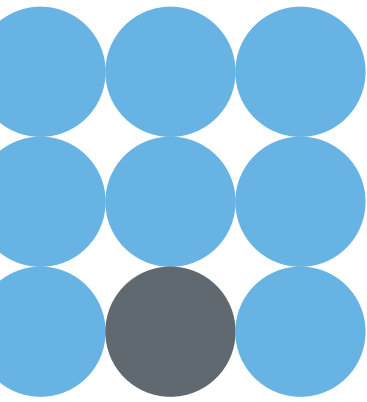
American Indian women living on reservations experience an epidemic of IPV against them. Unfortunately, accurate statistical data on incidences of IPV against women on reservations, or Indian country, is limited. In addition, comprehensive data on IPV against women under tribal jurisdiction does not exist because federal or Indian agencies do not routinely collect this information. The source of the data cited here are derived from the CDC and the DOJ,

- » Overall, 51.3% of American Indian/Alaska Native women, 41.2% of non-Hispanic black women, 30.5% of non-Hispanic white women, 29.7% of Hispanic women, and 15.3% of API women experienced physical violence by an intimate partner during their lifetime.
- » Most American Indian women do not report IPV because of the belief that nothing will be done.
- » National annual incidence rates and lifetime prevalence rates for physical assault are also higher for American Indian and Alaska Native women compared to those of other women.
- » According to the DOJ, Bureau of Justice Statistics, Office of Justice Programs, at least 70% of the violent victimizations experienced by American Indians are committed by people not of the same race.

African American Women

African American women are almost three times as likely to experience death because of domestic violence or IPV as white women. Although African American women make up only 8% of the population, African American women are the victims of 22% of homicides in the United States. This makes IPV the leading cause for death for African American





women between the ages of 15 and 35. Findings from the Violence Policy Center indicate that for the majority of African American women killed by male intimate partners or acquaintances during the course of an argument, death resulted from being shot with a firearm.

Black women are also less likely to report or seek help when they are victimized. Due to strained police and black community relationships, some black women are reluctant to call the police when they experience IPV. There is a lot we do not fully understand about the unique ways in which black women endure domestic violence and IPV because the lack of empirical research is indicative of what may simply be lack of empathy and concern for what black women experience.

Hispanic/Latina Women

Hispanic/Latina women experience challenges related to overcoming language, cultural status, and immigration status barriers. In the current anti-immigrant atmosphere, Latina victims of IPV who are undocumented are at increased risks for repeated unreported incidence of physical and sexual abuse. Reporting IPV can put Latina women at risk for deportation, which can lead to possible separation from their children and families. All of which compound their hypervulnerability to having limited options escaping abusive relationships or seeking help.

Approximately one in three Latina women have experienced physical violence by an intimate partner in their lifetime and one in 12 of these women experienced this violence in the past year. This rate approximates that for other racial and ethnic groups, once socioeconomic status is taken into consideration. In addition,

a study of Latina women found that 63.1% of women who identified as having been victimized reported having experienced multiple incidents of IPV.

Asian Pacific Islanders

API populations are very culturally diverse. Therefore, there are variances in the frequency and patterns of IPV among API subcultures.

As with other women of color, the main barriers to effectively responding to IPV in API communities include the lack of culturally appropriate services, bias within the service delivery systems, language barriers, distrust of law enforcement, and being undocumented.

Many API immigrant and refugee women usually come to this country alone or with their partners to seek a better life. Others arrive having fled political repression, severe poverty, societal and domestic violence, unemployment, and war. Once they are in the United States, they are exposed to discrimination, racism, unemployment, and isolation. There are intense fears among human trafficked API survivors of repeated sexual assault and IPV by their traffickers.

IPV among Same-Sex, Bisexual, and Transgender Communities

Straight and same-sex domestic violence have similar characteristics: (a) The pattern of abuse includes a vicious cycle of physical, emotional, and psychological mistreatment, leaving the victim with feelings of isolation, fear, and guilt. (b) Abusers often have severe mental illnesses and were themselves abused as children. (c) Psychological abuse is the most common form of abuse and physical batterers often blackmail their partners into silence. (d) Physical and sexual abuses often

cooccur. (e) No race, ethnicity, or socioeconomic status is exempt.

According to the NISVS special report on victimization by sexual orientation, some sexual minorities are disproportionately affected by IPV victimization; 61% of bisexual women, 37% of bisexual men, 44% of lesbian women, and 26% of gay men experienced rape, physical violence, or stalking from an intimate partner in their lifetime. (This survey study did not include gender identity or expression.)

Other research shows that LGBT victims of IPV face barriers to seeking help that are unique to their sexual orientation and gender identity:

- » Legal definitions of domestic violence that exclude same-sex couples.
- » Dangers of “outing” oneself when seeking help and the risk of rejection and isolation from family, friends, and society.
- » Survivors not knowing about LGBT-specific or LGBT-friendly assistance resources.
- » Potential homophobia from staff of service providers or from non-LGBT survivors of IPV with whom they may interact.
- » Low levels of confidence in the sensitivity and effectiveness of law enforcement officials and courts for LGBT people.

The data on IPV in relationships with transgender individuals is limited; however, transgender individuals—those whose gender identity is not concordant with their birth sex or who defy conventional gender classification—may suffer from an even greater burden of IPV. In a Massachusetts IPV survey of 1,600 people, transgender respondents reported lifetime physical abuse rates by a partner of 34.6%, versus 14.0% for gay or lesbian individuals.

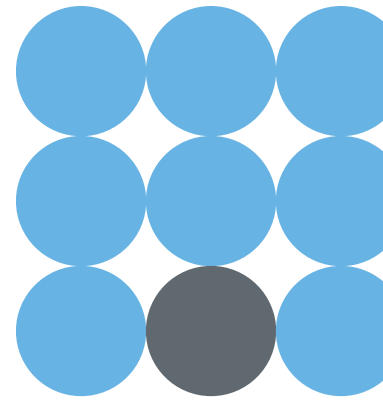
In a 2015 transgender study conducted by the U.S. Transgender Survey, the respondents indicated that more than half (54%) experienced some form of IPV, including acts involving coercive control and physical harm, and nearly one-quarter (24%) have experienced severe physical violence by an intimate partner, compared with 18% in the U.S. population. The finding of significantly high rates of IPV for transgender individuals indicates serious health risks and a lifetime exposure to IPV victimization.

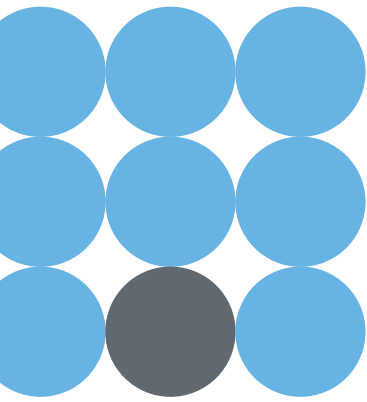
Children’s and Youths’ Exposure to IPV

Because many social workers are employed in child welfare agencies, the impact of early childhood exposure to IPV is of special interest. At least 15.5 million children in the United States witness domestic violence annually.

Repeated exposure to violence and the related trauma can affect children’s health, ability to succeed in school, likelihood of becoming a victim or perpetrator of violence, and the general opportunity to stay on the right track. For example,

- » 40% of U.S. teenagers ages 14 through 17 have been exposed to at least one form of IPV during their lifetimes.
- » 17.9% of American children of all ages have been exposed to physical IPV in their lifetime.
- » 60% of children in a nationally representative survey had experienced at least one direct or witnessed violent victimization in the previous year. Youth between ages 10 to 17 who had engaged in delinquent behavior in the past year reported higher rates of exposure to violence than their peers who reported little or no delinquent behavior.





- » Youths who have been exposed to violence are at a higher risk to engage in criminal behavior as adolescents;
- » Witnessing or experiencing violence has been linked to lower grade point averages, more negative remarks in cumulative records, and more reported absences from school.

Left unaddressed, exposure to violence has serious consequences for children’s ability to succeed in school, lead healthy lives, and contribute positively to their communities. The landmark Adverse Childhood Experiences study (and pyramid) published in 1995 found a significant relationship between childhood experiences of abuse and violence and a host of negative adult physical and mental health outcomes, including heart disease, stroke, depression, suicide attempts, sexually transmitted diseases, and substance abuse. Trauma-informed social workers who provide services to at-risk children understand that risk and protective factors for the child, family, and community can affect the ways in which children and teenagers process and understand the exposure to violence. In this context, the role of social worker is to promote resiliency, which is the maintenance of healthy and successful functioning in the face of significant adversity or threat.

Protective factors within the family and community that help promote resiliency among children and teens include the following:

- » Strong cultural identity
- » Access to health care
- » Stable housing
- » Economic stability—that is, ability to earn a livable wage
- » Connections to family and friends
- » Affiliation with a supportive religious or faith community

Lethal Combination: Firearms and IPV

When an abusive partner has access to firearms, statistics show that IPV is more likely to result in bodily injury or death. The presence of a gun in IPV increases the risk of homicide for women by 500%. Furthermore, in households with a history of domestic violence, the increase is 2,000%.

Women are more likely than men to be shot to death by an intimate partner. However, although all women are at higher risk of gun-related IPV than men, African American and American Indian women are more likely to be victim of intimate partner homicide. Addressing violence will require an integrated response that considers the influence of larger community and societal factors that make violence more likely to occur. For instance, the racial and ethnic differences in female homicide emphasize the importance of targeting prevention and intervention efforts to populations at disproportionately high risk. The prevalence of firearm-related domestic violence homicides continues to endanger the lives of women and families in communities across the country, and the multisystem impact of domestic violence on individuals, families, communities, and society is immeasurable.

Federal gun legislation exists to protect victims of IPV. Federal law prohibits anyone convicted of a misdemeanor crime of domestic violence from buying or possessing firearms or ammunition. This law includes the attempted use of physical force or threatened use of a deadly weapon by any of the following:

- » Current or former spouse, parent, or guardian of the victim
- » Person with whom the victim has a child
- » Person living with or who used to live with the victim as a spouse, parent, or guardian

» Person well known to a spouse, parent, or guardian of the victim

It should be mentioned that YWCA USA and the NCADV—with their focus on IPV homicide reduction—have been a leading voice of advocacy for addressing violence against women and girls. They have pushed Congress to pass sensible gun violence legislation that could reduce the risks of women being severely injured or killed by an intimate partner. Both YWCA USA and NCADV feel that wider authorizations of temporary protective orders will go a long way in saving lives, especially at the time a woman first leaves an abusive relationship—which is the most dangerous point where lethal violence occurs.

Current Federal Legislation to Address IPV

The seminal federal legislation enacted to address gender-based IPV is the Violence against Women’s Act (VAWA). Congress passed VAWA in 1994 as part of the Violent Crime Control and Law Enforcement Act of 1994. The legislation was designed to increase awareness of domestic violence and deliver improved services and supports for IPV victims. VAWA was also designed to reshape the processes by which the criminal justice system investigates and prosecutes crimes associated with IPV against women.

Since 1994, there have been several iterations of VAWA that included modifications. For example, (a) the 2000 reauthorization included programs that enhanced domestic violence and stalking penalties, added protections for abused foreign nationals, and created programs for elderly and disabled women; (b) the 2005 reauthorization enhanced penalties for repeat stalking

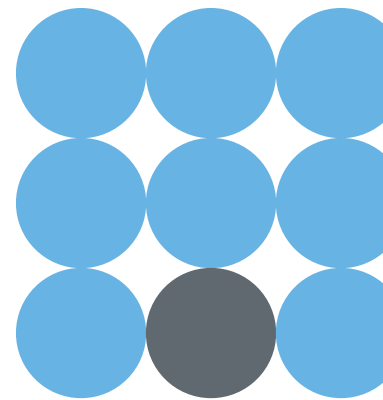
offenders, added additional safeties for battered or trafficked immigrants, created programs for sexual assault victims and American Indian victims of domestic violence and related crimes, and implemented programs to improve the public health response to domestic violence; and (c) the 2013 reauthorization of VAWA addressed and expanded protections for LGBT survivors of IPV.

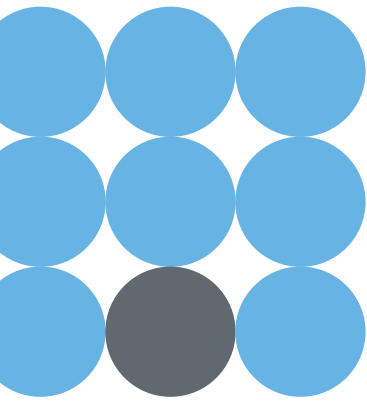
A major modification of the 2013 version of VAWA was its expanded protections for American Indians. VAWA 2013 allowed Indian tribes to exercise special domestic violence criminal jurisdictions over accused IPV perpetrators, regardless of their Indian or non-Indian status, who committed acts of IPV or dating violence or violated protection orders in Indian country.

VAWA is up for reauthorization in 2018. As of this writing, the status of its reauthorization is unclear. We do know that President Trump’s 2018 budget would cut funding for discretionary and formula grants authorized by VAWA. The administration budget funds VAWA at \$100 million below the level authorized by Congress. The proposed cuts are equal to \$2 million as compared to VAWA’s FY2016 funding level. VAWA grants fund programs that serve 7 million individuals and families every year. NASW has joined with IPV prevention coalitions and with legislators in advocating for VAWA’s reauthorization at a funding level equal to or greater than that of 2017.

Recommendations for IPV Prevention and Supportive Services

In voicing our empathy for survivors of IPV, we recognize the problem not just in the United States, but as a global concern.





Therefore, recommendations for preventing IPV and designing effective supportive services must reflect cultural and population-based variances in how IPV is perceived. For the most part, women of all races and racial and ethnic minorities are at risk for IPV. However, children who are exposed to IPV daily are equally vulnerable. Our recommendations will reflect those realities.

The following recommendations are intended for social workers and other professionals who provide services or formulate policies to address gaps in services for IPV victims.

- » Advocates and those affected by IPV must push for reauthorization and full funding of the VAWA in 2018. The act closed critical gaps in funding, ensuring all domestic violence survivors receive services.
- » Advocate for provisions in VAWA that recognize the need for IPV prevention and intervention programs targeting the LGBT community.
- » Anti-IPV stakeholders must advocate for continued funding for programs that are supported by the Family Violence and Services Act, and IPV programs supported by the Victims of Crime Act.
- » From a multidisciplinary perspective, providers should advocate for national standards for reporting incidents of IPV and uniform standards for conducting initial assessments of possible cases of IPV.
- » From a social work perspective, we recommend the following:
 - › Young children and their caregivers need to be safe from the pattern of assaultive and coercive behavior—including physical, sexual, and psychological attacks, and economic coercion—that an adult uses against an intimate partner.
 - › Young children need to experience warm, supportive, nurturing relationships with their parents and other caregivers. Childcare providers, pediatricians, family workers, and children’s advocates must help IPV survivors and others understand the importance to be openly supportive of children exposed to IPV.
 - › Young children and their families at risk of or victimized by IPV must, to the extent possible, have their basic needs met. It is important to focus on financial strategies that can help ensure that women and children are not trapped in violence because of their economic circumstances.
 - › Young children and families need to encounter service systems that are welcoming and culturally respectful, with service providers who have the cultural knowledge, skills, and attitudes to help them. From a community provider perspective, the ethnic and cultural diversity of families facing poverty and domestic violence poses significant challenges. It is important to have staff who look like the families they serve.
 - › Children and their families exposed to IPV must receive early strengths-based interventions as preventive measures to avoid trauma-related consequences of IPV.
 - › Social workers must participate in both prevention and intervention efforts that address all forms of violence against women across the lifespan. Anti-IPV efforts must work on greatly reducing gun-related IPV deaths and wounding. This includes protective and restraining order policies, and stronger gun ownership background checks.

Conclusion

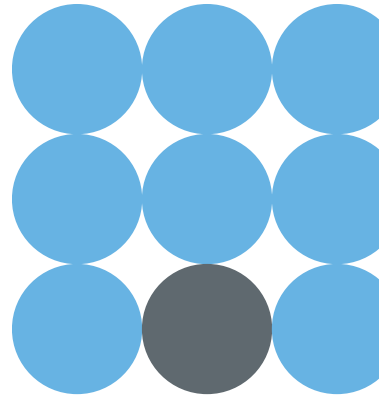
Intimate partner violence is indeed a public health issue that is worldwide and can rightly be labeled as a pandemic. In looking at the problem domestically, it is apparent that women from all cultures, races and socioeconomic status at-risk of being a target of a male IPV perpetrator. Having said that, it is also important to call attention to the fact that low-income young women of color have a significantly higher chance of being victims of IPV than their White counterpart.

These facts make it essential that we seek effective IPV prevention and support services through the lens of social determinants of health models. This will allow policy makers and frontline practitioners tailor interventions that reflect gender, race, and cultural variations.

Social workers being a key segment of the child-welfare frontline workforce- either directly or indirectly- are obligated to become trauma informed about the long-term effects of IPV on children. As we have discussed, early childhood exposure to IPV has been shown to have life altering consequences for children in the form of academic failure, juvenile delinquency and substance use disorders. Social workers and other professionals must access evidence-based trauma informed continuing education and training that prepares them to assess and treat symptoms of early childhood trauma in children of survivors of IPV.

IPV Resources

[National Coalition against Domestic Violence](#)
[National Immigrant Women's Advocacy Project](#)
[National Network to End Domestic Violence](#)
[Office on Violence Against Women](#)
[National Sexual Violence Resource Center](#)
[National Taskforce to End Sexual and Domestic Violence](#)





NASW Resources

NASW » [SocialWorkers.org](https://www.socialworkers.org)

NASW Foundation » [NASWFoundation.org](https://www.naswfoundation.org)

NASW Press » [NASWPress.org](https://www.naswpress.org)

NASW Assurance Services, Inc. » [NASWAssurance.org](https://www.naswassurance.org)

NASW Center for Workforce Studies » [Workforce.SocialWorkers.org](https://www.workforce.socialworkers.org)

Help Starts Here » [HelpStartsHere.org](https://www.helpstartshere.org)

Social Work Reinvestment Initiative » [SocialWorkReinvestment.org](https://www.socialworkreinvestment.org)

Social Work Policy Institute » [SocialWorkPolicy.org](https://www.socialworkpolicy.org)

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