

Rita A. Webb, DCSW, ACSW, MS
Senior Practice Associate
rwebb@naswdc.org

WOMEN AND DOMESTIC VIOLENCE: IMPLICATIONS FOR SOCIAL WORK INTERVENTION

Introduction

The extent of consequences for women who have experienced physical violence each year depends on the severity and frequency of the abuse. Violence hinders a woman's ability to practice her right to self determination, which affects many areas of her life and choices.

Domestic violence (DV) is found in every economic and social strata, racial, and ethnic group. Domestic violence exists along a continuum from a single episode of violence to ongoing battering, and includes threats or acts of physical or sexual violence including forced rape, stalking, harassment, and certain types of psychological/ emotional violence (Family Violence Prevention Fund [FVPPF], 2004). Domestic violence is not only a physically assaultive behavior, but includes a wide array of behaviors designed to establish control in intimate relationships. The problem of domestic violence is further complicated by the fact that many victims are hesitant to report abuse to the police, family and friends, because they think others will not believe them and that the police cannot help (Centers for Disease Control [CDC], 2009). The emotional turmoil, physical suffering, and lethal toll domestic violence can have on individuals, families, and communities is a costly and pervasive problem.

Women are at greater risk for domestic violence, otherwise known as intimate partner violence, than men. Women ages 20 to 24 years old, are at highest risk of experiencing non-fatal intimate violence (FVPPF, 2008). The problem of partner violence affects women across the life span and occurs in relationships that are heterosexual and same sex. Although the research on lesbian partner violence is limited, the similarities in motivation for domestic violence between heterosexual and same sex abusive relationships are comparable (National Violence Against Women Prevention Research Center, 2005).

The U.S. Department of Justice, Bureau of Justice Statistics' (BJS) report on domestic violence found significant differences between women and men who had experienced domestic violence, in that 85 percent of victims are female (FVPPF, 2008). In 2008, the rate of domestic violence for females was 4.3 victimizations per 1,000 females age 12 or older. The equivalent rate of intimate partner violence against males was 0.8 victimizations per 1,000 males age 12 or older. Although the rate of domestic violence against females has declined 53 percent between 1993 and 2008 (from 9.4 victimizations per 1,000 females age 12 or older to 4.3 per 1,000) and against males, 54 percent (from 1.8 victimizations per 1,000 males age 12 or older to 0.8 per 1,000) (BJS, 2008), the work toward domestic violence rate reduction must continue.

Impact of Current Economic Conditions on Domestic Violence

An economic crisis alone does not cause domestic violence; however, economic stress can exacerbate an already precarious situation. Women whose male partners experienced two or more periods of unemployment over a five year study were almost three times as likely to be victims of violence as were women whose partners were in stable jobs. In addition, the loss of a job, home, or car can reduce a victim's ability to leave an abusive situation (National Network to End Domestic Violence, 2010). As the United States adjusts to what has been called the worst economic downturn since the Great Depression, many states, counties and communities struggle with how to fund and meet the need for shelters, transitional housing, social and other human services for their constituents. Included in this population are the victims of domestic violence. Since 2008, domestic violence shelters have reported an increase in the numbers of women seeking shelter because of abuse (National Network to End Domestic Violence, 2010).

Understanding and recognizing the underlying dynamics of economic stress on relationships helps social workers to identify possible risk factors and provide intervention for women who may be at higher risk of abuse. However, because of limited vacancies in family shelters and transitional housing options throughout this country, the safety and refuge of women victims and their children, could be compromised (National Network to End Domestic Violence, 2010). It is, therefore, important for social workers to continue to advocate for funding for shelters, transitional housing, and support services to help these vulnerable women and their children have access to a safe environment.

The Impact of Domestic Violence on Women's Health

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. Research shows that a significant proportion of all female homicide victims are killed by their intimate partner (FVPP, 2008). For pregnant and postpartum women, homicide is a leading cause of traumatic death and accounts for nearly a third of maternal injury deaths.

Sadly, the harmful effects of violence on women's reproductive health, during pregnancy, are not only to her, but include the fetus and newborn.

Risky behaviors are known to contribute to poor pregnancy outcomes for women who have experiences with violence. Survivors of abuse are more likely to practice high-risk sexual behaviors, experience unintended pregnancies and suffer from sexual dysfunction than non-abused women ("Violence Against Women," 2002). In addition, a recent study conducted by the Guttmacher Institute, found that women victims of domestic violence often experience reproductive control, otherwise known as reproductive coercion (FVPP, 2010). Victims reported that their partners had threatened to get them pregnant, forced them to have unprotected sex, sabotaged or interfered with their contraception, and engaged in other coercive acts. These abusive behaviors can lead to unplanned pregnancy, sexually transmitted infections and a host of other problems (FVPP, Know More, 2010). Violence impedes a woman's ability to manage her health; causes pain; and exposes her to irreversible conditions, such as sexually transmitted diseases including HIV/AIDS, premature delivery, and miscarriages.

Behavioral Health Consequences for Women Victims of Domestic Violence

While every victim's experience is different, violence is almost always a life-changing experience that can affect everything from one's ability to sleep to the ability to concentrate at work. Violence is widely recognized as a catalyst for behavioral health concerns, such as depression, anxiety, and suicidal behavior in women; substance abuse, alcoholism, symptoms of post traumatic stress disorder, and other disorders (CDC, 2005). For women who are victims of domestic violence, studies have shown the severity of state of anxiety was higher in abused women with depressive symptoms (Blasco-Ros et al., 2006).

Domestic violence not only victimizes women, but substantially affects their children. According to a 25-year study of nearly 400 participants, family conflict and violence takes a heavier toll on teens' mental health than marital disruption, divorce and separation. According to the results of this study, teens in the families where domestic violence occurred reported considerable issues with emotional and

behavioral issues, such as depression, substance abuse, suicidal thoughts, and post traumatic stress syndrome (Carter, 2004). The burden that domestic violence places on women and their children is far reaching. As a public health issue, the recognition that domestic violence is a catalyst for serious problems and can cause serious, long-term harm, only emphasizes that prevention efforts are clearly indicated.

Social Work Intervention

Over many decades, social workers have been involved in addressing domestic violence. Domestic violence is a serious public health issue that can occur within the context of a family, as a mother, partner, and/or wife; or in other situations, such as dating, sexual, or stalking. Consequently, domestic violence is a multidimensional problem which requires comprehensive understanding. A review of master's level social work curricula, found social work education had limited domestic violence content (Black, Weisz, & Bennett, 2010). The challenge for social workers is to broaden their knowledge, understanding and awareness of the multifaceted dimensions involved in domestic violence and to continue to develop skills that are based on best practices.

Social workers have been instrumental in focusing attention on domestic violence by helping to identify risky behaviors, and increase and strengthen protective factors through public awareness, program design and delivery (Williams, 2008). For social workers, this public health approach can be found in the work and services they provide through community education, practice, or program administration, in programs that address male violence/anger management and teen dating violence prevention.

In their traditional clinical roles, social workers have historically provided individual, group and family counseling and case management services for vulnerable and abused women and their children. Social workers can advocate for sound domestic violence services and policies by working in coalition with other groups, such as those who represent clergy, schools, hospitals, businesses, law enforcement, criminal justice, and the military. In addition, social workers who are members of interdisciplinary and management teams can provide critical psychosocial

input and consultation about the impact of violence on women in such settings as hospitals, clinics, schools, and businesses.

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