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.
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 actually 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 by a lifetime of pain. A study by Shin, Edwards, and Hennes (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, 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 numbers of a family. Physical aggression, such as pushing, slapping, scratching, licking, or using weapons to hurt a family member, is the easiest to detect… (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 decision 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 radical it was that her college mandated that in order to continue to study at the institution she “was forced to see a shrink.”

During these sessions, the family abuse was further addressed. Of course, beneath Janey’s actions (which were in truth a cry for help that her university responded to by a lifetime of pain. A study by Shin, Edwards, and Hennes (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, 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.

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After several sessions, I reached out to Janey’s family, suggesting that a family meeting would be both helpful and necessary.

The next session prompted a certain revolution 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 slut.” At this point in all 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 now knew how to receive parental attention through angering them, but the inevitable consequence of these campaigns 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 yield another outlet—the only safe place at present was through rage-fueled episodes with her boyfriend; she stuck with her for dysfunctional reasons of her own.

Dorothy E. Northrop, ACSW
NASW President

During the first family session, which finally did occur, Janey’s mother was frightened and defensive. With my tuning ears she quipped maddily, “I swear that we never hit in our family. I don’t know what Janey gets the idea that these behaviors are acceptable.” Then, running to her husband for approval, Lois said “I would never 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 it 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 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 (Gore, Kaufman, & Fox, 2009; Rosenthal, Leslie, & Walters, 2009).

After two family sessions, Janey and I continued individual work through the duration of her junior year. On her return to 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.
Addressing the Prevalence of Emotional Abuse with College Age Female Students

SaraKay Smullens, MSW, BCD

In a recent study, it was found that one in three U.S. college students experiences physical and/or verbal abuse during college. Several factors influence this prevalence, including a history of abuse in the family. Emotional abuse, such as verbal aggression, can work together with other forms of abuse, such as physical or sexual aggression, to create a toxic environment.

When I first spoke to Janey, it was abundantly clear that she had been drinking if not to cope with the problems at home, then certainly to escape from them. At her request, I provided her with information about the effects of alcohol on the body and mind, and the dangers of binge drinking. Janey seemed to understand the concept of moderation and responsible drinking, but she also acknowledged that she had struggled with addiction in the past.

Janey's mother, though kind, was very critical and had a tendency to control Janey's actions. She often said things like, "You're a disappointment to me." Janey's father, Tom, was depressed and withdrawn, and his temper had a way of escalating when he consumed alcohol. Janey had grown up in an environment where violence was a common occurrence, and she knew how to receive parental attention by engaging in risky behaviors.

During family sessions, Janey's mother revealed that she had given up on her son and was considering suicide. Janey's siblings were very affected by their mother's, and Janey's, actions, which were a result of a lifetime of pain. A study by Saunderson and Ray (2008) found that children who witness domestic violence are at a higher risk of developing psychological problems and behavioral issues later in life.

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 was a product of emotional manipulation. She was not forced to do it, but it was a way to escape the pain of her daily life.

Janey's actions, which were a result of her university, had a major impact on her parents. A study by Saunderson and Ray (2008) found that children who witness domestic violence are at a higher risk of developing psychological problems and behavioral issues later in life.

According to the research, Janey's family has given us nothing but pleasure, but the inevitable consequence of these observations was that all three family members eventually became unable to speak. The anger that Janey never had to express constructively was focused to find other outlets – the only safe place at present was through rage-fueled episodes with her boyfriend. He struck 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 a surprise to discover that her father was in effect, a “functioning” alcoholic. As soon as her work day as an engineer was over, her bottle came out.

The behaviors that brought Janey to my office, categorized as “dating violence,” have increased significantly in recent years. Reports suggest that one in three U.S. college students experiences physically and verbally abusive dating incidents during college.

In conclusion, emotional abuse can have a significant impact on the individual and the family as a whole. It is important to address these issues early on and provide support to those affected.

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 800-336-AFAB. For more details and to view a safety planning sheet, visit www.socialworkers.org/pressroom/events/dv/ domestic_violence/assessment.asp

To find out more, please contact First M. Lastname...
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 Newman 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” (Newman & 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 violence, 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 thumper of 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 Comorbidity Survey, 1994), 9 times greater risk of becoming manic depressed; 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 2,577 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 1990. Two hundred four of these women agreed to participate in the study, an overall participation rate of about 31%. The authors note that “nearly 60% of the women who received participating in the study did not differ in age, ethnicity, and presenting problems from the sample” (p. 467). Almost two-thirds of women with co-occurring disorders have attempted suicide, with an average number of four suicide attempts. “Women who report being victims of childhood sexual abuse (p. 469). “Women who report being victims of childhood sexual abuse are at higher risk for thumper of 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 Comorbidity Survey, 1994), 9 times greater risk of becoming manic depressed; 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).

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The authors comment that “women who report being victims of childhood sexual abuse are at higher risk for the onset of mental health problems and suicide attempts than those who have not had such childhood experiences” (p. 468). 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 depressed, 2.5 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 neurodevelopmental disorders precede the onset of addictive disorders” (p. 469).

These authors sampled 237 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 “rates of posttraumatic stress disorder (National Co-Morbidity Survey), at 9 times greater risk of becoming manic depressed, 2.5 times more likely to have drug/alcohol problems and major depression, and at elevated risk for anxiety disorders (p. 469).”

The authors note that “nearly 60% of the women in the total sample of high and 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 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 “rates of childhood sexual abuse are at higher risk for the onset of mental health problems and suicide attempts than those who have not had such childhood experiences” (p. 468). 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 depressed, 2.5 times more likely to have drug/alcohol problems and major depression, and at elevated risk for anxiety disorders (p. 469).

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cope with those hardships“ (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).

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 troubling 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 rerouting 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 damages that already have 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 protection and foster care programs for over 30 years, 26 years in Washington State, as a CPS social worker, supervisor, field manager, and regional administrator. Since 2004, he has taught child welfare courses in the BSID 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 Social Work Specialty Practice Committee of NASW. His email address is DeeWilk@casework.org

Reference

Violence Against Adults: A Look at Elder Abuse
Forrest Hong, PhD, LCSW
Notice of issues related to elder abuse did not really come for late 70s following a Congressional Hearing, Elder Abuse: 7 Program (U.S. House of Representatives, 1978), during which included the terminology of “grandma battering.” The issue came into the interest of the Special Committee on Aging, which resulted 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 focusing 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 was 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 state 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 (Barret, 2003), elder abuse is the “mistreatment of older people and relatively vulnerable people, including physical battering, neglect, financial or other exploitation, and psychological harm. Abuse may be inflicted by the older patient’s adult child or other relatives, legal guardians, 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 maltreated, exploited, or injured by someone who was their primary caregiver or provider (National Research Council, 2003). Follow-up 2003, however, very little data has been compiled.
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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 130 percent from 1986 to 1996.

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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, codified cases, there also may exist a cycle of violence that is based on learned behaviors in which abuser’s 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 concise research...
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 foster caring for an aging parent. Often, we are left evaluating an abusive situation for which many of the triggering behaviors cannot be mandated. Rather, violence and abuse can be addressed when we take away the fear of legal action through the use of resources. We instead can focus our attention and resources on stopping and elimination of what we know are the triggering devices that initiate the unacceptable behaviors that lead to abuse and violence.

Forrest Hong, PhD, LCSW, is a geriatric care manager and social worker in Los Angeles, CA. He currently chairs the NASW Specialty Practice Section on Aging.

From a law enforcement standpoint, domestic violence is one of the most challenging situations to address due to the 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 (Ferri, 2004):

• Native American women, including those of Alaskan descent, are 2.5 times more likely to be raped or assaulted than non-Native American or Alaskan victims.

• In at least 86% of these cases, if 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 the same 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 acts of violence and denied access to justice on the basis of their gender and indigenous identity” (p. 5).

Forrest Hong, LCSW, DAPA

Leader of Council for Aging Organizations (LCGO)

www.LCGO.org

References


Resources

AARP www.aarp.org

International Network for the Prevention of Elder Abuse www.inpaa.net

The National Clearinghouse on Abuse in Later Life (NCALL) www.ncall.us

National Center on Elder Abuse (NCEA). www.ncea.aoa.gov


American Society on Aging www.asaging.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 Tribe in South Dakota, I watched an incident of domestic violence in the housing project next door have come out of the front door trying hard to distance herself physically from the man as she was in the midst of the conflict. The argument escalated quickly. He shoved her before the police arrived. When the police did arrive, the next occasion, a student at the college where I taught requested permission to keep the housing project next door and she was afraid to get in the car with him. A year later, when I last heard, the couple was in a relationship. The casual occurrence of these incidents in the commonplace partner violence was on that reservation.

...
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 situation.

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

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; thus, it is 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 jurisdictions about which has jurisdiction.

References


Resources

AARP www.aarp.org

International Network for the Prevention of Elder Abuse www.inpea.org

The National Clearinghouse on Abuse in Later Life (NCALL) www.ncall.us

National Center on Elder Abuse (NCEA) www.nceaa.org

National Council on the Aging (NCoA) www.ncoa.org

American Society on Aging www.asaging.org

Leadership Council of Aging Organizations (LCAD) www.lcao.org

Mary Anne Nulty, LCSW, DAPA

A Legacy and a Challenge

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 situation.

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
foundations 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. Native Americans have experienced extreme stress, such as that which reaction and response to trauma and America. Across the entire spectrum value of indigenous groups in North domestic violence is not an intrinsic and from my personal observation, Native Americans were eradicated population. In my opinion, Native exploitation of its indigenous foundation of the destruction and and its resources. Surely, additional reports will be published after the recommended work has begun.

Such an effort is one example of redressing domestic violence in India, a situation that has been long overdue for a remedy to come from the society responsible for its emergence. Hopefully, there will be many more like this 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.

Mary Anne Nulty, LCSW, DAPA, is chair of the NASW Social & Economic Justice and Peace Committee. She lives in the Cheyenne River Sioux Reservation of South Dakota from August 2003 to June 2005, teaching social work at the Lakeshore Preparatory College and practicing for Catholic Social Services of Rapid City, SD. She currently presently works in Virginia.


Judicial Council of California Administrative Office of the Courts Center for Families, Children & the Courts (2008, May). 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 as a companion piece, Native American Communities Justice Project—Beginning the Dialogue: Domestic Violence, Sexual Assault, Stalking, & Teen-Dating Violence (Policy Paper). Presumably, additional reports will be published after the recommended work has begun.

While research results vary, domestic violence happens in same-sex relationships at about the same rate as in heterosexual relationships (12% - 15%) (Brenner & Greswol, 2005; 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 behavior (Bark, 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 (Bark, 1999). It also affects what people have access to or can wield to wield abuse power and control over their partners. In assessing what the best resource may be for LGBTQ-identified people, it is important to determine who is a survivor, and who is existing, an abusive pattern of power and control. The unimaginable scenario of domestic violence survivors ending up in interventions designed for survivors of intimate partner violence ends up in shelters and community advocacy programs. Their partners then cannot access a reality for some LGBTQ survivors. In heterosexual relationships in which abuse occurs, the male partner is exerting the abuse pattern power and control over the female partner approximately 90% of the time, regardless of whether either or both partners have been physically violent with each other (Kernodle, 2002; Rohrbaugh, 2006; Tjaden & Thoennes, 2000).

Abuse within a heterosexual relationship historically has been illustrated using the “Power and Control Wheel” developed by the
Contextualizing Domestic Violence from a LGBTQ Perspective

Mika Albright, MSW
DeAnn Alicantza-Thompson, BA

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 abuses and controlling behaviors (Banks, 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 (Banks, 1999). It also affects what people have access to or can use to help abusers 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 unresponsive nature of domestic violence survivors ending up in interventions designed for heterosexual partners and abusive partners ending up in shelters and community advocacy programs their partners than cannot access is a reality for many domestic violence survivors. In cases of LGBTQ communities, partners who have experienced domestic violence in the past may use their experiences as an excuse for their current abuses and controlling behaviors (Banks, 1999).

Resources


References


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violence survivors (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 more effectively with LGBTQ-identified people (Brown & Groscup, 2009).

Mika Albright, MSW, is a community advocate working with LGBTQ-identified survivors of dating and domestic violence at the Northwest Network of Bi, Trans, Lesbian and Gay-identified people with the best practices to support LGBTQ survivors of dating and domestic violence. She can be contacted at deann@nwnetwork.org.

Dalek Alkahtani-Thompson, BA, is a community advocate at the Northwest Network of Bi, Trans, Lesbian and Gay-identified domestic violence survivors. She provides training and technical assistance to other social service providers and domestic violence advocates in Washington state on best practices to support LGBTQ survivors of dating and domestic violence. She has experience working at transgender women’s center in Seattle. She can be contacted at dalek@nwnetwork.org.

References

Resources
Northwest Network (www.nwnetwork.org) provides comprehensive resources for domestic violence intervention with LGBTQ communities. LGBTQ cultural competency, and culturally appropriate service delivery through public speaking, training, and technical assistance at the national and local levels. The Northwest 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-identified 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, misunderstanding, or misgendering people, it is strongly recommended that providers avoid using labels for LGBTQ-identified persons.

Biphobic: The systematic oppression of bisexual people specifically because it
LGBTQ people can gather or use LGBTQ community resources. LGBTQ-identified domestic violence survivors may be more likely to run to the person who harmed them at home events and shared community spaces, including social service agencies, social outlets, and local providers. Survivors also have concerns about unmuting their partner’s ability to go to the person who battered them at the violence, and domestic violence. She has experience working with LGBTQ survivors of domestic violence in an LGBTQ context, and stemming to help the relationship. Abusers are more likely to run to the person who battered them at the violence and are not in a relationship that involves abusive violence. While the experiences of the person who battered them may make it more difficult for LGBTQ survivors to establish connections, rebuild their lives, and help the abuse. When there are no gay-friendly neighborhoods for gay-specific or generally bear, social activities, and queer, for example, telling LGBTQ survivors not to go to places where they are likely to spend time with the person who was battering them may not be an option. Safety plans that involve avoiding any possibility of contact with their abusers, or avoiding other community members who may know their abusers, 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 heteronormative, homonormative, and biphobic assumptions, intensive educational training is necessary when working with domestic violence survivors in an LGBTQ context, as shown by research. Potoczniak et al. (2013) states that “to overcome the myths and assist a victim of SSV (same-sex domestic violence) appropriately, it is necessary to examine the violence within the context of the relationships to gain insight into the power structure (i.e., which member of the relationship has power over the other member)” (p. 215). In a study by Brown and Grosscup (2009), crisis line workers “tended to rate same-sex abuse as less serious, less likely to occur, 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 between both partners in a non-transgender male-female relationship (Brown & Grosscup, 2009). Potoczniak et al., 2013. This misconception impedes the legal system, domestic violence organizations, and other service providers in responding appropriately. In addition, many service providers need support in working with LGBTQ-identified people (Brown & Grosscup, 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 & Grosscup, 2009).

Resources of this response, removing misconceptions impedes the legal system, domestic violence organizations, and other service providers in order to move past heteronormative, homonormative, and biphobic assumptions, intensive educational training is necessary when working with domestic violence survivors in an LGBTQ context, as shown by research. Potoczniak et al. (2013) states that “to overcome the myths and assist a victim of BDSM (same-sex domestic violence) appropriately, it is necessary to examine the violence within the context of the relationships to gain insight into the power structure (i.e., which member of the relationship has power over the other member)” (p. 215). In a study by Brown and Grosscup (2009), crisis line workers “tended to rate same-sex abuse as less serious, less likely to occur, 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 a non-transgender male-female relationship (Brown & Grosscup, 2009). Potoczniak et al., 2013. This misconception impedes the legal system, domestic violence organizations, and other service providers in responding appropriately. In addition, many service providers need support in working with LGBTQ-identified people (Brown & Grosscup, 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 & Grosscup, 2009).


References


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.”

Heterosexual - The belief that heterosexual (straight) relationships and people are the ideal and that they are better or more “normal” than queer relationships and people. Heteronormism also includes the denial that queer people exist at all, and the assumption that everyone is straight unless they tell you otherwise.

Biphobia - 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.

LGBT - Lesbian, Gay, Bisexual, Transgender, and Queer.

Queer - An inclusive term that refers collectively to bisexual, lesbian, gay men, and transgender and transsexual persons and others who may not identify with any of these categories but identify as “queer.”

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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. New 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.

The law defines bullying as:

Defining the Crime

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).

This groundbreaking 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. 92, §370. 5, 2010).

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 parvus 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, fundraising, and field trips. It forbids “retaliation against a person who reports bullying” (Mass Gen. Laws ch. 92, §370. 5A, 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, community representatives, law enforcement agencies, students, parents, and guardians. Training must include procedures to report, investigate, and respond to bullying. The law requires 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 the benefit of both perpetrators and victims. The school and police must be given procedures to report, investigate, and 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 education 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 and the victims. Professional development is aimed at generating guidelines for those who witness bullying. Training must be delivered by age to prevent, respond to and effectively deal with power struggle and imbalance 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 the benefit of both perpetrators and victims. The school and police must be given procedures to report, investigate, and 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 education life in Massachusetts.
Continuing Study
Lawmakers included in this law a call for a special commission to study the extent of peer cruelty, study bullying and cyber-bullying, and determine the extent of personal 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 a hostile and intimidating school experience for its victims. The legislation forbids such behavior on any school grounds, whether public, charter, or private and extends in to any area or material and substantially disrupts the education process or the orderly operation of a school. ...bullying shall include cyber-bullying (Mass. Gen. Laws ch. 92, §370.7, 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 resources 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 as 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 in age to provide the child's disability, the Individualized Education Program shall address the skills and proficiencies needed to avoid and respond to bullying.

Entitlement
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 multimedia and multimedia approach.

Timely Action/Reaction
Inter school 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 demonstrate respect 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 (albeit 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. Thus, 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.

Susan Conklin is a Licensed Independent Clinical Social Worker, a Board Certified Diplomate, and an education specialist in Williamstown, Massachusetts. She can be reached at susan.susan@gmail.com.

**References**


A Shift in Approach: Addressing Bullying in Schools

Sharon Issurait, ACSW, DCSW, LCSW

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, 2001). Instead, bullying is 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, 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, 2001).

References


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 discipline 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 the 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 student 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 most effective. Results have shown that zero-tolerance methods are ineffective and may actually increase maladaptive behaviors. Research has also shown that creating connectiveness 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 redifining approaches to school violence and bullying.

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, & Doyke, 2010). Social workers can assist 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 connectiveness 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.

References


What School Social Workers Can Do

The prevention of bullying and school violence is a vital role for school social workers. They are 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 aggressiveness, and diminished attendance. School social workers can provide teachers with information regarding the signs to look for in students and ways that they can address these signs.

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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.

References


Resources

HelpStartsHere.org

American Educational Research Association

National Center for Youth Violence

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 536 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). 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, Tucker, & 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 employers 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 index numbers were found to be more conducive to the organization and more helpful in achieving company goals (The Performance Promise 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 Promise 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—not can the value of working in an environment that is free of bullying.

References


Tracy Whitaker, DSW, ACSW, is the director of the NASW Center for Workforce Studies & Social Work Practice. Dr. Whitaker directed the 2004 national benchmark study of licensed social workers and was the lead author of five reports emanating from that study. She also led the first comprehensive and benefits study of the social work profession in 2000 and has conducted multiple studies of the NASW membership. She can be reached at Twhitaker@naswdc.org.
Workplace Bullying

A phenomenon that affects both individuals and organizations. Workplace bullying is a form of mistreatment of one or more persons (the targets) that takes one or more of the following forms: 

- Repeated and continuous aggressive behavior that takes one or more of the following forms: 
  - Personal attacks (including verbal) which are aggressive, intimidating, and disruptive to the victim's work environment; 
  - Physical threat or acts of violence; 
  - Intimidation; 
  - Work interference (sabotage) that takes one or more of the following forms: 
    - Restricts or disrupts the victim’s work or career; 
    - Work interference that results in higher levels of stress; 
    - Work interference that results in higher levels of stress for the target's colleagues; 

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 climates, norms, and practices create the conditions that allow bullying behaviors to flourish (Rhodes, Pullen, Vickers, Clag, & Peres, 2010). Organizations, therefore, have an ethical responsibility to address and extinguish such behaviors (Rhodes et al., 2010).

Companies can benefit by fostering bullying and developing respectful workplaces where employees are treated with respect and where the workplace 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.

References


Stewards of Trauma

Robyn Callahan, MSW, LSWAIC
Samantha Wipperman

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 Saakvite, 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). Regardless of the often interchangeable terminology and nuances in definitions, “a trauma exposure response has occurred when people, 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 acute change agents, passionate advocates, and empathetic 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 $86.3 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 our mental health services. 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, experiences, 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 nature may guide him or her to pursue a career as a helping professional. An unreliable tool, empathy allow 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 role 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 in a form of countertransference: for the professional a greater risk for secondary trauma.

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

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
social workers, are becoming more aware of the cumulative effects of working with clients who have experienced trauma, also known as secondary trauma, first entered the professional arena nearly two decades ago, when psychologists and Laurie Anne Pearlman, PhD defined such trauma as vicarious trauma, also known as secondary trauma is characterized by "the noticeable transformation that takes place in the nervous system of the negative impact that witnessing or being exposed to trauma without becoming burned out or depressed: "Witnessing the suffering of others is universal" (Van Dernoot Lipsky, 2009, p. 41).

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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, resulted 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 (Boszor & Ragheb, 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 is often 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 may 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 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. Worsen, "...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. 116). When trauma mastery is approached mindfully, it has the potential to serve as a powerful tool as a helping professional's toolset.

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 those 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...
It is important for social workers to recognize that their primary role is not to be a therapist, but rather to create a safe and supportive environment for the client to heal. This requires self-care and emotional resilience on the part of the social worker.

Lipsky (2009, p. 48) notes that when the body experiences trauma, it is like “a body in a state of alarm, a state of fight or flight, where the body mobilizes vast amounts of energy, and the body becomes aware of the need to defend itself.”

In her book Healing Trauma: A Pioneering Program for Restoring the Wisdom of Your Body, Peter Levine (2005) notes that when the body experiences trauma, “the body becomes aware of the need to defend itself.” This means that the body becomes aware of the need to defend itself from the stressor, which is often traumatic.

Lipsky (2009, p. 147) defines mindfulness as “a state of being present in the moment, without judgment.”

References


experiences trauma “both mind and exposure response potentially can capacity to connect your internal This means you still have the opportunity to discharge that stored energy. Moving into a place healing requires a strategy for dismantling damaging behaviors undischarged residual energy in preparation” (pp. 2-3) to

Living offers hope as a strategy for healing traumatic 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 psychoneuroimmunology, 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 helpfacilitate 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 attempts 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 (MBSR), 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 to everyday experience and open to all thoughts, actions, and sensations” (p. 41). Extensive research on the bridge between meditation and medicine offers another illuminating example of mindfulness as an awareness that is evolved 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 especially are powered with an opportunity to cultivate 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.

Rosen, Galanter, M.D. (2006), underscores the importance of healing the whole person when working personal health, wellness, and balance in health care. In addition to her M.D., she completed Clinical Training in Mind-Body Medicine at Harvard Medical School and postgraduate training in Chinese medicine and meditation in the Himalayan mountains of China. She incorporates her skills to facilitate physical, emotional, and spiritual healing in her clients. She can be reached at evenhiftnating@health.com.

Samantha Willpermans is a public school educator working to create educational environments that honor the multifaceted mind-body-spirit components of the individual as act of self-care with the training of the individual student, as well as his extended communities. She can be reached at enlightening@education.com.

References


NASW Webinar On Demand
Lunchtime Webinars Available at www.socialworkers.org/ce/online/lunchtime/fcourses/home.aspx

Client Violence and Social Worker Safety
This webinar addresses the problem of client violence toward social workers across practice settings. Increase your awareness about your risk for encountering violence. Learn about the risk and protective factors for such violence and strategies to prevent client violence in office and field settings.

Presenter(s):
Christina Sennett, PhD, ACSW

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For a full listing of NASW certifications for MSW’s and BSW’s go to

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These NASW certifications are top choices for validating training and experience.

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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.

MedlinePlus: Bullying
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.

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
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
This Q & A talks about interpersonal 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
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
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’
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
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.

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.
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.

success story

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