Grand Challenges for Social Work

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Policy Recommendations for Meeting the Grand Challenge to Stop Family Violence

The staggering effects of family violence fall disproportionately on women and children. Current family-violence policy approaches emphasize social-control and criminal justice responses that disproportionately affect minority and impoverished communities. More just and effective solutions take an individualized preventive approach that accounts for social and developmental vulnerabilities and capitalizes on individual, family, and community strengths. Prevention and intervention strategies must be evidence guided and engage individuals and families across multiple systems.

Policy Recommendation 1:
Increase Federal Funding for Prevention and Intervention Activities, Including Efforts to Reduce the Structural Inequalities That Perpetuate Gender-Based Violence (GBV)

Reliance on criminal justice policies to remedy GBV has produced unintended hardship and increased danger for some victim-survivors and their families.[1] Such reliance has also failed to prevent GBV.[2] Congress should increase Violence Against Women Act funds for social and preventive services to at least 50% of the act's total funding.[3] To fulfill their missions, the Child Abuse Prevention and Treatment Act and the Family Violence Prevention and Services Act also require increased funding. Federally funded efforts should focus on community, educational, social work, and health-care settings as sites for GBV prevention and related education, screening, intervention, and referral. Federally funded prevention and intervention programs should engage families in culturally diverse, survivor-centered, empowerment-focused, and strengths-based services that decrease risk and increase protective factors at all socioecological levels.[4] Funding increases should cover the research and evaluation costs necessary to support successful outcomes. Eliminating gender-based inequalities empirically associated with violence against women and children will enhance safety within U.S. families.[5] Additional efforts are required to address structural inequalities that perpetuate GBV.[6] Equal pay, a higher minimum wage, subsidized child care, paid family leave, and family planning services are vitally important for strengthening the social, economic, and political power of women in U.S. society.

Policy Recommendation 2:
The National Institute of Justice, the National Institutes of Health, and the Administration for Children and Families Should Increase Research Funding for Evidence-Based Interventions That Strengthen and Enhance Safety in Families Victimized Through Abuse and Violence

Child maltreatment and adult domestic violence co-occur in 30% to 50% of households where there is violence.[7] Children in these homes face heightened risk of many negative outcomes.[8] Family violence and associated traumas may undermine victim-survivors' parenting, social functioning, financial resources, and safety seeking.[9] Multiple federal demonstrations and cross-site evaluations have examined how child welfare services might strategically align with domestic-violence prevention services to provide safety for survivors while balancing accountability for perpetrators, positive engagement around their behavior, and healing.[10] Implementation research is needed on practice models that drive innovation at the intersection of child maltreatment and adult domestic violence. Evidence-based interventions to reduce family violence must be embedded within organizational, community, and systems-level reforms; thus, such interventions should be multileveled and comprehensive in scope.[11] Current definitions of service providers and delivery systems must be expanded to meet the needs of diverse families, harness community strengths, and mobilize community assets.

Policy Recommendation 3:
Link Data Systems to Identify Opportunities for Preventive Services

Child maltreatment increases the risk of numerous and costly negative outcomes,[12] including intimate partner violence in the next generation.[13] Opportunities for preventive intervention could be identified by increasing local, state, and federal support for efforts to link child- and family-level data across sectors of care.[14] Birth match offers an example. It harnesses technology for social good by linking electronic data from child welfare agencies, short-form birth certificates, and criminal justice records, enabling officials to identify children at high risk of severe and fatal maltreatment.[15] A match of records may trigger an assessment of whether a family should be offered additional services to offset future risk. Maryland, Minnesota, Michigan, and Texas have implemented variations of birth match. Child Abuse Prevention and Treatment Act funding for data sharing among states should be increased to enable state agencies to implement these types of preventive efforts.[16] The Centers for Disease Control and Prevention (CDC) should encourage states to use birth data to help prevent child maltreatment by requiring such an effort as a condition of access to the CDC subsidy for vital records preparation. The CDC should also develop a grants program to support linking and analyses of data from vital records, child welfare, educational, health, and human service systems. Through the efforts, the CDC could identify ways to strengthen families and to increase children's safety. Birth match is just one example of a family-violence prevention approach that can be realized by linking data systems to match services and families in need. Ethical use of available data promises to generate new opportunities for interrupting pathways to family violence and can guide interventions to offset risks that may otherwise perpetuate family violence among later generations.

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End Notes

1. Coker (2004); Goodman et al. (2015).
2. Maxwell, Garner, and Fagan (2002); Peterson (2008).
3. Messing, Ward-Lasher, Thaller, and Bagwell-Gray (2015).
4. Davies (2009); Goodman et al. (2016).
5. Heise and Kotsadam (2015); Jewkes, Flood, and Lang (2015); Whaley and Messner (2002).
6. Garcia-Moreno, Heise, Jansen, Ellsberg, and Watts (2005); Heise and Kotsadam (2015).
7. Jouriles, McDonald, Smith Slep, Heyman, and Garrido (2008).
8. Edleson (2006); Holt, Buckley, and Whelan (2008).
9. National Child Traumatic Stress Network (2012); Shonkoff and Phillips (2000).
10. Edleson and Malik (2008); Schechter and Edleson (1999).
11. Harris and Fallot (2001); Kohl, Edleson, English, and Barth (2005).
12. Fang, Brown, Florence, and Mercy (2012).
13. Millet, Kohl, Jonson-Reid, Drake, and Petra (2013).
14. Commission to Eliminate Child Abuse and Neglect Fatalities (2016); Jonson-Reid and Drake (2008); Putnam-Hornstein, Needell, and Rhodes (2013).
15. Coulton, Goerge, Putnam-Hornstein, and De Haan (2015); Shaw, Barth, Mattingly, Ayer, and Berry (2013).
16. Commission to Eliminate Child Abuse and Neglect Fatalities (2016); Barth, Putnam-Hornstein, Shaw, and Dickinson (2016).

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