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Accountability and Ending Violence Against Women: The *Shift*

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<div align="center">Ending Violence Against Women: The *Shift*</div>

Thirty years ago an amazing feat and paradigm shift occurred in our country; women that had been hurt, battered, disempowered and marginalized gathered together, finding strength within themselves, as well as collectively, to take a stand and demand equality, social justice and an end to violence against women. These "founding mothers" of the battered women's movement went up against tremendous odds and remained steadfast to their cause with great intensity, passion and conviction. This movement was about so much more than burning bras and shaving heads, as portrayed by the media; it was about personal liberation, safety, justice and gaining the power and status they equally deserve (Crawford, 1994). It was their moment to shine, to demand their basic human rights and to develop the necessary services and social infrastructure that would help the many silent voices that were not listened to or being heard (Brown, et al., 1997; Katz, 2006). The result: they broke the silence and their voices *were* heard. Individuals from varied professional disciplines, advocates and allies of the movement gathered together to acknowledge this pervasive problem. Social policies, organizations and committees were created and systems of response were developed to help victims/survivors and find batterer's accountable for their behavior (O'Toole & Schiffman, 1997). Personally, and as a direct beneficiary of this movement (e.g. a woman, feminist, social worker, impassioned advocate and survivor of relationship violence), I'm grateful for the path they so courageously forged.

Now as the year 2009 quickly approaches, where are we today and how are we doing in realizing this mission? Has intimate partner violence ended against women? Have the rates of violent incidents in our homes, neighborhoods, communities decreased or increased since the 1970s? We have accomplished so much, but how do we end violence in relationships and where do we go from here? In the following article I will detail suggestions on where we may need to go to realize this seemingly insurmountable task. I will propose a view of violence in relationships through both a social justice and public health lens; suggesting we need to continue to strive for the equality women in our society rightfully deserve as well as examine more thoroughly and possibly with greater understanding the scientifically documented health risks, disease and injury that may occur when *male* or *female* individuals are subjected to traumatic or non-traumatic abuse as children, adolescents or adults.

According to the Center for Disease Control (CDC), in 2006, 4.8 million women throughout the United States were victims of intimate partner violence and rape. It is estimated that 1 out of every 3 women will be the victim of intimate partner violence in her lifetime. It is also estimated that in 2006, 3.6 million children were abused and neglected; approximately 54% of these abused children were *females* and 48% were *males*. As these statistics glaringly reflect—and despite all that has been done in the areas of research, public policy and system response—this problem persists. Furthermore, due to stigma, fear and silence surrounding this issue, it is likely that these rates may be underreported and not an accurate reflection of the true levels of abuse experienced by children, adolescents and adults in our society today (www.cdc.gov).

Violence hurts. It creates injury, illness and disease and limits the potential of individuals, families, communities and our greater society. It can have a lasting and profound

effect on our physical, psychological and social health (Chamberlain & Rivers-Cochran, 2008; Herman, 1997; Cori, 2008; Plichta, 2007). The complexities of this issue are far reaching, and the impact violence has on human development and connection, is profound (www.cdc.gov). The discussion of how to end and respond to violence against women requires individuals from varied disciplines coming together with varied professional lenses to examine this issue critically and with an open-mind to alternate views. In this paper I will offer my lens. The perspective of a feminist, clinical social worker and mental health practitioner and assert that violence against women will not end until we recognize the impact it has on our mental health and develop more systems of response in the treatment of both male and female children, adolescents and adults that have been directly impacted by traumatic and non-traumatic abuse.

As a feminist, I do support and agree with the gendered violence perspective and recognize how women and men have been limited by the gendered constructs depicted by our mass media and overarching white, patriarchal society (Schissel, 2000). The disenfranchisement of women and power and control men hold over women in areas of professional and personal life is evident. The impact gender stereotypes have on individual identities as well as how we relate and connect with others is documented well in literature and certainly reflects a dominant theory in what contributes to and how to work toward eradicating this social ill (Anderson & Umberson, 2001; O'Toole & Schiffman, 1997; Katz, 2006). Respectively, gendered violence is not the only reason violence in relationships persists and to consider it exhausted is both inaccurate and ineffective in getting closer to realizing our mission. A mental health perspective must be added to the discussion of gendered violence and the impact abuse has on male/female mental health and our capacity to then form safe and healthy relationships.

Recognizing the impact violence may have on an individual's psychological or emotional health is not innovative in thought. Over the past three decades, much research has been done in the field of mental health, violence and trauma that identifies a near causal link between exposure to traumatic or non-traumatic abuse and our psychological or human responses to such experiences (Engel, 2006; Carlson, et al., 1997; Cori, 2008; Crawford, 1994; Herman, 1997). The long-term impact of traumatic or non-traumatic abuse on an individual's mental health is subjective and one's psychological response to such life events may present differently from person to person. Some individuals may experience mild forms of anxiety and depression after being abused, while others may develop more severe mental health issues that could include post traumatic stress disorder, mood and anxiety disorders and/or more complex personality disorders. In some situations, if left untreated over time, traumatic abuse or neglect may result in suicidal or homicidal ideations or even death (www.cdc.gov).

Mental health functioning and levels of well-being range along a continuum and it is very important to recognize that individuals suffering from psychological distress after exposure to violence are not extreme cases of pathology or outliers to the norm (Szabo & Hall, 2007; Quinn, 2000). These cases actually reflect the experiences of millions of boys and girls, men and women in our society that have been exposed to something that has caused them trauma, feelings of extreme pain or hurt, disempowerment, sadness or anxiety which may result in feelings of low self-worth and fear in establishing the basic trust necessary to form and develop healthy, stable relationships with others (Carlson, et al., 1997; Cori, 2008; Engel, 2006; Herman, 1997). Exposure to abuse may cause some people to live in fear or frustration on how to make healthy connections with others and may result in attempts to isolate oneself, the development of antisocial personality traits or even becoming reclusive in an effort to avoid difficult—seemingly

potentially negative—interactions with others (Carlson, et al., 1997). These individuals are not extreme cases but are the people we interact with on a day to day basis. They may be members of our family, close friends, coworkers and children in our schools. They are not only female survivors, but are also male survivors that due to our societies rigid gender stereotypes may not come forward to seek help due to the fear that it reflects weakness on their seemingly strong and tough masculine identities (Anderson & Umberson, 2001; Katz, 2006; O'Toole & Schiffman, 1997). By not recognizing those everyday individuals challenged by depression, anxiety or other mental health issues as a result of abusive relationships, then we are silencing, denying and dismissing another group in society and repeating the very same treatment that was the catalyst for this movement some thirty+ years ago. The millions of individuals that survive childhood abuse and neglect—both male and female—are at a very high risk for developing the psychological outcomes presented above.

Are we prepared and do we have the systems of treatment in place, to respond to these issues appropriately? Is mental health screening available to all persons equally and do we make this treatment available for all boys and girls, men and women, victims and perpetrators in our society today? Have we offered boys, men, batterers screening for anxiety and depression and looked closely at what may be triggering self-medication with drugs and alcohol and aggressive or violent acts toward others? Are educational support groups, orders of protection and jail time enough to effectively respond to batterer's violence or do we need something more?

This information on the psychological impact of abuse is not new; however, having a clear understanding and awareness of how mental health and well-being impacts our ability to form healthy connections may have been misunderstood and overlooked (Szabo & Hall, 2007; Plichta, 2007; Wolf, et al., 2003; Wolfe, et al., 2001). Addressing the impact of mental health is

both a necessary and significant piece in understanding how we can truly move toward reducing or ending the rates of child abuse and intimate partner violence that exists in our society today. Primary prevention and education around healthy relationships is necessary in ending the cycle of violence, however, we must also recognize that for those that have already been impacted by abuse, screening and counseling treatments must also be made available to all (Chamberlain & Rivers-Cochran, 2008; Parks, et al., 2007)).   We must treat not only the female survivors but males that perpetrate abuse and were likely victims of abuse as well. To that end, my recommendation is to focus our research, treatment and system responses as well as funding to be channeled in the areas of violence, mental health and recovery from trauma and we must include both boys and girls, men and women, victims and perpetrators in these focus areas. It is my sincerest opinion that this is one very important step in realizing a world free of violence in relationships where peace and compassion prevail.

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