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NASW Specialty Practice Sections (SPS)

InterSections IN PRACTICE

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Social Worker Safety

Social worker safety has long been an area of attention at NASW. For our colleagues who provide casework and home-based services, the risk is easily identifiable.



We have section members who meet 1:1 behind closed doors in private offices with clients who have been so adversely affected that they may present a danger. One would think that a macro-level social worker would be least at risk, but one of our own, working as director of community outreach for a congresswoman, was gunned down in a public venue.

This edition of *InterSections in Practice* delves into the broad category of “violence.” The focus turns to discourse on the multiplicity of issues that arise when safety and security are compromised at deep levels. The very institutions we generally perceive will provide sanctuary can just as likely invoke anxiety. In homes and families, in schools and workplaces, the insidious impact of emotional and physical violence is given voice.

DID YOU KNOW?

The Family Violence Prevention and Services Act (FVPSA) reauthorization of 2010 is the only federally funded source dedicated to domestic violence issues. FVPSA, as part of the Child Abuse Prevention and Treatment Act (CAPTA), supports programs for persons experiencing partner and child abuse. If FVPSA had not been reauthorized, many of the emergency shelters and crisis hotlines addressing family violence may not have been able to continue to operate. For more information on FVPSA or CAPTA, visit www.whitehouse.gov/blog/2010/12/20/president-obama-signs-critical-legislation-prevent-child-abuse-and-domestic-violence.

Studies have shown a connection between women’s health problems and domestic violence in such conditions as chronic pain, reproductive health disorders, stroke, heart disease, and asthma. Learn more at www.socialworkers.org/assets/secured/documents/practice/diversity/WKF-MISC-51610%20DiversityPU.pdf.

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Addressing the Prevalence of Emotional Abuse with College Age Female Students

SaraKay Smullens, MSW, BCD

My clinical concentration focuses on an invisible prevalence in family living: the repetitive nature of strong patterns of emotional abuse within families. I have codified five of these often-ignored patterns of emotional abuse that are ruthless in their impact during the developmental years: rage, enmeshment, rejection and abandonment, complete neglect, and extreme overprotection and overindulgence (Smullens, 2010).

In the last several years, I have developed a practice with a large concentration of female college-age students who have endured emotional abuse during their formative years. Throughout this involvement, it has become abundantly clear that while the student is the one with the “problem,” addressing these problems often leads the way toward insight and change for the entire family.

A recent example of this progression involved a 19-year-old student attending a nearby college who was referred during her junior year. “Janey’s” parents initially had become concerned after their daughter was involved in several incidents of heavy or “binge” drinking, during which there were episodes of shouting matches with her boyfriend that escalated so fiercely that the campus police had to be called. Things recently had taken a turn for the worse when the boyfriend, whom the parents actively disliked, was hospitalized with a broken nose after their daughter pushed him off a 10-foot wall during a drunken argument. Neither participant in the altercation disputed the facts of the story. The young woman’s university mandated therapy for her.

Of course, beneath Janey’s actions (which were in truth a cry for help that her university responded to) lay a lifetime of pain. A study by Shin, Edwards, and Heeren (2009) found that college students who experienced violence in their childhoods, either through physical, sexual or emotional abuse, were much more likely to resolve conflict with their dating partners through verbal assaults, swearing, or physical altercation. It is important to note that in both this study and the findings of Rogers below, all three of the major types of abuse are considered

on par with each other: emotional abuse is not downgraded as a minor or subjective experience.

Family violence encompasses physical, sexual, and psychological aggression between or among any members of a family. Physical aggression, such as pushing, slapping, scratching, kicking, or using weapons to hurt a family member, is the easiest to detect... (But) witnessing violence or being victimized by sexual assault, neglect, threats of harm, coercion, and degradation also constitute forms of family violence (Rogers, 2010, p. 243).

When I first spoke to Janey, it was abundantly clear that she had been drinking prior to our meeting, and I sent her home. The necessary report about the meeting that was filed with the school’s health and human services office was effective. At her next meeting, Janey was both centered and sober. Thoroughly skilled in her use of charm, Janey skillfully deflected not only any discussion of the possible antecedents of verbal or physical abuse in her history, but also any details of her family history. Instead, she wanted to focus on how ridiculous it was that her college mandated that in order to continue to study at the institution she “was forced to see a shrink.” After several sessions, I reached out to Janey’s family, suggesting that a family meeting would be both helpful and necessary.

The family, who lived in the upscale suburbs of the Philadelphia Main Line, most emphatically did not want to attend a family session. Though Janey’s father was far more vehement, each parent in individual phone calls to me insisted that the only problem in their family was their daughter. In her father Tom’s words: “Our son Alex (a graduate student two years older than

Janey) and his sister were raised in the same home. I have worked constantly to give my family everything that I never had. Alex appreciates this and has given us nothing but pleasure, but Janey is our stain.”

During the first family session, which finally did occur, Janey’s mother was frightened and defensive. With misting eyes she shared meekly: “I swear that we never hit in our family. I don’t know where Janey gets the idea that these behaviors are acceptable.” Then, turning to her husband for approval, Lois said: “I would swear in a court of law that no violence existed inside our home.”

Janey’s response to her mother was immediate: “Yeah, Mom, but what about all those times when Dad called me a ‘slut’? How about when he grounded me in front of my friends and threatened to write me out of your will, saying that I was an embarrassment to the family?” At this point, Tom lost his cool and screamed at his daughter, “Shut up! This is not anyone else’s business!” In a manner consonant with the way cycles of emotional abuse can work together, he then withdrew from his rage into an icy silence of rejection/abandonment. I felt that I was witnessing a scene that had been replayed many times in days gone by.

The next session prompted a certain revelation involving the time the daughter lost her virginity at the age of 15 in the family basement. Tom explained that his daughter’s choice made her “a disgusting lowlife.” At this point all in the family shut down emotionally, and the communication patterns that had passed through the generations became obvious. Renn (2008) recently discussed how children affected by emotional abuse are far more likely to exhibit arrested emotional development into their early adulthood, accompanied by a greater inhibition in acknowledging and expressing emotion until it boils over in an explosive fury. Janey only knew how to receive parental attention through angering them, but

the inevitable consequence of these conflagrations was that all three family members eventually became unable to speak. The anger that Janey never had learned how to express constructively was forced to find other outlets – the only safe place at present was through rage-fueled episodes with her boyfriend; he stuck with her for dysfunctional reasons of his own.

Drinking became the vehicle by which Janey, who had been consuming alcohol secretly since the age of 15, was able to access her repressed rage. It came as no surprise to discover that her father was in effect, a “functioning” alcoholic. As soon as his work day as an engineer was over, his bottle came out.

The behaviors that brought Janey to my office, categorized as “dating violence,” have been the increased focus of study in recent years. Reports suggest that one in three U.S. college students experiences physically and verbally abusive dating incidents during college. Several factors influence violence between these young couples, but chief among these is a history of family violence and the overconsumption of alcohol (Gover, Kaukinen, & Fox, 2008; Roudsari, Leahy, & Walters, 2009).

After two family sessions, Janey and I continued individual work throughout the duration of her junior year and – at her request – into her senior year. During these sessions, the family abuse of her father from his own parents was discussed, a repetitive combination of verbal abuse and withdrawal. Further, Janey explained that her mother’s father had abandoned her during her mother’s pregnancy and was never again heard from. Her grandmother was depressed and withdrawn throughout Lois’ childhood, and Lois feared that any differences with her husband would lead to the same kind of abandonment. Finally, Janey explained that Lois always was kind and supportive when away from her husband. However, during his tirades, she never protected her daughter.



Family Violence Prevention Fund Resource: How to Listen and Respond to Safety Issues of Domestic Violence

- Show the client a brochure about safety planning and go over it with her or him.
- Review ideas for how to keep information private and safe from the abuser.
- Offer the client immediate access to an advocate and a 24-hour local, state, or national domestic violence hotline number.
- Offer to have a provider or advocate discuss safety then or at a later appointment.
- If the client says she or he feels she or he is in danger, take this very seriously.
- If the client is at high risk and is planning to leave the relationship, explain that leaving without telling the partner is the safest alternative.
- Make sure the client has a safe place to go and encourage her or him to talk to an advocate.
- Reinforce client’s autonomy in making decisions regarding her or his treatment.

Policies and protocols on domestic violence must include guidelines on effective assessment, intervention, documentation, and referral. The Family Violence Prevention Fund (FVPF) recommends that providers receive training on these skills prior to implementing a protocol screening. Model training materials, department guidelines, protocols, and other tools are available through the FVPF toll-free number 888-Rx-Abuse, TTY: 800-595-4889. For more details and to view a safety planning sheet, visit www.socialworkers.org/pressroom/events/domestic_violence/assessment.asp

As the months passed, Janey developed a new circle of friends (including a new, far-more grounded boyfriend) and became close to several members of their families as well. She gathered the courage to tell her father that he could not speak to her in abusive ways ever again. This courage propelled Lois to begin to see me, and Tom followed her into therapy as well as AA. By the end of Janey's senior year, her family interaction had moved from abusive dysfunction toward mutual and respective expressions of respect and caring. The relationship between father and daughter in particular had blossomed fragrantly in what was once a purely arid desert of self-perpetuating violence.

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Co-Occurring Disorders and Trauma: Causes and Consequences for Low-Income Women

Dee Wilson, MSW

“Women, Trauma Histories, and Co-occurring Disorders: Assessing the Scope of the Problem,” by Joy Newmann and Jolanda Sallmann, published in the September 2004 issue of *Social Service Review*, summarizes the research literature on co-occurring substance abuse and mental health disorders and reports findings from a recent study of ADM (alcohol, drug abuse, and mental health) in Dane County, Wisconsin. The research literature describes “an emerging profile of vulnerability” (Newmann & Sallmann, 2004, p. 467) linked to poverty and victimization. “Existing studies consistently show that women with co-occurring addictive and mental health disorders have poorer treatment outcomes than women who have only one such disorder” (p. 467).

“A key assumption is that women’s histories of interpersonal victimization, including both physical and sexual abuse, figure importantly in the development and course of

co-occurring addictive and mental disorders, as well as in a host of other related problems” (p.467). The authors note that ADM is more common among women than men,

and that almost two-thirds of women participating in substance abuse treatment are likely to have a co-occurring mental health problem. On the other hand, only 10% - 20% of

women involved in mental health treatment are likely to have a substance abuse problem (p. 467).

The authors comment that “women who report being victims of childhood sexual abuse are at higher risk for thirteen of sixteen subsequent lifetime mood, anxiety, and substance disorders in comparison to women who do not have such childhood experiences” (p.469). Women with childhood histories of sexual abuse are at 10 times greater risk of having posttraumatic stress disorder (National Co-morbidity Survey), at 9 times greater risk of becoming manic depressive, 2-3 times more likely to have drug/alcohol problems and major depression, and at elevated risk for anxiety disorders (p. 469). “Studies among women do suggest that in the vast majority of cases mental disorders precede the onset of addictive disorders” (p. 469).

These authors sampled 257 women in Dane County, Wisconsin, with treatment episodes for mental health and substance use problems, 215 women who received mental health treatment and 202 women who received treatment for substance abuse. All of these women received treatment in 1998. Two hundred four of these women agreed to participate in the study, an overall participation rate of about 31%. The authors insist that the women participating in the study did not differ in age, ethnicity, and presenting problems from (sampled) women who could not be located or who refused participation. Approximately 20% of the women included in the study were African American (compared to 2% of women in Dane County), and 9% were of mixed ethnic backgrounds.

“Women who received services in the public ADM system substantially are disadvantaged when compared to the general population of women in Dane County in terms of human capital and material resources” (p. 478). These women are less likely to be employed and, if employed, are less

likely to be working full time. Women in the ADM system survive on incomes that are less than one-third the average income of all women in Dane county (\$947 per month vs. \$3,300 per month). A larger percentage of the women have never married, or, if they have been married, are more likely to be separated or divorced. These women are more likely to live alone than other women in Dane County (p. 478).

“Almost three-quarters of the women with ADM problems reported (histories of) both physical abuse and sexual abuse (p. 480). “Women with co-occurring disorders were more likely to have been placed in foster care as children (18.5% vs. 8% for women with only a mental health or substance abuse disorder) and of the women who are mothers, over half were separated from their own children against their will” (p. 481). The authors’ hypothesis that “rates of physical and sexual abuse and other life adversities will be significantly higher among women who report both mental health and substance abuse problems than among women who report only a mental health or substance abuse problem” (p. 481) was confirmed in this study.

The authors note that “nearly 60% of the women in the total sample of high end service users have been hospitalized for a mental health problem at some point in their lives, with an average of 7.6 hospitalization episodes across the two groups” (p. 486). Almost two-thirds of women with co-occurring disorders have attempted suicide, with an average number of four suicide attempts. “Women with co-occurring ADM problems not only have more complex diagnostic histories than women in the comparison group but they are more likely to struggle with self-destructive thoughts and behaviors, to experience in-patient treatment episodes for substance use problems, and to receive an array of medications for their problems” (p.487).

In commenting on the policy and practice implications of these findings, the authors comment that, however concerning these women’s histories of childhood abuse, other life adversities “may be more immediate and require more attention” (p.493), especially issues related to provision of basic needs such as housing, food, and child care. The authors support “one-stop shopping” service integration efforts and urge service providers to come to grips with “competing ideologies” of therapeutic intervention, a reference to tensions between substance abuse and mental health treatment approaches (p. 493). The authors comment on the ethnically diverse profile of these women and on the need for the appreciation of other differences in this client group. The authors emphasize that poverty is central to these women’s lives of struggle: “Economic adversity continues to loom large in their lives” (p. 493).

NASW’s Memorial Project Honoring Social Workers Who Have Lost Their Lives While Serving Others

In an effort to honor social workers who have lost their lives while performing social work duties, NASW, in partnership with the NASW Social Work Pioneers®, has started a memorial project in their memory. It is a small way to express our gratitude for their service and to remind others why safety is such an important issue in our field. Please visit the NASW Foundation Web site at www.naswfoundation.org to view or add to the list of social workers, or to leave a comment. Updates on this ongoing project will also be available on the Foundation’s Web site.

Finally, the authors comment that “a related finding, and one that is disturbing in its scope, is the predominant theme of violence in these women’s lives” (p. 494). “Such violence begins early, and, for many women interviewed, continues into adulthood” (p.494). Almost 60% of the women in both groups in this study had been incarcerated. Many of these women experienced further abuse in jail or prison either at the hands of other inmates or guards, and of course, many of the women had experienced violence at the hands of intimate partners. “In short, many women who enter the ADM system have been exposed to an epidemic of interpersonal violence across the life course” (p. 494). The authors recommend “a greater sensitivity to the role of violence in the development and course of women’s problems with mental health and substance abuse” (p. 494).

“Accordingly, the starting points of our efforts to improve services should be recognition of the multiple hardships that women face and the limited resources they have at hand to cope with those hardships” (p. 494).

I have summarized this article at length because it is a description of the most troubled and chronic parents served by child welfare agencies. It is a grim, hard-to-face picture; nevertheless, helping parents with co-occurring substance abuse and mental health disorders is the biggest therapeutic challenge in child welfare.

Conclusion

Social workers in helping roles with trauma victims with co-occurring substance abuse and mental health disorders should seriously consider the likely impact of coercion on this population. Coercive methods can lead to a reliving of traumatic episodes when women were helpless to protect themselves against violence and humiliation, even when social workers have the best intent and are seeking to protect women from danger. There are instances (for example, in child protection) when the use of coercion is unavoidable. Nevertheless, the possibility that coercion will compound emotional damage that already has occurred

and lead to extreme reactions that have long-term effects on women’s emotional well-being should inspire consideration of alternatives that respect the personal autonomy of trauma victims.

Dee Wilson, MSW, currently serves as Director, Child Welfare Services, Casey Family Programs. He has worked in public child welfare for over 30 years, 26 years in Washington State, as a CPS social worker, supervisor, middle manager, and regional administrator. Since 2004, Dee has taught child welfare courses in the MSW programs at the University of Washington School of Social Work and done child welfare training on a variety of subjects for caseworkers and supervisors in Washington State’s Children’s Administration. Dee is currently a member of the Child Welfare Specialty Practice Committee at NASW. His email address is DeeWilson@casey.org.

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NASW Specialty Practice Sections

SocialWorkers.org/Sections
800.742.4089

Call for Social Work Practitioner Submissions

NASW invites current social work practitioners to submit brief articles for our specialty practice publications. Topics must be relevant to one or more of the following specialized areas:

- Administration/Supervision
- Aging
- Alcohol, Tobacco, and Other Drugs
- Child Welfare
- Children, Adolescents, and Young Adults
- Health
- Mental Health
- Private Practice
- School Social Work
- Social and Economic Justice & Peace
- Social Work and the Courts

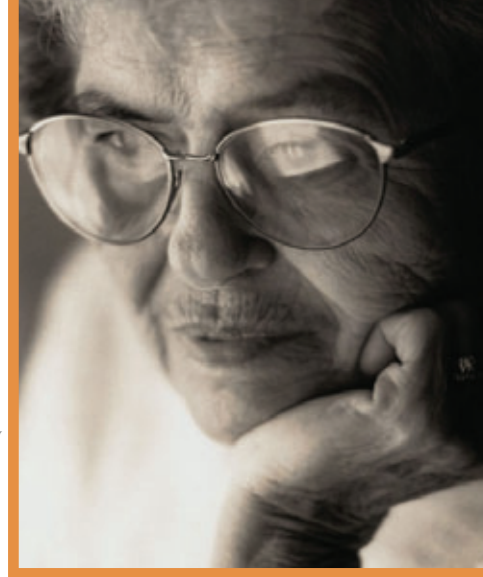
For submission details and author guidelines, go to SocialWorkers.org/Sections. If you need more information, email sections@naswdc.org.



Violence Against Adults: A Look at Elder Abuse

Forrest Hong, PhD, LCSW

Notice of issues related to elder abuse did not really come forth until the late 70s following a Congressional Hearing, *Elder Abuse: The Hidden Program* (U.S. House of Representatives, 1978), during which testimony included the terminology of “granny battering.” The issue caught the interest of the Special Committee on Aging, which resulted in a renewed interest in adult protective services.



It was not until 1989 that the federal government passed legislation that recognized the issue of elder abuse. However, the focus was ill directed. Instead of looking at the issues of protection and safety, the response was focused on social services and public welfare. The emphasis of adult protective services was on issues arising out of caregiver stress and the difficulty family care providers have when caring for elderly parents.

In 1992 the Vulnerable Elder Rights Protection Program was created. The program is instrumental in promoting elder rights in state laws that protect the needs and concerns of the elderly, especially in nursing home settings. A major part of the legal initiative by some states was to enact legislation that identified mandated reporting requirements and specific mandated reporters. As a result of these actions, reporting of elder abuse increased 150 percent from 1986 to 1996.

Definitions of Elder Abuse

According to *The Social Work Dictionary* (Barker, 2003), elder abuse is the “mistreatment of older people and relatively dependent people, including physical battering, neglect, financial or other exploitation, and psychological harm. Abuse may be inflicted by the older person’s adult children or other

relatives, legal custodians, or other care providers” (p. 139).

MedicineNet.com defines the term elder abuse as an “umbrella” to describe one or more of the following:

- Physical abuse: violence which causes pain, injury, or impairment
- Sexual abuse: nonconsensual contact or exposure
- Emotional/psychological abuse: verbal or nonverbal insults, isolation, or humiliation
- Financial exploitation: misuse of money or assets for personal gain; changing a will or assuming financial power
- Neglect: failure of caretaker to provide basic needs physically, financially, or emotionally
- Self-neglect: person’s refusal of help, which affects his own health and safety

Prevalence and Incidence

The primary source for data collection on elder abuse is through the National Center on Elder Abuse (NCEA). According to NCEA’s “best estimates,” between 1 million and 2 million Americans age 65 or older have been mistreated, exploited, or injured by someone who was their primary care provider (National Research Council, 2003). Following 2003, however, very little data has been compiled.

NCEA found in its studies that abuse is higher among the White, non-Hispanic population (66.4%), followed by Black (18.7%), Hispanic (10%), and other (4.9%) populations. There is no data with regard to sexual breakdown, although it is believed that the incidence of abuse is higher among women, perhaps due to willingness to report (National Research Council, 2003).

Who are the Perpetrators and What are the Causes of Abuse?

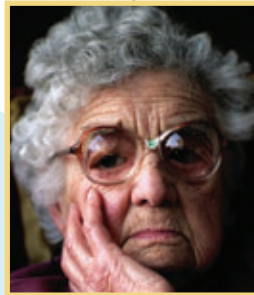
Similar to other types of domestic-related violence, there are no clear and simple answers. Generally, it can be said that the majority of perpetrators are individuals who have the access and ability to create a “trusting” relationship. In this regard, many family members or primary care providers who have created a presence of dependency are frequently identified as the perpetrators. Similar to other types of domestic violence cases, there also may exist a cycle of violence that is based on learned behaviors in which abusive behaviors are the norm within the family dynamic.

Perhaps issues of caregiver stress, combined with frustration within one’s daily life, add to the cause of abuse. There is no concrete research

that supports any one particular aspect of elder abuse, but the common thread of poor care-provider training, and, in some cases, the projection of having to do this for another 10-20 years, can trigger the abusive behaviors. It is not unusual to find situations in which the grandson who is out of school and work is providing the primary care to an aging grandparent because no one else in the family has the time or patience. The unprepared and untrained provider is left to learn on-the-job with little guidance. In many situations he is responsible for the uncomfortable task of bathing, toileting, and dressing his grandparent.

Is There a Solution?

As social workers assisting families, ours is a practice of balancing responsibilities as mandated reporters with that of functioning as change agents in helping families manage their stress and crisis with caring for an aging parent. Often, we are left evaluating an abusive situation for which many of the triggering incidents could have been prevented or changed if the situation had been brought to our attention ahead of time. Perhaps this adds to our frustration as we now expect adult protective services to step in and help us resolve a situation that has gone on for years. Maybe, as social workers, we have become skeptical in our thinking that a government agency will step in and take care of the abusive behaviors with a legal solution, which may account for the underreporting.



What if we change the paradigm? What if instead of “mandating” helping professionals to report abuse, we mandated professionals just to focus on helping the abused resolve their situations. This may mean removing the abused from abusive environments, creating the means for utilizing the legal system to follow up on alleged abuse, helping to identify community resources, and having a role in creating appropriate treatment plans and goals for the family and victim. This does not mean that we have to stop collecting data. It does mean that when a client comes to us asking for help we are not placed in the situation of having to focus on the reporting process; instead, we can put our attention and skills into what our client is presenting to us and how we can assist in helping him to change the situation.

Perhaps we should learn from past legislative acts and realize that changes in behaviors cannot be mandated. Rather, violence and abuse can be addressed when we take away the fear of legal action against those trained to help. We instead can focus our attention and resources on the prevention and elimination of what we know are the triggering devices that initiate the unacceptable behaviors that lead to abuse and violence.

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Resources

- AARP
www.aarp.org
- International Network for the Prevention of Elder Abuse
www.inpea.net
- The National Clearinghouse on Abuse in Later Life (NCALL)
www.ncall.us
- National Center on Elder Abuse (NCEA).
www.ncea.aoa.gov
- National Council on the Aging (NCoA)
www.ncoa.org
- American Society on Aging
www.asaging.org
- Leadership Council of Aging Organizations (LCAO)
www.lcao.org



Partner Violence in Indian Country – A Legacy and a Challenge

Mary Anne Nulty, LCSW, DAPA

In 2004, while sitting at my desk at the Cheyenne River Sioux Reservation in Eagle Butte, South Dakota, I watched an incident of domestic violence in progress. A young Lakota couple from the housing project next door had come out of the front door arguing. The woman was trying hard to distance herself physically from the man as he was trying to keep her engaged in the conflict. The argument escalated quickly. He shoved her several times, and then he hit her before the police arrived. When the police did arrive, the couple was long gone. On another occasion, a student at the college where I taught reported that her boyfriend was in the parking lot and she was afraid to get in the car with him. A Lakota elder intervened over a period of weeks, and when I last heard, the couple was committed to a violence-free relationship. The casual occurrence of these incidents in the open daylight brought home how commonplace partner violence was on that reservation.

From a law enforcement standpoint, domestic violence is one of the most challenging situations to address due to the intimate nature of the relationship between most perpetrators and their target victims. It also presents a significant challenge for the Native American family and community and for the human service professionals working with them.

According to the U.S. Department of Justice (Perry, 2004):

- Native American women, including those of Alaskan descent, are 2.5 times more likely to be raped or assaulted than nonindigenous women in the United States.

- In at least 86% of these cases, the perpetrators were reported to be non-Native men; this is in direct contrast to reports from non-Native women that sexual violence is usually committed by men of their own race.

Amnesty International USA (2007) reports that

- Sexual violence against indigenous women occurs with greater physicality and a higher level of injury than for non-Native American or Alaskan victims.
- These women “may be targeted for acts of violence and denied access to justice on the basis of their gender and indigenous identity” (p. 5).

- Often violence from intimate partners occurs in part because there is no awareness by the women, their partners, or responding authorities that the assault is a crime.
- Even if authorities recognize the criminality of the act, there may be confusion among tribal, local, and federal systems about which has jurisdiction.

This current state of affairs in Indian Country emerged quite predictably from the legacy left by this country during its formative years that very successfully laid the foundation for its economy and later its prosperity – a legacy laid in part on the



foundation of the destruction and exploitation of its indigenous population. In my opinion, Native Americans were eradicated deliberately and systematically in order to gain the land they had occupied and its resources.

From my research of the literature and from my personal observation, domestic violence is not an intrinsic value of indigenous groups in North America. Across the entire spectrum of human families, it is a universal reaction and response to trauma and extreme stress, such as that which Native Americans have experienced during the past four centuries.

To address the issue of domestic violence in California, the state's Administrative Office of the Courts Center for Families, Children & the Courts launched the Native American Communities Justice Project in October 2008 and published its policy paper in May 2010, *Native American Communities Justice Project—Beginning the Dialogue: Domestic Violence, Sexual Assault, Stalking, & Teen-Dating Violence (Policy Paper)*. The paper reported that “Native American voices echoed the Native stories described in the Amnesty International report *Maze*

of Injustice in which Native women repeatedly recounted their difficulty in accessing legal redress and adequate services” (p. 6). The project involved tribal outreach, local community meetings, and a statewide meeting. Key findings were summarized into seven basic themes, each identifying accompanying solutions that were published in a companion piece, *Native American Communities Justice Project—Beginning the Dialogue: Domestic Violence, Sexual Assault, Stalking, & Teen-Dating Violence (Research Paper)*. Presumably, additional reports will be published after the recommended work has begun.

Such an effort is one example of redressing domestic violence in Indian Country, a situation that has been long overdue for a remedy to come from the only place it could – from the society responsible for its emergence. Hopefully, there will be many more like it in the months and years ahead, offering social workers many opportunities to make contributions toward righting the wrongs and toward a more viable national and world community.

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Contextualizing Domestic Violence from a LGBTQ Perspective

Mika Albright, MSW
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We've all read the news articles; we've all seen the television movies; we've all heard the story from our sisters, aunts, mothers, daughters, and friends. He was charming and sweet, and then he was not. But what happens when the domestic violence survivor is someone who identifies as lesbian, gay, bisexual, transgender, or queer (LGBTQ)? Even as the body of knowledge about domestic violence in heterosexual relationships continues to grow through research and practice, lack of research and practice knowledge about same-sex domestic violence remains (Rohrbaugh, 2006; Seelau & Seelau, 2005). The sparse research that does exist focuses mainly on lesbian and gay relationships, with next to nothing on how domestic violence affects people who identify as bisexual, transgender, queer, or genderqueer. Only a limited amount of the critical knowledge and experience gained by organizations working with LGBTQ survivors has trickled into mainstream agencies.

While research results vary, domestic violence happens in same-sex relationships at about the same rate as in heterosexual relationships (12% - 50%) (Brown & Groscup, 2009; Rohrbaugh, 2006; Seelau & Seelau, 2005). Many of the tactics used to exert a pattern of power and control are similar in LGBTQ relationships and in heterosexual relationships. While domestic violence dynamics and experiences are comparable regardless of sexual orientation, reflecting on helpful responses to LGBTQ people's experiences with domestic violence can highlight issues that are important to *all* domestic violence survivors. For example, in the LGBTQ context of domestic violence, it becomes very clear that, in addition to using their privileges and places in which they have power, people who batter their partners also use their vulnerabilities and places in which they experience oppression or less power. Abusive partners who have experienced violence in the past may use their experiences as an excuse for their current abusive and controlling behaviors (Burk, 1999). Homophobia, heterosexism, transphobia, and biphobia create a context that impacts survivors' experiences with their abusive

partners, access to resources, and responses from support systems, for example (Burk, 1999). It also affects what people have access to or can use to wield abusive power and control over their partners.

In assessing what the best resources may be for LGBTQ-identified people, it is important to determine who is surviving, and who is exerting, an abusive pattern of power and control. The unimaginable scenario of domestic violence survivors ending up in interventions designed for batterers and abusive partners ending up in shelters and community advocacy programs their partners then cannot access is a reality for some LGBTQ survivors. In heterosexual relationships in which abuse occurs, the male partner is exerting the abusive pattern power and control over the female partner approximately 90% of the time, regardless of whether either or both parties have been physically violent with the other (Kimmel, 2002; Rohrbaugh, 2006; Tjaden & Thoennes, 2000).

Abuse within a heterosexual relationship historically has been illustrated using the "Power and Control Wheel" developed by the

Domestic Abuse Intervention Program in Duluth, Minnesota, in the late 1980s (also referred to as the "Duluth Model"). The Power and Control Wheel is the result of the universally shared experiences of survivors who participated in a number of focus groups. It still is used by many domestic violence advocates to educate survivors; batterers; and those working in domestic violence, child welfare, criminal justice, school systems, medical settings, and communities about the power dynamics occurring in domestic violence relationships. Over the years the wheel has been adapted to illustrate a variety of cultural experiences worldwide (National Center on Domestic and Sexual Violence).

In relationships involving LGBTQ-identified people, there are no externally or immediately visible factors, such as gender presentation and height, that indicate who is surviving and who is battering. Simply identifying categorical areas in which partners hold privilege and power, such as physical size and strength, socioeconomic status, education, and race, and assessing who has more power and privilege is *insufficient* to determine who is the

survivor and who is the perpetrator in LGBTQ relationships (Rohrbaugh, 2006).



Over the course of a 23-year history of working with LGBTQ-identified people, the Northwest (NW) Network developed an assessment tool for use as a

more culturally appropriate response to ensure that people were directed to the support most beneficial for them. This assessment tool is used to determine who is surviving domestic violence and who is battering their partners, regardless of the type of abuse involved (e.g., physical, emotional, verbal, or sexual). Nationally recognized as a lead agency in this subject area, the NW Network offers an annual “Q&A for Advocates National Training Institute” to support and educate domestic violence organizations, advocates, social service programs, mental health providers, attorneys, other organizations, and individual providers about contextual assessment and domestic violence in LGBTQ communities. During the two-and-a-half day institute, participants also learn effective strategies for advocating and organizing a response to domestic violence in the LGBTQ community.

There are many issues that affect LGBTQ survivors of domestic violence. Lack of access to social services (especially LGBTQ competent programs) and negative responses by crisis line workers and other social service providers in the legal system and by the police are factors that impact LGBTQ domestic violence survivors (Brown & Groscup, 2009; Donovan & Hester, 2008; Potoczniak, Mourot, Crosbie-Burnett, & Potoczniak, 2003). Due to homophobia and heterosexism, there is a scarcity of safe spaces in

which LGBTQ people can gather or access LGBTQ competent resources. LGBTQ-identified domestic violence survivors may be more likely to run into the person who battered them at community events and shared community spaces, including social service agencies, social outlets, and medical providers. Survivors also may have concerns about interfering with their partner’s ability to go to events if they spoke about the abuse or left the relationship. Abusive partners more easily may have access to information from other community members or put forth the appearance of connection to a larger portion of the LGBTQ community than is actual.

Traditional domestic violence safety planning responses that rely on taking survivors completely out of their communities, away from any space connected to their abusive partners, and sometimes moving them into confidential shelters, can be less effective for LGBTQ survivors. While the experiences of LGBTQ domestic violence survivors clearly highlights the less helpful aspects of this response, removing domestic violence survivors from the community and all connections to their lives with an abusive partner may serve to further isolate and negatively impact survivors of any sexual orientation.

Limitations of working in a small, and sometimes interconnected, community has made it necessary to rethink traditional safety planning around contact between survivors and batterers. Telling survivors not to go to community events or other shared community spaces at which they may run into their abusive partners may make it more difficult for LGBTQ survivors to establish new connections, rebuild their lives, and heal from the abuse. When there are few gay-friendly neighborhoods and/or few gay-specific or gay-friendly bars, social activities, and resources, for example, telling LGBTQ survivors not to go to places where they used to spend time with the person who was battering them may

not be an option. Safety plans that involve avoiding any possibility of survivors running into their ex-partners, or avoiding other community members who may know their abusive partners, may lead to isolating survivors further, rather than decreasing their isolation, rebuilding their support systems, and accessing resources. For many LGBTQ survivors, staying connected to their communities and becoming less isolated may mean continuing to have contact with the person who was or is abusive to them.

In order to connect LGBTQ-identified people with the best resources and in order to move past heterosexual, homophobic, transphobic, and biphobic assumptions, intensive educational training is necessary when working with domestic violence in an LGBTQ context, as shown by research. Potoczniak et al. (2003) state that “to overcome the myths and assist a victim of SSDV (same-sex domestic violence) appropriately, it is necessary to examine the violence within the context of the relationship to gain insight into the power structure (i.e., which member of the relationship has established a physical or psychological power over the other member)” (p. 255). In a study by Brown and Groscup (2009), crisis line workers “tended to rate same-sex abuse as less serious, less likely to recur, and less likely to get worse over time than opposite-sex abuse. They also believed that it was easier for victims in same-sex relationships to leave their partners” (p. 91). Service providers and domestic violence organizations may be more likely to believe both partners in an LGBTQ relationship are equally involved in the violence and are not in a relationship that involves abusive power and control than both partners in a non-transgender male-female relationship (Brown & Groscup, 2009; Potoczniak et al., 2003). This misperception impedes the legal system, domestic violence organizations, and other service providers in responding

appropriately. In addition, many service providers need support in working on their homophobic and heterosexist assumptions, and they often need more experience and training on working with LGBTQ-identified people (Brown & Groscup, 2009). Service providers need intensive educational interventions involving role play and other activities, rather than information sessions, to facilitate a shift in attitude and help them work better with LGBTQ people (Brown & Groscup, 2009).

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Northwest Network (www.nwnetwork.org). The Northwest Network educates human service providers, domestic violence programs, and policymakers within local and national government on domestic violence in LGBTQ communities, LGBTQ cultural competency, and culturally appropriate service delivery through public speaking, training, and technical assistance at the national and local levels. The NW Network's Q&A for Advocates National Training Institute offers critical engagement, skill-building, and interactive exercises to engage participants in facilitating exploration of personal and societal attitudes, assumptions, and myths regarding LGBTQ-identified persons and issues related to LGBTQ domestic violence.

LGBTQ Definitions

Common terms used to identify the characteristics and attributes of people and communities can have multiple meanings. When working with LGBTQ (Lesbian, Gay, Bisexual, Transgender, and Queer) persons, it is imperative to encourage people to identify themselves and their communities by choosing the terms they feel most comfortable and connected with. To avoid offending, misunderstandings, misidentifying, or simply missing important information, practitioners should listen to, respect, and reflect the terminology presented by the clients, groups, or communities they are serving.

Biphobic - The systematic oppression of bisexual people specifically because they

are not gay or heterosexual. For example, many bisexual people feel that they are forced to "choose" between two identities that do not fit them.

Bisexual - A person whose sexual and romantic feelings may be for people of either gender, male or female.

Gay - A man or boy whose primary sexual and romantic feelings are for people of the same gender. While many people use this term to refer to gay men only, others use it as a general term to include both men and women, for example, "the gay community."

Heterosexism - The belief that heterosexual (straight) relationships and people are the ideal and that they are better or more "normal" than queer relationships and people. Heterosexism also includes the denial that queer people even exist, and the assumption that everyone is straight unless they tell you otherwise.

Homophobia - The systematic oppression of gay men, lesbians, and bisexual people because of their sexuality. Many people define homophobia to include all queer people.

Lesbian - A woman or girl whose primary sexual and romantic feelings are for people of the same gender

LGBTQ - Lesbian, Gay, Bisexual, Transgender, and Queer

Queer - An inclusive term that refers collectively to bisexuals, lesbians, gay men, and transgender and transsexual persons and others who may not identify with any of these categories but identify as queer. While "queer" often has been used as a hurtful, oppressive term, many people have reclaimed it as an expression of power and pride. It also is preferred by many because of its inclusiveness.

Transgender - A person who chooses ways of presenting himself or herself that are different from what is expected of the gender he or she has been assigned at birth. For example, a person who is assigned the gender role of "boy" by a doctor at birth but experiences himself as a woman is transgender. This term also may include people who identify as transsexual ("trans" for short).

Transphobia - The systematic oppression of transgendered people because they do not fit society's expectations of what men and women are supposed to act like and look like.

Transsexual - A person who chooses to change his or her physical body to match the gender he or she wants to express.

Massachusetts Senate Creates a Comprehensive Law to Respond to Bullying

Susan Conklin EdS, LICSW, BCD

Bullying is a behavior that violates the human rights of its victims. While bullying is not condoned, measures to restrict such behaviors in schools and communities such as South Hadley, Massachusetts, proved ineffective. In January 2010, 15-year-old Phoebe Prince hung herself in her home following relentless bullying in a South Hadley high school since the beginning of the academic year in September 2009. The severity of Ms.



Prince's situation propelled lawmakers to pass an anti-bullying law that comprehensively addresses behavior that annoys, alarms, harms, causes emotional distress, or threatens a person "with the intent to place the person in imminent fear of death or bodily injury." The intent is to end bullying of students by students and to hold the entire village responsible for such change. The state's anti-bullying law was signed by Governor Deval Patrick on May 3, 2010. The Act Relative to Bullying in Schools (2010) is found in Chapter 92 of the Acts of 2010. Now part of Massachusetts General Laws, it can be found in Part 1, "Title XII," Chapter 71, Section 370. All citations will refer to Chapter 92 of the Acts of 2010, found at www.malegislature.gov/Laws/SessionLaws/Acts/2010/Chapter92.

This ground-breaking law states that the person who bullies "shall be guilty of the crime of stalking and shall be punished by imprisonment in the state prison for not more than 5 years or by a fine of not more than \$1000, or imprisonment in the house of correction for not more than two-and-one-half years or both" (Mass Gen. Laws ch. 71, §370. 9A2 (2010); cross-referencing Mass. Gen. Laws ch. 265, § 43. On March 29, 2010, *The New York Times* reported that two boys and four girls were indicted in Ms. Prince's case.

Defining the Crime

The law defines bullying as:

The repeated use by one or more students of a written, verbal, or electronic expression or a physical

act or gesture or any combination thereof, directed at a victim that: (i) causes physical or emotional harm to the victim or damage to the victim's property; (ii) places the victim in reasonable fear of harm to himself or of damage to his property; (iii) creates a hostile environment at school for the victim; (iv) infringes on the rights of the victim at school; or (v) materially and substantially disrupts the education process or the orderly operation of a school.bullying shall include cyber-bullying (Mass Gen. Laws ch. 92, §370. 5, 2010).

Cyber-bullying includes, but is not limited to:

...Any transfer of signs, signals, writing, images, sounds, data or intelligence of any nature

transmitted in whole or in part by a wire, radio, electromagnetic, photo electronic or photo optical systems, ...electronic mail, internet communications, instant messages or facsimile communications. Cyber-bullying shall also include (i) the creation of a web page or blog...[and] include the distribution by electronic means of a communication to more than one person (Mass Gen. Laws ch. 92, §370. 5A, 2010).

All actions that are intended to or have the effect of causing physical or emotional harm to the student or his property or create a hostile environment at a school for the student and/or disrupt the educational process are included, dismissing any possibilities of loopholes.

Continuing Study

Lawmakers included in this law a call for a special commission to study the extent of the need for this law, study bullying and cyber-bullying, and determine the extent of parental responsibility and liability. The seven-member commission is composed of a chair from the attorney general's office and representatives from the District Attorneys, Chiefs of Police, Sheriffs', Massachusetts School Committees, School Superintendents, and Independent Schools in New England associations. The report of their findings, recommendations, and drafts of needed legislation was due to the General Court by January 1, 2011.

Limitations of the Law

This law prohibits the creation of a “hostile environment,” a situation in which bullying causes the school environment to be permeated with intimidation, ridicule or insult that is sufficiently severe or pervasive to alter the conditions of the student's education” and create an abusive and intimidating school experience for its victims. The legislation forbids such behavior on any school grounds whether public, charter, or private and extends itself to any area or situation that is school related, such as bus stops and school buses; technology owned or leased by the school; and school-related activities such as away games in sports, fund-raising, and field trips. It forbids “retaliation against a person who reports bullying (Mass Gen. Laws ch. 92, §370. 5A.5B, 2010).”

It Takes a Village

The law requires that all persons related to schools be notified in writing, receive education and training, and be provided with a policy manual regarding the law. Such persons include teachers, administrators, staff, volunteers, maintenance and kitchen staff, community representatives, law enforcement agencies, students,

parents, and guardians. Training must include procedures to report, provisions to report anonymously, range of possible punishments, and procedures to restore safety. Details must be given regarding parental notification of bullying and prevention and law enforcement notification and consider a disciplinary response to those who make false accusations. Finally, strategies for providing counseling and referrals for appropriate services for both perpetrators and victims and family members are required. The professional development must happen annually, though it could include ongoing education to build the skills of all school staff in evidence-based methods to prevent or respond to bullying incidents immediately and effectively. These guidelines must be published no later than June 30, 2011. Clearly, the law is designed to remain an active part of educational life in Massachusetts.

Best Practice

The aim of the law is to require the use of best practices (methods developed through evidence-based research for what works), which must include both prevention and intervention guidelines for everyone concerned with students who bully or are the victims. Professional development is aimed at generating guidelines for those who witness bullying. Training must be delineated by age to prevent, respond to and effectively deal with power struggles and imbalances in power, identifying who is at risk for becoming a bully and responding to cyber-bullying. Parents must be provided with education to reinforce school curriculum for prevention and intervention and the dynamics of bullying. Education must be provided in the language used by families for a comprehensive approach to communicate an understanding of bullying and the law.

Background of Current Culture

In their book, *The Narcissism Epidemic: Living in the Age of Entitlement*, Drs. Jean Twenge and W. Keith Campbell report how the “Me Generation” chooses what they want without regard to the consequences and impact on others. Massachusetts's legislation takes a stand and announces that bullying is not a choice for student behavior and students may not bully others even if they want to do so. There is no excuse under this law for noncompliance. Consequently, every student must receive age-appropriate or developmentally appropriate training to understand the law, procedures for reporting, and their own responsibility to not bully.

Whenever the evaluation of the Individualized Education Program team indicates that the child has a disability that affects social skills development or that the child is vulnerable to bullying, harassment or teasing because of the child's disability, the Individualized Education Program shall address the skills and proficiencies needed to avoid and respond to bullying, harassment or teasing (Mass Gen. Laws ch. 92, §370. 7, 2010).

Curriculum and teaching methods resting on current evidence-based research must reach all students of all types of intelligence, learning disabilities, behavioral difficulties, and learning styles, thus requiring a multisensory and multimedia approach.

Timely Action/Reaction

Interschool communication and collaboration are required if bullying or retaliation for the reporting of bullying involves a group of students from more than one school. Reports must be investigated immediately and notification of law enforcement is



required if the administrator feels the severity of the aggressive action requires legal action. A comprehensive array of educational resources is required to be available as well as the consultation of the departments of public health and mental health, the attorney general, and experts on bullying to design and publish a model of bullying prevention and intervention that is to be presented with multimedia in schools. While training is required to be presented at least annually, it must be updated biannually.

Expectation of Change

This legislation is aimed at changing school culture from one of disrespect and violation to one of respecting the rights of others and learning how to demonstratively care when others' rights are being violated.

The question remains: Will this comprehensive law provide the structure for the end of bullying in schools? While any substantial rectification in policies and behavior

takes time to effect change (dare we say transformation), this law does provide a legal framework to end aggressive behavior that seeks to hurt or annihilate young people as they grow in our schools. This Massachusetts legislation does provide hope for victims and their families while providing leadership for other states in our nation to reinforce the basic rights of our young citizens so they can safely learn and grow.

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A Shift in Approach: Addressing Bullying in Schools

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Introduction

Across the country the term “bullying” is making national headlines regarding brutal acts committed by children at school. Bullying has been defined as intentional, repeated actions and words designed to intimidate or hurt another person (Durso, 2001). Since many bullying incidents occur through personal cell phones and computers, and often after school hours, many school professionals have had a slow response in addressing this behavior. Reluctant to assert an authority they are not sure they have, educators can appear indifferent to parents’ frantic worry and alarm by recent adolescent suicides linked to bullying (Hoffman, 2010).



Some believe that “being picked on” is a normal part of child development or a challenge for children to overcome on their own. However, bullying is not, and should not be, considered a normal part of growing up (Durso, 2001). Instead, bullying differs from normal conflict in that it is repetitious, has the intent to harm, and invokes terror and an imbalance of power much like an abusive relationship (Dinwiddie & Rabon, 2010).

With the progression of technology, bullying often occurs online or through mobile phones. Due to this shift in communication, bullying no longer ends when the school day ends. It can continue through the night, on weekends, and during

summer breaks. Cyber bullying is defined as children or teens bullying each other using the internet, mobile phones, or other cyber technology (Stop Bullying Now!, 2010). Cyber bullying can include sending mean text, email, or instant messages; posting obscene pictures or messages about someone in blogs or websites; or using someone’s name to spread rumors or lies about someone else (Stop Bullying Now!, 2010).

Ongoing bullying can lead to serious acts of violence in schools. Due to recent headlines and news coverage regarding extreme cases of violence, some may think this problem is new or is getting worse. However, violence committed by children in schools is not just a modern

phenomenon; surprisingly, it has a history of more than 200 years in the United States (Mayer & Cornell, 2010). There have been various policies enacted in order to address violence in schools. New research has emerged regarding evidence-based practices that have been effective in reducing bullying and violence in schools.

Typical Approaches to Bullying Behaviors

School personnel often do not understand the complex dynamics of bullying and violence. This lack of understanding, coupled with the fear of something tragic happening, fuels the development of policies and procedures that are often ineffective in providing safety and security to students. Most school districts still tend to respond to students who commit violent acts as “bad kids” likely coming from “bad families” who have chosen to defy the rules (NASW, 2009). Interventions with these students are often very limited and rigidly proscribed in the district school discipline code, with the emphasis on managing and eliminating the maladaptive behavior (usually by suspension or expulsion from school) versus teaching students prosocial, adaptive skills to replace the counterproductive behaviors (NASW, 2009).

Historically, bullying itself has not been directly addressed through discipline policies within the school system. When it has been addressed, there is often a blanket punitive approach labeled “zero tolerance” employed. “Zero tolerance” resulted from a 1994 federal law that required all states receiving federal money to require school districts to expel for at least one year any student found to have brought a weapon to school (ScienceDaily, 2010). Zero tolerance can sanction an automatic punishment for things such as bringing weapons, drugs, or alcohol to school; violence; and bullying.

Often, zero tolerance policies result in students being suspended or expelled from school. Students who engage in antisocial behaviors such as bullying and violence typically feel a disengagement from school. The suspension or expulsion reinforces that feeling. When students are suspended, they may spend their daytime hours engaged with other children or young adults with antisocial behaviors, thereby reinforcing their negative behaviors. Students then return to school with the same behaviors or worse. Suspensions can also lead to students feeling so disengaged from school that they lose all interest and connection to school and eventually drop out.

In August 2006, a Zero Tolerance Task Force convened to explore the effectiveness of these policies. The report concluded that the zero tolerance policies in schools, although intended to reduce school violence and behavior problems, can actually have the opposite effect. In addition, such policies not only fail to make schools safe or more effective in handling student behavior, but also can actually *increase* the instances of problem behavior and dropout rates (Farberman, 2006).

What School Social Workers Can Do

Bullying has been typically addressed in two ways. One approach has been to minimize the behaviors as normal development processes, without the provision of adult-led consequences or guidance. The other has been to implement zero tolerance policies that employ punishment through mandatory suspension or expulsion. It has been proven that these approaches are ineffective in reducing maladaptive behaviors and creating school safety.

Though school social workers are required to work within existing school policies that may include zero tolerance, there are approaches they can apply to help shift to more effective methods.

Decline the use of labels. It has become somewhat standard to use labels such as “bully” and “victim” when describing the participants in a bullying episode. Children who are labeled by their behaviors can have a difficult time changing those behaviors. Labeling the behavior instead of labeling the child can prove to be beneficial. Providing training for school staff regarding this dynamic as well as leading by example can help to change the way others and the children view themselves.

Approach students individually. Bullying is often addressed in the same ways in which normal conflicts are managed—by sitting with both parties and discussing the situation. This approach is inappropriate because of the complex dynamics of bullying which are similar to the dynamics of an abusive relationship. It is important to protect the students being bullied by providing a safe and secure environment for them to discuss their feelings. Feelings of safety are compromised when the person causing harm is present. Working with each individual

involved by offering support and redirection has been advocated by experts in bullying intervention.

Provide training on warning signs. Since teachers are in contact with the students on a regular basis, they are often the first people to detect changes in behavior or relational dynamics between students. Acts of violence and bullying are often accompanied by warning signs, such as changes in academic performance, changes in school attendance, increased aggression, and diminished interest. School social workers can provide teachers with information regarding the signs to look for in students and ways that they can address these signs.

Advocate for school staff-student connectedness.

Research has shown that when students are more engaged in school and feel connected, rates of violence go down and school safety increases. Increasing the strength and the quality of classroom engagement by creating caring, supportive, culturally responsive learning environments is often effective in reducing acts of violence (Osher, Bear, Sprague, & Doyle, 2010). Social workers can inform administrators about the benefits of maintaining students’ connectedness and accountability to school as opposed to providing punishment through exclusion. School social workers can advocate for policies that enhance these supportive qualities within schools during meetings and discussions regarding school discipline policies.

Conclusion

As attention on school safety and school climate increases, more research is being conducted in order to determine what approaches are most effective. Results have shown that zero tolerance methods are ineffective and may actually increase maladaptive behaviors. Research has also shown that creating connectedness between the school

and students is beneficial. The way school personnel approach students who are engaging in bullying behaviors or who have been affected by bullying is an important area where social workers can intervene. School social workers are sure to play a vital role in redefining approaches to school violence and bullying.

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Resources

HelpStartsHere.org

Social workers offer tips for parents, teachers, and children regarding bullying and school violence. www.helpstartshere.org

National Center for Youth Issues

The center addresses social, emotional, and psychological dimensions of child development and offers information regarding bullying and school violence on its Web site. www.ncyi.org

American Educational Research Association

The association has conducted research regarding keeping schools safe and preventing youth violence. www.aera.net

StopBullying.gov

StopBullying.gov provides information from various government agencies on how children, young adults, parents, educators and others in the community can prevent or stop bullying.



The High Costs of Workplace Bullying

Tracy Whitaker, DSW, ACSW

Workplace bullying is a global phenomenon that affects both individuals and organizations. The Workplace Bullying Institute (2010) defines workplace bullying as

- ▶ Repeated, health-harming mistreatment of one or more persons (the targets) by one or more perpetrators that takes one or more of the following forms: verbal abuse; offensive conduct/behaviors (including nonverbal) which are threatening, humiliating, or intimidating; and work interference (sabotage) which prevents work from getting done (para. 1).

A report conducted by the National Institute for Occupational Safety and Health (NIOSH) found that 25% of the 516 companies surveyed acknowledged that some degree of bullying had occurred within their organizations (NIOSH, 2004). Bullying in the workplace is not yet considered illegal; however, since 2003, 17 states have introduced anti-bullying workplace bills (Healthy Workplace Campaign & State Coordinators Site, 2010).

Workplace bullying is insidious. Workers often have difficulty in initially distinguishing between a tough boss and an abusive one. Tough bosses state clear goals, expectations, and consequences, whereas abusive bosses intimidate and keep their employees off-balance. Another difficulty employees have in identifying bullying behaviors is that they often lurk below the surface, seeming invisible (Kingsley, 2009). Rather than exhibiting as one or two distinct events, workplace bullying usually manifests as discrete incidents that initially are hard to describe, but accumulate over time, creating an intolerable workplace (Chabria, 2001; *ValueOptions: Bullying Happens at School, in Workplace*, 2010). These dynamics can exist even in good economic times, when employees seemingly have more work options from which to choose. However, during an economic crisis when job options shrink, employees are much more vulnerable to bullying behaviors (Frauenheim, 2010). In

fact, some employee assistance care managers recently have noted an increase in their clients seeking EAP (employee assistance program) services because of being bullied at work (ValueOptions, 2010).

Workplace bullying can have serious consequences for employees, including clinical depression, sleep disorders, ulcers, high blood pressure, posttraumatic stress disorder, severe anxiety, insomnia, lack of concentration, tension headaches, migraines, stomach problems, and heart palpitations. Some bullied employees also turn to alcohol and drug use, and some even have committed suicide (Bond, Tuckey, & Dollard, 2010; Whitaker, 2010). In addition, workplace bullying spreads. It affects not only the targeted victim(s), but also other employees who witness the bullying and choose to isolate the target or submerge problems in order to avoid being in the “line of fire.”

Companies, too, suffer when bullying is allowed. Bullies are expensive and their behavior can result in higher turnover rates; increased use of sick leave; increased absences; reduced employee motivation, morale, and productivity; increased compensation costs and disability claims; and poor company image (The Work Doctor, 2010; Whitaker, 2010).

Although typically framed solely as an interpersonal issue, workplace bullying is, in fact, an organizational

issue. The presence of workplace bullying has been identified as an organizational crisis since it has the capacity to affect workers negatively and disrupt the functioning and productivity of organizations (Bond et al., 2010). Organizational cultures, norms, and practices create the conditions that allow bullying behaviors to flourish (Rhodes, Pullen, Vickers, Clegg, & Pitsis, 2010). Organizations, therefore, have an ethical responsibility to address and extinguish such behaviors (Rhodes et al., 2010).

Companies can benefit by thwarting bullying and developing respectful workplaces where employee performance is not impeded (Kingsley, 2009). A survey conducted by the American Management Association found that employees who worked for kind bosses looked forward to going to work every day, were more likely to put in extra effort, and were less likely to search for new jobs. These employees were found to be more dedicated to the organization and more helpful in achieving company goals (*The Performance Premium of Kindness*, 2008).

Employees with kind bosses were more likely to report that their bosses displayed humility, integrity, and authenticity than employees with bullying bosses were. Employees with kind bosses were also more open with their bosses about organizational problems that could



affect productivity than were those who reported to bullying bosses, who were more likely to withhold vital information (*The Performance Premium of Kindness*, 2008).

Workplace bullying is not a benign occurrence. It is destructive to individuals and to organizations. Conversely, a respectful work environment promotes productivity and profitability. The value of work in the lives of adults cannot be overstated—nor can the value of working in an environment that is free of bullying.

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Stewards of Trauma

Robyn Callahan, MSW, LSWAIC
Samantha Wiperman

Helping professionals, including social workers, are becoming more aware of the cumulative effect of vicarious trauma for professionals working with clients who have experienced violence or are in crisis. Vicarious trauma, also known as secondary trauma, first entered the lexicon of psychological conditions nearly two decades ago, when psychologists and co-authors Karen Saakvitne, PhD and Laurie Anne Pearlman, PhD defined such trauma as a “pervasive effect on the identity, world-view, psychological needs, beliefs, and memory systems of therapists who treat trauma survivors” (Richards, 2010, p. 9). Vicarious trauma also has been defined as “an aggregation in the nervous system of the negative impact that is vicariously experienced,” whereas secondary trauma is characterized by “the noticeable sense of overwhelm that therapists may experience as they are serving as a witness to their clients’ experiences” (Rothschild, 2006, pp. 14-15). Regardless of the often interchangeable terminology and nuances in definitions, “a trauma exposure response has occurred when external trauma becomes internal reality” (Van Dernoot Lipsky, 2009, p. 42). The experience and impact of such trauma for stewards of trauma, including social workers and other helping professionals, is significant and potentially devastating.

Trauma stewardship refers “to the entire conversation about how we come to do this work, how we are affected by it, and how we make sense of and learn from our experiences” (Van Dernoot Lipsky, 2009, p. 6). Levine (2005) also

speaks to this sense of trauma stewardship in sharing his response to repeated inquiries as to how he can work with a subject as “morbid” as trauma without becoming burned out or depressed: “Witnessing the transformation that takes place in

people when they master their traumas has proven to be a deeply sustaining and uplifting experience, both professionally and personally” (Levine, 2005, p. 2). Rather than demonstrating a sense of isolation from his work with traumatized

peoples, he celebrates the “great privilege of his clients letting him walk with them on their journeys” (Levine, 2005, p. 2).

In order to turn a secondary trauma paradigm into a healing paradigm, a multifaceted, proactive approach is warranted. It is imperative to first identify the variables that may put a steward of trauma at risk, address the way a trauma exposure response has manifested in one’s personal or professional journey, and, ultimately, implement the appropriate tools toward wellness and sustainable trauma stewardship. The “depth, scope, and causes of secondary trauma are different for everyone, but the fact that we are affected by the suffering of others is universal” (Van Dernoot Lipsky, 2009, p. 41).

Social workers are daily witnesses to suffering as active change agents, passionate advocates, and empathic listeners who, in particular, face a high level of trauma exposure. According to the Bureau of Labor Statistics, employment for social workers is expected to grow faster than the average for all occupations through 2018. Simultaneously, data developed by the massive Global Burden of Disease study conducted by the World Health Organization, the World Bank, and Harvard University, reveal that mental illness accounts for over 15 percent of the burden of disease in established market economies, such as the United States. Financially, medical expenditures on trauma-related disorders increased substantially from 1996 to 2006, from \$46.2 billion to \$68.1 billion. (Soni, 2009, p. 1)

Increased awareness and need resulting from a variety of sociocultural conditions today, such as the current economic crisis, a growing elderly population, the return of military personnel, and violence, result in a population with increased needs that is more apt to seek out mental health services

focused on primary trauma, which can result in secondary trauma issues for the provider. The primary predictor of a secondary trauma response among mental health workers is the amount of hours per week spent working with traumatized people—the number, or percentage, of trauma cases on a mental health professional’s caseload (Bober & Regeher, 2006, p. 7). In summary, the greater the amount of trauma exposure, the greater the risk of a trauma response.

Another noteworthy variable in navigating the trauma terrain is the role of “empathy.” While a necessary component of an effective therapeutic relationship, empathy also can be a contributing factor to a secondary trauma exposure response. Empathy is a complex, multifaceted construct consisting of behaviors, experienced emotions, and an individual’s personality. It often is considered to be a state in which the helper, without judgment, enters the private world of the client. An individual’s innate capacity for empathy naturally may guide him or her to pursue a career as a helping professional. An invaluable tool, empathy allows helping professionals to relate to those in their care with an understanding of what they are feeling. Yet, empathy can function as a double-edged sword. “Therapists suffer in their work as a result of unconscious empathy, that is, empathy processes that are outside of the therapist’s awareness and therefore outside of his or her control” (Rothschild, 2006, pp. 10-11). In essence, there is a risk of becoming a prisoner of someone else’s nervous system for often the most effective therapists are those who have an enormous capacity for both feeling and expressing empathy. This mirror effect can manifest as a form of contagion effectively putting the professional a greater risk for secondary trauma.

The concept of empathy is highly linked to the concept of trauma

mastery, a sophisticated coping mechanism, implemented either consciously or unconsciously, in which an individual seeks to re-create situations similar to a personally traumatic incident but attempts to achieve a different, more positive outcome this time (Van Dernoot Lipsky, 2009, p. 156). Just like possessing a large propensity for empathy may draw people to a helping profession, attempts at trauma mastery may do the same. An individual may seek to work in a field that is directly connected to an earlier trauma in life. For example, a former victim of domestic violence may seek to work as a victim advocate or work in child welfare. Van Dernoot Lipsky (2009, p. 156) emphasizes that if trauma mastery is “consciously sought with insight, mindfulness, and honesty, it can be a mechanism for healing.” However, if mastery is attempted with a lack of awareness and intention, it potentially can produce a loss of control, a state of disempowerment. Worse, “...we can end up reinforcing feelings of being overwhelmed or lacking power; at its extreme, unconscious trauma mastery may even increase our risk of physical harm or exposure to dangerous situations” (Van Dernoot Lipsky, 2009, p. 156). When trauma mastery is approached mindfully, it has the potential to serve as a powerful tool in a helping professional’s toolbox.

Experts in the field of trauma study have seen examples of vicarious trauma result in the same type of posttraumatic stress disorder experienced by those who experienced it directly. Unlike most survivors of primary trauma, however, professionals exposed to secondary trauma may or may not be able to identify the impact of their work and can overlook the symptoms of their exposure (Richards, 2010, pp. 10-11). The ways in which secondary trauma can manifest itself range from psychological stresses and disorders to physical ailments. The 16 signs of a trauma exposure



response outlined in the book *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others* (Van Dernoot Lipsky, 2009, pp. 47-113) are as follows:

- Feeling helpless and hopeless
- Sense that one can never do enough
- Hypervigilance
- Diminished creativity
- Inability to embrace complexity
- Minimizing
- Chronic exhaustion/physical ailments
- Inability to listen/deliberate avoidance
- Dissociative moments
- Sense of persecution
- Guilt
- Fear
- Inability to empathize/numbing
- Anger and cynicism
- Addictions
- Grandiosity: an inflated sense of importance related to one's work

It is important for social workers and other helping professionals to remember the following:

Whether you identify with many of the warning signs, a few, or none at all, you are more than

okay. It is perfectly normal to have a response to trauma exposure. This means you still have the capacity to connect your internal world with your external reality (Van Dernoot Lipsky, 2009, p.48).

Indeed, awareness of the manifestations these variables have in a practitioner's personal and or professional life serve as the first step to dismantling damaging behaviors and crafting a path toward healing.

All of the warning signs of trauma exposure response potentially can cultivate and perpetuate one another. In his book *Healing Trauma: A Pioneering Program for Restoring the Wisdom of Your Body*, Peter Levine (2005) notes that when the body experiences trauma "both mind and body mobilize vast amounts of energy in preparation" (pp. 2-3) to deal with the threat. Without an opportunity to discharge that stored energy, "the body holds onto that high-energy, ramped-up state" (p. 3). In humans, undischarged residual energy can become the catalyst for deep-rooted trauma. Many of the trauma responses outlined earlier are manifestations of this stagnant, trapped energy. Moving into a place of healing requires a strategy for

managing one's energies in a way that supports overall balance, as well as an avenue for catharsis.

Levine offers hope in a strategy for healing trauma through somatic processing. The premise of this approach is an analysis that the core of traumatic reaction is essentially physiological, and it is at this level that healing begins. Somatic processing methods employ a variety of techniques to ultimately liberate the energy that has become frozen as a result of trauma. The goal is to return the nervous system to its natural, resilient, and self-regulating state. This mind-body healing paradigm is explored further in the developing field of psychoneuro-immunology, which addresses the impact of mental and emotional states on physical health and the immune system. Here again, a therapist's self-awareness plays a vital role of responsibility to help facilitate the patient's ability to explore the interconnectedness between state of mind and physical climate.

With increased awareness of the root causes of secondary trauma, stewards of trauma, who witness suffering and crises, might attempt to avoid its impact. However, as noted by many

researchers, those who serve in such roles are unlikely to be able to avoid secondary trauma entirely. “The best hope for working with trauma in a sustainable way is often cited to be the development of regular wellness practices and a network of support that can help to restore balance” (Richards, 2010, p. 11). Mindfulness meditation, in particular, has been presented as a very effective means of practicing self-care with the additional benefit of enhancing communication and connection with clients.

Irving, Dobkin, and Park (2009), authors of *Cultivating Mindfulness in Health Care Professionals: A Review of Empirical Studies of Mindfulness-Based Stress Reduction (MSBR)*, explore the benefits of mindfulness meditation as it relates to health workers. Epstein, as cited in Irving, Dobkin, and Park (2009), defines mindfulness as “a logical extension of the concept of reflective practice, consistent with being present in everyday experience and open to all thoughts, actions, and sensations” (p. 61). Extensive research on the bridge between meditation and medicine offers another illuminating definition of mindfulness as the awareness that is evoked through intense attentiveness, with deliberation, in the present, and non-judgmentally open to the moment by moment unfolding of experience. The mindful practice of creating space for inquiry, choosing one’s focus, building compassion and community, finding balance, and, ultimately, a daily practice of centering oneself (Van Dernoot Lipsky, 2009, pp. 147-233) can enhance a helping professional’s communication with clients, as well as help to keep the boundaries clear between work and home life.

As effective trauma stewards, helping professionals such as social workers repeatedly are presented with an opportunity to reconcile the fullness of life, both the great suffering and the great beauty, to witness great

change and transformation, and, ultimately, are reminded of the great strength and resiliency of the human spirit.

Robyn Callahan, MSW, LSWAIC; understands the importance of treating the whole person when seeking personal health, wellness, and balance in life. In addition to her MSW, she completed Clinical Training in Mind/Body Medicine at Harvard Medical School and postgraduate training in Chinese medicine and meditation in the Henan province of China. She incorporates her skills to facilitate physical, emotional, and spiritual healing in her clients. She can be reached at www.NWIntegratedHealth.com.

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National Domestic Violence Resources

Domestic Violence Awareness Month (October) www.vodpod.com/watch/4774849-october-27-2010-domestic-violence-awareness-month-the-white-house

On October 27, 2010, during a White House event to mark Domestic Violence Awareness Month, President Obama and Vice President Biden highlighted the Obama Administration's unprecedented coordination and cooperation across the entire government to protect victims of domestic and sexual violence and enable survivors to break the cycle of abuse.

National Network to End Domestic Violence www.nnedv.org

The National Network to End Domestic Violence (NNEDV) is the leading national voice for domestic violence survivors and their advocates. NNEDV provides news, information, and resources about domestic violence and informs on current public policy issues such as the Family Violence Prevention and Services Act, Violence Against Women Act, and Victims of Crime Act.

National Resource Center on Domestic Violence www.nrcdv.org

The National Resource Center on Domestic Violence (NRCDV) provides a wide range of free, comprehensive, and individualized technical assistance, training, and specialized resource materials and projects designed to enhance current intervention and prevention strategies.

Office of Violence Against Women www.ovw.usdoj.gov

The Office of Violence Against Women (OVW) provides information on grant programs, funding opportunities, special initiatives, federal legislation, and associated agencies. It also provides information on domestic violence, sexual assault, stalking, dating violence, help for victims, and safety for Indian women.

VAWnet, the National Online Resource Center on Violence Against Women www.vawnet.org

VAWnet is a comprehensive and easily accessible collection of full-text, searchable electronic materials and resources on domestic violence, sexual violence, and related issues.

Workplaces Respond to Domestic and Sexual Violence: A National Resource Center www.workplacesrespond.org

Workplaces Respond to Domestic and Sexual Violence: A National Resource Center provides information, resources, tools, and technical assistance to employers and labor organizations to facilitate and encourage safer and more effective responses to employees who are victims of domestic, sexual, and dating violence or stalking.

National Resources on Bullying

Center for Safe and Responsible Internet Use www.csriu.org

The Center for Safe and Responsible Internet Use contains professional resources to teach internet safety in the school environment.

Cyberbullying Research Center www.cyberbullying.us

The Cyberbullying Research Center is dedicated to providing up-to-date information about the nature, extent, causes, and consequences of cyberbullying among adolescents. This Web site serves as a clearinghouse of information concerning the ways adolescents use and misuse technology. Here you will find facts, figures, and detailed stories from those who have been directly impacted by online aggression. In addition, the site includes numerous resources to help you prevent and respond to cyberbullying incidents.

Federal Partners in Bullying Prevention Summit www.findyouthinfo.gov/spotlight_bullying_Summit.shtml

The first-ever federal National Bullying Summit was held in Washington DC, August 11-12, 2010. This site provides a summary of the summit and includes links to presentations given during the four panels on bullying and bullying prevention.

MedlinePlus: Bullying www.nlm.nih.gov/medlineplus/bullying.html

MedlinePlus is the National Institutes of Health's Web site for patients and their families and friends. Produced by the National Library of Medicine, it provides information about diseases, conditions, and wellness issues in language you can understand. MedlinePlus offers reliable, up-to-date health information, anytime, anywhere, for free.

National Crime Prevention Council www.ncpc.org/topics/cyberbullying/what-is-cyberbullying

The National Crime Prevention Council produces tools that communities can use to learn crime prevention strategies, engage community members, and coordinate with local agencies. The Web site contains specific resources to address bullying and cyberbullying.

Schools and Communities – Current Trends: Cruelty Online: The Growing Problem of ‘Cyberbullying’ www.helpstartshere.org/kids-and-families/schools-and-communities/cyberbullying.html

This article addresses cyberbullying, cyberbullying targets, and the impact and warning signs of cyberbullying. The article lists resources and helpful tips for parents.

Stop Bullying Now! www.stopbullyingnow.hrsa.gov/adults/default.aspx

Stop Bullying Now! is the federal public awareness campaign on bullying. This Web site is part of the campaign and has resources for practitioners, adults, and children on bullying awareness, prevention, and intervention.

The White House www.whitehouse.gov

This site provides videos and information on President Obama's commitment to end bullying, harassment, and discrimination in all its forms in our schools and communities and on the "It Gets Better Project."

NASW Resources on Domestic Violence & Bullying

Family Safety: How Social Workers Help www.helpstartshere.org/kids-and-families/family-safety/family-safety-how-social-workers-help.html

This Help Starts Here consumer page offers information and related links to articles on the role of social workers in addressing family safety.

Family Safety Current Trends – Interpersonal Violence in the Lesbian, Gay, Bisexual, and Transgender Community

www.helpstartshere.org/kids-and-families/family-safety/interpersonal-violence-in-the-lgbt-community.html

This Q & A talks about intrapersonal violence in the lesbian, gay, bisexual, and transgender community. Links to related articles on family safety and current trends are provided.

Family Safety Current Trends – Violence in the American Workplace

www.helpstartshere.org/kids-and-families/family-safety/workplace-violence.html

This article discusses workplace violence, including types of workplace violence and steps organizations can take to help promote a safe, productive environment.

Family Safety Tip Sheet – Recognizing the Signs of Domestic Violence

www.helpstartshere.org/kids-and-families/family-safety/family-safety-tip-sheet-recognizing-the-signs-domestic-violence.html

This tip sheet helps you recognize the signs of domestic violence and provides links to related articles.

NASW Practice Updates

www.socialworkers.org/practice

NASW social work practice updates keep you current on a variety of topics including domestic violence and bullying. NASW membership is required to access practice updates.

Schools and Communities – Current Trends: Cruelty Online: The Growing Problem of ‘Cyberbullying’

www.helpstartshere.org/kids-and-families/schools-and-communities/cyberbullying.html

This article addresses cyberbullying, cyberbullying targets, and the impact and warning signs of cyberbullying. The article lists resources and helpful tips for parents.

Social Work Contributions to Public Health: Bridging Research & Practice in Preventing Violence – Lessons from Child Maltreatment & Domestic Violence

www.socialworkpolicy.org/publications/iaswr-publications/social-work-contributions-to-public-health-bridging-research-practice-in-preventing-violence---lessons-from-child-maltreatment-domestic-violence.html

This report identifies how social work researchers and social work institutions (organizations and academia) can contribute through research and the translation of research into practice to the endeavors of public health agencies and other state-based agencies to prevent violence. This report also provides information on lessons learned from child maltreatment and domestic violence.

Social Work Speaks, Eighth Edition: NASW Policy Statements, 2009-2012

www.naswpress.org/publications/practice/speaks.html

This reference work addresses family and school violence. Other publications and articles on these topics are available at www.naswpress.org.

success story

Social Workers Help California County Reduce Domestic Violence Deaths

Cheers to the KGO-TV in San Francisco for the article that partly credits social workers for a decline in domestic violence deaths in California's populous Santa Clara County.

The county reported 5 domestic violence deaths in 2010, down from 11 the previous year. There were no child deaths in 2010, compared to three in 2009.

"The district attorney gives credit to countless hours of hard work by police, social workers, and the medical community with reducing the number of domestic violence deaths last year," the article said.

To view this article in its entirety, visit www.socialworkersspeak.org/cheers-and-jeers/social-workers-help-california-county-reduce-domestic-violence-deaths.html.

highlighted programs: **GET INVOLVED!**

The National Coalition to End Child Abuse Deaths, of which NASW is a member, is petitioning Congress to hold public hearings on child abuse fatalities, provide emergency funds to stop state cuts to child welfare services, and adopt a national strategy to end child abuse fatalities.

To view and sign the petition, visit

http://actions.everychildmatters.org/p/dia/action/public/?action_KEY=3748.



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