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Grand Challenges for Social Work Initiative

The Grand Challenges for Social Work are designed to focus a world of thought and action on the most compelling and critical social issues of our day. Each grand challenge is a broad but discrete concept where social work expertise and leadership can be brought to bear on bold new ideas, scientific exploration and surprising innovations.

We invite you to review the following challenges with the goal of providing greater clarity, utility and meaning to this roadmap for lifting up the lives of individuals, families and communities struggling with the most fundamental requirements for social justice and human existence.

The Grand Challenges for Social Work include the following:

1. Ensure healthy development of all youth
2. Close the health gap
3. Stop family violence
4. Eradicate social isolation
5. End homelessness
6. Promote smart decarceration
7. Reduce extreme economic inequality
8. Build financial capability for all
9. Harness technology for social good
10. Create social responses to a changing environment
11. Achieve equal opportunity and justice
12. Advance long and productive lives

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Ending Gender-Based Violence: A Grand Challenge for Social Work

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Ending gender-based violence (GBV) and promoting violence-free relationships and communities is a Grand Challenge for Social Work. A significant and enduring social problem, GBV affects not only the day-to-day lives of millions of American women, girls, and men, but also family members, colleagues, and friends in their social networks who seek ways to support nonviolence. In this working paper, we turn our attention to the ways GBV manifests in intimate relationships through what is known in the United States as domestic violence or intimate partner violence (IPV). The short- and long-term effects of GBV are serious—sometimes fatal—for one or both partners and related children. Social work's current measures, though inadequate, indicate changes in GBV are possible and that American society has the resources, tools, and knowledge to move more quickly toward not only healthier nonviolent relationships but also families, neighborhoods, and communities that value safety, empowerment and respect for girls and women. Existing initiatives to prevent GBV and promote violence-free intimate relationships include building healthy teen and parenting relationships, emergency shelter programs, screening to identify those at highest risk of lethal violence, and coordinated community responses to address system-level barriers. The field of social work must test fresh approaches and develop new scientific tools to solve this Grand Challenge for current and future generations.

Key words: Gender, violence, gender-based violence, women, children, interpersonal violence, domestic violence

Gender-Based Violence (GBV) encompasses a spectrum of assaults on girls and women such as sexual assault, incest, sex-selective abortion, female infanticide, femicide, forced prostitution, and war rape. All of these behaviors rest on a set of beliefs and practices that enforce male entitlement and control over women. In this working paper, we turn our attention to the ways GBV manifests in intimate relationships through what is known in the United States as domestic violence or intimate partner violence (IPV). We recognize that men may also be victims of intimate violence, but their rate of victimization is much lower and their experience significantly

different (Hamby, 2009). Here we focus primarily on violence against women, including lesbian and transgender women, recognizing that these two groups have different experiences of GBV and access to resources to address it (Lindhorst, Mehrotra, & Mincer, 2010).

Efforts to protect and support survivors of violence while also holding perpetrators accountable and working to rehabilitate them abound at the international, national, and local levels. Existing initiatives to prevent GBV and promote violence-free intimate relationships include building healthy teen and parenting relationships, emergency shelter programs, screening to identify those at highest risk of lethal violence, and coordinated community responses to address system-level barriers. Culturally responsive interventions for survivors and perpetrators are less prominent but are emerging worldwide.

GENDER-BASED VIOLENCE IS ENDEMIC IN AMERICAN SOCIETY

Background

In 1979, the United Nations created the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW, U.N. General Assembly, 1979) and made specific recommendations to nation-states to eliminate violence against women and girls. Coupled with the work of the World Health Organization (WHO, 2005), these international efforts have provided the primary structure for a long line of international conventions aimed at promoting violence-free lives for women and girls.

Unfortunately, the United States is one of only a few countries that have yet to ratify CEDAW. In the United States, GBV is addressed at the policy level through legislation designed to protect and provide services to survivors. The passage of the Violence Against Women Act (VAWA, 1994) was ushered in after many years of local and national advocacy, and has been expanded considerably over the past two decades as a result of continued organizing.

Social work scholars and practitioners stand at the forefront of these initiatives and have made a significant impact on efforts to expand social responses aimed at ending GBV. This working paper briefly reviews the incidence of GBV and also addresses current efforts to end GBV and promote violence-free intimate relationships in the United States, closing by suggesting innovations the field should promote and test in the next decade.

The landscape of GBV in the United States

National surveys of prevalence and incidence clearly demonstrate that violence against women is a significant problem in American intimate relationships. The most recent nationally representative study of GBV in America, the National Intimate Partner and Sexual Violence Survey, assessed life-time prevalence and past year incidence of IPV, sexual violence (SV) and stalking among 16,507 adult women and men in the United States (Black et al., 2011).

The National Intimate Partner and Sexual Violence Survey found that one in five women (18.3%) had been raped at some point in their lives. Over half of these women (51.1%) reported being raped by an intimate partner and almost as many (40.8%) by an acquaintance, indicating that rape is rarely "the stranger in the shadows" for American women. Over one-third of American women (35.6%) experience rape, physical violence, and/or stalking by an intimate partner in their lifetimes. More than one-third of these women experienced multiple forms of interpersonal violence in their lifetimes such as childhood sexual assault and adult IPV (Black et al., 2011).

Exposure to violence as children increases more than twofold their risk of perpetrating or being victims of violence in adulthood (Ehrensaft et al., 2003; Milaniak & Spatz, 2015; Whitfield, Anda, Dube, & Felitti, 2003). One in six women (16.2%) reported being stalked in their lifetimes, while two in three of these women (66.2%) reported being stalked by a current or former intimate partner or acquaintance (Black et al., 2011). Male intimate partners commit 70% of all *femicides* (i.e., murders of women), and women die at twice the rate by a partner or former partner than do men (Catalano, Smith, Snyder, & Rand, 2009). African-American women are at particular risk of homicide as they are twice as likely as white women to be killed by an intimate partner (Catalano, Smith, Snyder, & Rand, 2009). Also, American Indian and Alaska Native girls and women are more likely to be victims of GBV than females from any other racial or ethnic group in the United States (Evans-Campbell, Lindhorst, Huang & Walters, 2006; Tjaden & Thoennes, 2000).

SCIENTIFIC EVIDENCE INDICATES THAT THE CHALLENGE OF GBV CAN BE COMPLETELY OR LARGELY SOLVED

Prevention, intervention, and policy efforts to end GBV and promote healthy, violence-free intimate relationships have grown substantially in recent decades. Primary or universal prevention approaches have been undertaken in a variety of settings. For example, Wolfe and colleagues (2009) have developed the *Fourth R Program: Strategies for Healthy Youth Relationships* that has been subject to rigorous evaluation in Canada and the United States and has successfully reduced dating violence in schools where it has been implemented.[1] Futures Without Violence (formerly the Family Violence Prevention Fund) has engaged in national collaborations to engage men and boys in violence prevention across a variety of settings, including sports teams, fraternities and as fathers.[2] Newer prevention interventions are clarifying the responsibilities and possibilities for friends and bystanders in preventing exposure to risky situations and responding to perilous situations (Banyard, Moynihan, & Plant, 2007; Banyard, Plante, & Moynihan, 2004; Casey & Ohler, 2012; Casey & Smith, 2010; Casey, 2010).

[1] See https://youthrelationships.org/.
[2] See http://www.futureswithoutviolence.org/engaging-men/.

The role of social work research

Social work and public health scholars have also made progress in promoting the importance of screening for exposure to violence in health settings (Amar, Laughon, Sharps, Campbell, & Expert Panel, 2013; Anda et al., 1999; Chamberlain, 2006; Hamburger & Phelan, 2004; Valpied & Hegarty, 2015), social welfare offices (Lindhorst, Meyers, Casey, & Lurie, 2008; Lindhorst & Padgett, 2005; Saunders, Holter, Pahl, Tolman, & Kenna, 2005) and mental health settings (Hamberger & Phelan, 2004). Progress is being made in responding more effectively to patients or clients when screening indicates prior or current violence exposure (Lindhorst, Casey, & Meyers, 2010; Ramsay, Richardson, Carter, Davidson, & Feder, 2002; Wathen & MacMillan, 2003). Less is known about what happens after screening, initial contact with law enforcement, or when women are mandated to receive services (Macy, Rizo, Guo, & Ermentrout, 2013). The field also has significant challenges in delivering community-based services for the majority of those who are screened as at risk but may not require criminal justice or domestic violence shelter or other services.

Intervention efforts are widespread but their impact is little known. The latest Domestic Violence Counts one-day census of current GBV survivor services in the United States found 66,581 survivors using emergency shelters or transitional housing in all 50 states (National Network to End Domestic Violence [NNEDV], 2013). Local domestic violence programs provided individual support or advocacy (98%), children's support or advocacy (84%), emergency shelter (77%), court advocacy (58%), transportation (58%), and group support or advocacy (58%) (NNEDV, 2013). DV Counts also found that 24-hour hotlines answered over 20,000 emergency calls and provided community trainings to more than 23,000 individuals. Unfortunately, almost 10,000 requests for service went unmet on the single day of the census, 60% of which were requests for emergency or transitional housing indicating a high level of unmet need for these intervention services. Few studies on the outcomes and effectiveness of these services have been conducted, but most have found positive effects of shelter and advocacy services (Bennett, Riger, Schewe, Howard, & Wasco, 2004; Sullivan & Bybee, 1999; Sullivan, n.d.). Yet, there is a need for social work scholars and practitioners to expand evaluation and refinement of these interventions.

Intervention programs for perpetrators of violence

In addition to aiding women and child survivors, hundreds of batterer intervention programs seek to rehabilitate and hold accountable perpetrators of violence. At least 40 U.S. states have established guidelines for, or certification of, such programs (Parker, 2007). These programs focus on group and/or individual counseling using psychoeducational methods to change the beliefs, attitudes, and behavior of perpetrators and encourage them to take responsibility for their violence (Gondolf, 2012). Controversy exists over the effectiveness of batterer intervention programs, but Gondolf (2004; 2012) argues these programs achieve comparable results to other interventions such as substance abuse programs. Intervention with batterers is best implemented

when perpetrators recognize that trouble is occurring in their relationships and they are open to motivation-enhancing interventions (Mbilinyi et al., 2011). Conjoint therapy with couples engaged in violence has traditionally been discouraged since the 1980s when most advocates cautioned against this approach citing safety concerns for survivors. Emerging evidence suggests, however, that couples therapy might be safely employed under highly structured circumstances with careful screening to reduce retaliatory violence (Goodmark, 2012).

Other factors affecting GBV

In addition to sex and gender bias as key explanatory variables in GBV, other cofactors have been emerging. Research on the disproportionate impact of poverty on the incidence of GBV suggests that the financial burden of seeking alternatives to abusive relationships including housing, job training, child care, and even basic medical care often constrain poor women from safely leaving violent partners (Davies & Lyon, 2013; Renzetti, 2009). Advocates who work in communities of color—particularly in urban areas—argue that oversurveillance of women and men of color from law enforcement results in their disproportionate representation in arrests, convictions, and incarceration for GBV offenses (Richie, 2012). The disproportionate arrest and incarceration of men and women of color may also reduce their chances of successfully reentering society (Coker & Mcquoid, 2015). Finally, violence in same-sex relationships has been well documented for decades (Lockhart & Danis, 2010; Messinger, 2011), but has only received dedicated funding for services under the most recent VAWA reauthorization.

In summary, rather than assuming that GBV is found at equivalent rates across all individuals, families, and communities in the United States, social scientists have come—over the last 40 years—to understand the nuanced complexities of this problem and the need to develop culturally-responsive programs and policies that reflect this knowledge. Research and evaluation on cultural factors as they intersect with GBV are still nascent to nonexistent, creating important research opportunities for social work scholars.

MEANINGFUL AND MEASURABLE PROGRESS TO ADDRESS THE CHALLENGE OF GBV CAN BE MADE IN A DECADE

Promoting an end to GBV and encouraging violence-free intimate relationships requires not only "downstream" crisis responses involving criminal justice and social service, but also "upstream" universal and selective prevention efforts. No single initiative or "best practice" will end GBV and promote the alternative behaviors of violence-free living. In short, a full array of coordinated efforts—"full-stream efforts"—is needed to move toward increasing violence-free relationships and decreasing victimization and perpetration within the next decade. Efforts and innovations are needed in research, practice, and policy. As stated earlier, social workers are at the forefront of both downstream and upstream efforts working alongside community activists, legal, and criminal justice professionals; health care providers; educators; and others. However, as a field, social work has not gone far enough.

Measuring progress over the next decade

Measuring progress remains a challenge that could benefit from social work scholarship. The United States has been engaged in surveying Americans on GBV for several decades, with the most ubiquitous measure being the Conflict Tactics Scale (CTS) (Straus, 2006). The various versions of the CTS have been considerably critiqued (Dobash, Dobash, Wilson, & Daly, 1992; Lindhorst & Tajima, 2008). Hamby and others have suggested that the CTS is limited in terms of its validity particularly given the complexity of gender violence dynamics across populations and settings, and have proposed alternative measures that are likely to give a more accurate view of GBV in the United States (Hamby, 2009; Hamby, McDonald & Grych, 2014), yet these measures have not been fully tested in large populations or intervention studies. Ongoing social work scholarship is needed to map the conceptual domain of GBV, improve measures, and update methods for obtaining accurate and meaningful analyses about the nature of and interventions to end this problem.

Innovating practice over the next decade

More significant is the need to fundamentally change social work practice with those who perpetrate GBV and for those who have been abused in the context of their intimate relationships. Efforts to expand beyond traditional domestic violence and criminal justice interventions have increased significantly in the two decades since VAWA was passed. Support for an array of interventions in settings as varied as health care, education, faith communities, and the military have been mounted (e.g., Renzetti, Edleson, & Bergen, 2011). For example, interventions to address suicidality among members of the Air Force have been successful in reducing incidents of domestic violence (Knox, Litts, Talcott, Feig, & Caine, 2003). Emerging efforts have also focused on community-based responses to domestic violence, such as the use of restorative justice approaches (Ptacek, 2009) and antiviolence organizing (Incite!, 2006). In addition, the Affordable Care Act (ACA, 2010) includes provisions for expanding home visiting services to include monitoring of domestic violence that offers an opportunity for social work innovations (Chamberlain & Levenson, 2015).

Transforming perception and changing norms over the next decade

We have asserted that GBV is an outcome of societal beliefs and practices that support male entitlement and dominance. With this conceptualization in mind, any effort to end GBV will necessarily have to focus on transformation at the social and community as well as individual and family levels. Macro level interventions aimed at changing beliefs, attitudes, and perceptions of social norms are one type of intervention that has shown promise (Salazar, Baker, Price & Carlin, 2003; WHO, 2009). Changing norms along with offering concrete actions to support bystanders in intervening when they witness or suspect GBV have resulted in decreasing reports of sexual assault according to early research studies (Coker et al., 2014; Wolfe et al., 2009). Prevention programs that target and engage young men and their peers who are at the greatest

risk of perpetrating intimate violence against women, but also generalized violence against other men, are under development (Carlson et al., 2015; Crooks, Goodall, Hughes, Jaffe, & Baker, 2007; Futures Without Violence, 2015).

Structured advocacy programs that empower survivors to (1) determine their own safety needs, (2) access needed resources, and (3) effectively engage with multiple systems are also needed (Bybee & Sullivan, 2002; Davies & Lyon, 2013; Sullivan & Bybee, 1999). At the individual and family level, more interventions are necessary to help assess levels of risk and subsequently tailor counseling and other services that promote safety and well-being for all family members.

THE CHALLENGE OF GBV REQUIRES INTERDISCIPLINARY AND CROSS SECTOR COLLABORATION AND INNOVATION

Addressing GBV necessarily requires cross-sector, interdisciplinary, and interprofessional collaborations on multiple levels of the social ecosystem, particularly among members of the criminal justice, advocacy, and health systems. Social workers, psychologists and counselors are already very involved in these efforts. Judges, law enforcement, and prosecutors in the United States have received extensive training on GBV in large part because of VAWA. Efforts to prevent and intervene in GBV have expanded well beyond criminal justice responses into health care, religious, educational, and other settings. Significant innovation is necessary in nearly every approach to ending GBV, from modifying social norms to developing new data-driven prevention efforts and interventions at the individual, family, community, and social levels.

ENDING GENDER-BASED VIOLENCE IS A GRAND CHALLENGE

Ending GBV and promoting violence-free relationships and communities meets the criteria of a Grand Challenge. First, GBV is a significant and enduring social problem that not only affects the day-to-day lives of millions of American women, men, and girls, but also family members, colleagues, and friends in their social networks who seek ways to support nonviolence. The short- and long-term effects of GBV are serious—sometimes fatal—for one or both partners and related children (Campbell, Glass, Sharps, Laughon, & Bloom, 2007). Second, social work's current measures, though inadequate, indicate changes in GBV are possible and that American society has the resources, tools, and knowledge to move more quickly toward not only healthier nonviolent relationships but also families, neighborhoods, and communities that value safety, empowerment, and respect for girls and women. The field of social work must test fresh approaches and develop new scientific tools to solve this Grand Challenge for current and future generations that deserve violence-free, healthy communities.

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ABOUT GRAND CHALLENGE 3

Stop family violence. Family violence is a common American tragedy. Assaults by parents, intimate partners and adult children frequently result in serious injury and even death. Such violence costs billions of dollars annually in social and criminal justice spending. Proven interventions can prevent abuse, identify abuse sooner, and help families survive and thrive by breaking the cycle of violence or finding safe alternatives.

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