Family Violence

BACKGROUND

The term "family violence" is used with a range of terms, including intimate partner violence, child abuse and neglect, teenage dating violence, elder and differently abled abuse/neglect/exploitation, and sibling abuse. Intimate partner violence is harm committed by a current or former partner or spouse and is a serious, preventable public health problem that affects millions of Americans. The violence takes the form of physical, sexual, or psychological harm. Child abuse includes physical, sexual, and psychological harm by a parent or responsible caretaker. Elder abuse can be physical, sexual, and psychological harm by an intimate partner, child, or close caregiving individual and also may include financial exploitation (see http://www.cdc.gov/). Animal abuse in families also has been connected to the dynamics and trauma of family violence (Siebert, 2010).

Family violence has become an increasing concern in recent times in the United States as deaths resulting from homicides and suicides, combined with other violence in intimate and family relationships, have drawn the attention of the Centers for Disease Control and Prevention (CDC). All too often, research on family violence has been presented as a "one size fits all" approach. This is inadequate to address the experiences and needs of diverse groups of family members who are abused.

Mainstream feminist theory argues that socially constructed gender inequality has limited and compromised our understanding of family violence. However, the intersectional or multicultural family violence approach challenges gender inequality as the primary factor explaining family violence. Gender inequality is neither the most important nor the only factor that must be considered to understand family violence as it occurs in the lives of women. Gender inequality is only part of women's marginalized and oppressed status. In fact, it is argued that gender inequality is modified by its intersection with other systems of power and inequality, including economic and political privilege, that affect the lives of battered women. One's experience as a battered woman is realized in relation to the intersectionalities in society of race, ethnicity, class, socioeconomic status, sexual orientation, immigration, and disability status (Murphy, Hunt, Zajicek, Norris, & Hamilton, 2009).

The scope of family violence has come to public attention over the past 30 to 40 years. In 1979, the U.S. surgeon general declared that violence is a significant public health problem and that it is preventable. Through this designation, violence reduction as a public health goal included priority objectives to reduce the number of types of violence—including sexual violence, intimate partner violence, and child maltreatment—along with objectives to reduce homicides and suicides (Dahlberg & Mercy, 2009). Child abuse was brought to the attention of the public in the 1960s and 1970s through the work of the medical profession (Kempe & Kempe, 1978). Elder abuse was identified as a problem in the late 1970s (Gelles, 1997).

Gender-based violence prevention and intervention has evolved from grassroots feminist efforts of the 1970s as women worked in communities to advocate for women's rights and safety. Passage of the 1984 Family Violence Prevention and Services Act (FVPSA) provided federal funding to deliver family violence services (Goodman & Epstein, 2008). This was a turning point in the move from local advocacy efforts to government partnerships for developing solutions to address family violence. Since then, nonprofit, for-profit, and government agencies have advocated for and gained legal remedies for family violence in all
At the federal level, advocacy efforts have secured legislation and funding to support communities to offer families and children options for protection. The legislation, originally enacted and revised in states, provides for reporting, social services investigation of abuse and neglect, and provision of services for child and adult protection. With the reauthorization of the Violence Against Women Act (VAWA) in 2005, the federal government affirmed its commitment to ensuring the safety of victims of domestic and sexual violence and their families. The VAWA addresses the cycle of violence through prevention and early intervention programs with children who have witnessed family violence, assists families at risk for violence, and targets interventions with men and youths. Along with FVPSA funding for family violence services, the VAWA includes provisions for families and children to be protected by strengthened confidentiality requirements, which is a critical factor in protection from perpetrators. The needs of immigrants and others in relation to family violence are also addressed. The Affordable Care Act of 2010 supports those experiencing family violence as it provides for the meeting of health care needs for those without the ability to purchase insurance. Dependence on an abuser for health insurance is one of the most difficult challenges for many families and children who experience violence and injuries at the hands of their abusers (U.S. Department of Health and Human Services, 2010).

Advocates, agencies, and communities have developed expertise and programs to provide for the legal, social, and physical protection for individuals and families. At the same time, advocates have lobbied for laws to protect the abused. As the professionalization and standardization of the field of family violence have developed, the challenges for communities have continued to grow. The evolving and unique needs of those seeking services, and more structured delivery of services, may not always allow for prevention and interventions that are culturally sensitive and flexible enough to meet individual or community needs. Other groups that have not traditionally been identified as needing, or asking for, services and who may not have knowledge of community resources include teenagers; immigrant groups; some communities of color; and lesbian, gay, bisexual, and transgender communities. There are growing numbers of elders in the population who may be experiencing isolation in addition to violence or exploitation. Other groups such as veterans and indigenous peoples have been “hidden” from the larger systems and service providers, and are becoming more visible (Aravanis, 2008; CDC, 2010; Runner, Yoshihama, & Novick, 2009).

Inadequate local, state, and federal funds are not sufficient for provision of quality, culturally competent, and sensitive services for outreach and detection; for mental health and social services agencies to offer more than mandated services; for court systems to handle workloads; and for communities to develop the unique services to best meet needs. Furthermore, funding is limited for developing and expanding successful model programs to reach both victims and perpetrators and to pursue research to determine evidence-based and user-flexible programs geared to the unique needs of individuals and communities.

**ISSUE STATEMENT**

Factors that contribute to family violence include poverty and economic conditions, lack of education and skills to handle conflicts and solve problems, role expectations, power differences, family traditions, and substance abuse. A culture of violence in communities, the world, the media, and in recreation and in entertainment, also can contribute to family violence (CDC, 2010).

Culturally competent services are needed to eliminate family violence, its causes, and consequences. This can be possible through conducting of research, sharing of models that are found to be successful, and building on early family violence service approaches that focus on the individual experiencing violence (Goodman & Epstein, 2008). Neighborhood and community building that engage neighbors and networks to take bystander responsibility for the protection and well-being of themselves and others is needed in addition to standardized professional programs and services (McKnight & Block 2010). However, efforts
focused on affecting individual victims or perpetrators of family violence are insufficient as a solution to the problem. Solutions must address risk and protective factors across all levels of the social ecology and include comprehensive primary prevention as well as intervention strategies at the peer/relationship, community, and societal levels (World Health Organization [WHO], 2005). Family violence does not occur in a vacuum, nor does it affect individuals alone. Thus, there is a need to challenge social and cultural norms that support violent behavior of individuals, peer support for violent behavior, and social norms that continue to limit the freedom of women and children, such as sexism and ageism (WHO, 2009).

Unfortunately, family violence is often unrecognized and untreated due to shame, tolerance of violence, self-blame and victim blaming, and lack of knowledge about victim’s rights and resources. Furthermore, family violence is just beginning to be recognized as an issue of importance to men. Outreach to responsible fatherhood initiatives and men’s groups as allies to women is in its infancy.

CDC surveys have found that women experience an estimated 4.8 million physical assaults and rapes each year, and men are victims of about 2.9 million partner-related assaults each year. Child abuse data reported in Child Maltreatment 2008, collected by National Child Abuse and Neglect Data Center in 2006, showed 1,530 fatalities, a rate of 2.04 children per 100,000 (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau, 2010). The same report estimated 772,000 cases of child maltreatment for federal fiscal year 2008. This rate was 10.3 per 1,000 children. In an economic impact study dated September 2007, the estimated cost of child abuse and neglect in the United States was $103.8 billion of direct and indirect costs in 2007 value. A 2006 report of data collected from all 50 states, the District of Columbia, and Guam found that of adults 60 years of age and older, 191,908 Adult Protective Services (APS) referrals were substantiated in 2004. This represented an increase of 15.6 percent over the APS 2000 survey (Teaster et al., 2006).

The impact of electronic technology has brought about new concerns for youths and adults, with the practices of sexting, Internet pornography, stalking, and other harassing and violent behaviors toward intimate partners on the rise. There is increasing concern about the violence in the media—which includes movies, television, the Internet, newspapers and other print media—violence demonstrated in recreation, the emphasis on self-protection with guns, and the use of violence to solve problems. In 2008, an average of just under five women were murdered each day by an intimate male partner, and 52 percent of those homicides were committed with firearms (Violence Policy Center, 2010).

It is essential for governments, neighborhoods, communities, and advocacy groups—including survivors—to coordinate efforts to eliminate family violence and ensure that civil and human rights are protected for all individuals and families. NASW is the largest professional body of social workers in the world and is in a key position to provide leadership to advocate for the elimination of family violence.

**POLICY STATEMENT**

The position of NASW is that family violence is an issue of human and civil rights that affects social, psychological, economic, and public health outcomes for many segments of the population. NASW is concerned that the physical, emotional, and economic harm of family violence to children, adults, and elders results in negative repercussions for the health and mental health, healthy relationships, and productive functioning of individuals, families, and communities.

The growing need for services requires creative efforts among professionals, advocates, and communities to explore opportunities, challenges, and solutions to eliminate all forms of violence. Specifically, NASW supports elimination of social and institutional barriers that perpetuate family violence, demonstrated through all forms of gender-based exploitation and structural inequities.

NASW supports the following:

- coordinated efforts with schools of social work and universities, government bodies, pri-
vate and public sectors, and voluntary groups to ensure adequate funding for research programs and services focused on the goal of eliminating family violence and its causes.

- professional social work education, including ongoing continuing education, to prepare students to deliver family violence services within the matrix of power, privilege, and oppression.

- strengths-based, community-centered models that include personal safety for victims.

- curriculums and field learning experiences that help students gain current knowledge and skills to provide culturally sensitive program planning and services and to function effectively as members of teams and community groups. In addition, social work education should include recognition and identification of risk factors, early warning signs, and known patterns of domestic violence.

- a focus of social work education and practice on capacity building for primary prevention of family violence that moves solutions away from an individual victim onus and toward comprehensive strategies that engage multiple levels of the social ecology.

- prevention education in schools, neighborhoods, and communities directed toward promoting awareness, skills in advocacy, bystander intervention skills, and programs to teach children, youths, and adults about their right to live a violence-free life.

- engagement of men and boys to end violence against women and children and research to further examine the relationship between animal abuse and family violence, child abuse, and childhood trauma.

- research and grants to address all forms of family violence to improve assessment procedures, causality and connectivity among causes, intervention, treatment, and prevention approaches, including publication of research findings.

- legislative and practice-based research efforts to identify and strengthen evidence-based solutions while focusing on unique needs of individuals and communities.

- policies, programs, and leadership at the federal and state government levels that promote healthy relationships and violence prevention.

- adequate funding at the federal and state levels to provide services for perpetrators as well as victims of family violence.

- efforts to raise awareness about the intersections of gun violence and family violence and promotion of adherence to federal guidelines related to seizure of weapons in family violence cases.

- protection of children, adults, and elders from exposure to firearms and any violence-producing conditions.

- emergency shelters and support services that are culturally sensitive yet do not excuse violence for all individuals, families, and communities in need. In addition, social workers who work in batterers’ intervention programs should work closely with domestic violence survivors and their advocates to include quality of life of survivors and their children as one measure of successful outcome.

- flexible and culturally sensitive services and settings that allow for time frames that meet the requirements of those using services rather than the institutions providing the services.

- child welfare system efforts to assist, rather than punish, nonoffending custodial parents for “failure to protect” when children have witnessed domestic violence, including differential response and alternative response models that include best practices training for all child welfare staff about how to work with nonoffending parents and hold offenders accountable.

- use of technological advances to reach out, educate, and increase access to information and services to all segments of society.

- innovative and confidential approaches to provide prevention and intervention services and technology that allows seamless, culturally sensitive service delivery systems and appropriate reporting and referrals among public and private/nonprofit partners.

- coordinated, interdisciplinary community efforts to promote the bridging of philosophical gaps among disciplines and agencies that serve
diverse groups, including children, elders, women, parents and teenagers, differently-abled people, people with different sexual orientations, immigrants and refugees, indigenous groups, and military families and veterans.

- a focus on universal screening for those experiencing domestic violence to identify the effects of cyclical family trauma.
- universal prevention education for all clients to promote healthy relationships.
- appropriate resources, safety planning, and other family violence services. Systems to capture societal trends that result during and after natural and human-induced disasters—economic changes, crime patterns, changing workplaces and work opportunities, increasing aging populations with unique needs, underserved indigenous groups, immigrant and refugee groups, mobile families and changing family structures, wars, hazardous spills, major storms, and other stress-inducing conditions that may lead to family violence.
- efforts by the media—including television, video, cable, and the Internet—to provide programming that minimizes youth exposure to violence.
- self-disclosure by battered employees and employers about how to interact with orders of protection for battered employees, thereby increasing safety for all employed parties. NASW recommends that employers have safety policies and plans to address domestic violence incidents, including crisis debriefing postincident.
- elimination of sexism, racism, classism and elitism, ageism, homophobia, ableism, religious oppression, militarism and other oppressions within the social work profession, culture, and institutions.

REFERENCES


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