

2023

Domestic Violence in Clarkston, Washington

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COUN 6785: Social Change in Action:
Prevention, Consultation, and Advocacy

Social Change Portfolio

Elizabeth Baker

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OVERVIEW

Keywords: Domestic Violence, Clarkston, WA

Domestic Violence in Clarkston, Washington

Goal Statement: My goal would be to provide increase support and resources for victims of interpersonal violence to reduce overall rates of domestic violence in Asotin County.

Significant Findings: I currently reside in Clarkston, Washington, or within Asotin County.

Clarkston holds numerous strengths and challenges. Some strengths of Clarkston include a lower unemployment percentage, less severe housing problems, and reduced commute time to work compared to Washington state (County Health Rankings, 2023). Challenges within Clarkston include an increased percentage of habits that are attributed to poor health outcomes, such as smoking, physical inactivity, and alcohol-impaired deaths, compared to Washington state average percentages (County Health Rankings, 2023). Clarkston is also ranked 34 of 39 counties within the state regarding health outcomes (County Health Rankings, 2023).

As a future Clinical Mental Health Counselor, a problem that I would like to address within my community would be the increasing trend of domestic violence. Domestic violence can be broadly defined as power imbalances within relationships resulting in nonconsensual control, manipulation, or an attempt to overpower one's partner emotionally, physically, or financially (Smith-Clapham et al., 2023). There are many negative consequences to domestic violence, including physical ailments such as diabetes, heart disease, and chronic illnesses (Smith-Clapham et al., 2023). Some potential risk factors contributing to abuse include food insecurity, chronic stress, or mental illness (Waterman et al., 2023). External world events can

also impact this, such as the COVID pandemic, where the United States domestic violence rates increased from 21% to 35% (Smith-Clapham et al., 2023). Therefore, multiple levels of intervention will likely be necessary to bring positive change to Clarkston. How DV will be appropriately addressed should be tailored to the population served, needs of the community and preventing future violence through larger systems.

Objectives/Strategies/Interventions/Next Steps: Some prevention strategies include increasing access to food, collaboration amongst community stakeholders, psychoeducation groups for survivors of DV, and promoting policies that will prevent future violence in relationships (Smith-Clapham et al., 2023). Direct access to food would help reduce food insecurity, removing some of the financial stress. Group support with providers who are competent in providing DV services could help prevent future abusive relationships to occur and for survivors to have some comradery through their journey. Lastly, changing and implementing policies that reduce rates of abuse from a legal standpoint can help other people get out of abusive relationships outside of Asotin county. Ultimately increasing funding and promoting collective action against interpersonal violence can significantly reduce the rates of violence against women in Clarkston.

INTRODUCTION

Domestic Violence in Clarkston, Washington

I live in Clarkston, where it has an increasing trend of domestic violence (DV). Domestic violence is described as acts by a present or past partner that uses aggression, including emotional, physical, and sexual behaviors, to control their significant other (WHO, 2021). The overall goal of this project is to increase access to appropriate resources like food to help

decrease risk factors for DV. Within this paper, I will define how this issue impacts society and use various lenses to view this problem. Models that will be used to determine the growing trend of DV include the socio-ecological model and prevention theories. The models will help elucidate how diversity and ethical concerns can be addressed and how counselors can help advocate for their clients facing intimate partner violence. I will start by discussing the consequences of DV and how this can look for the individual and within the community.

PART 1: SCOPE AND CONSEQUENCES

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There are many negative impacts from the effects of DV and continues to be a problem worldwide. Within Asotin County, 9.3 cases per 1000 people are reported to be in DV relationships compared to 7.2 cases per 1000 in Washington state (County Health Insights, 2023). Unfortunately, this trend of intimate partner violence is growing and continues to be a problem for many Americans. In 2022, 26% of female Americans between the ages of 15 and 49 have experienced or presently go through physical or sexual abuse (WHO, 2023). Globally, rates are even higher, with 1 in 3 women having been through intimate partner violence in their lifetime (WHO, 2021). Other factors, such as the COVID-19 pandemic, increased exposure to violence from abusive partners with decreased access to resources (WHO, 2021). DV has numerous consequences for the health of the afflicted women who survive this abuse, how it impacts the children (if any) involved, and in society. Some significant results of DV include death, injuries, unintended pregnancies, HIV transmission, mental illness, physical illnesses, and increased risk of substance usage (WHO, 2021). Children involved may also experience mental disturbances in their behaviors, and fetuses are at risk for death or complications (WHO, 2021).

The trickle-down effects from these listed consequences impact survivors' ability to work and care for themselves. They may even suffer in silence, affecting the health and job sectors of local communities and the nation (WHO, 2021). Hence, there is an apparent need to reduce the rates of DV that are pervasive in our society for adult survivors of interpersonal violence.

PART 2: SOCIAL-ECOLOGICAL MODEL

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The Social-ecological model is used in different ways, including addressing the prevention of social issues at all levels of society. Social-ecological theory was established by Bronfenbrenner, who described how multiple layers of influence in one's life can impact their development and overall life trajectory (Guy-Evans, 2020). These influences range from the individual to the chronosystem, which includes anything from genetics to social media (Guy-Evans, 2020). Although this is not a perfect model for every facet of one's life, it does cover many factors and is bidirectional in its effect (Guy-Evans, 2020). How much one is impacted by these influences within their communities and culture can be hindered or shielded from risk and protective factors. Risk factors are defined as causes that impact a person negatively through various associations such as family or community (SAMHSA, n.d.). Protective factors are considered the opposite of risk factors and instead foster growth in the person rather than hinder them via their environment (SAMHSA, n.d.). These factors are present on all levels of influence from Bronfenbrenner's model.

Survivors of DV can face both protective and risk factors on all levels of the Social-ecological model, including the following: microsystem, mesosystem, exosystem, macrosystem, and chronosystem (Guy-Evans, 2020). The microsystem would entail any personal or intrapersonal causes that would impact the person's development, such as age, one's beliefs, or

education (CDC, n.d.). Individual risk factors of DV include problematic alcohol or drug use and exposure to previous interpersonal violence from a partner or childhood (Hashemi et al., 2021). On the other side, some protective factors include older age, higher education, employment, and higher socioeconomic classes, which decrease the chances of DV (Hashemi et al., 2021). Broffener's mesosystem consists of the quality of relationships one has between community members and family (CDC, n.d.). For women who undergo interpersonal violence relationships, this level is particularly protective as having close friends, family, or peers can decrease the chances of DV (Hashemi et al., 2021). The exosystem level consists of the communities one participates in, such as local resources, schools, or work (CDC, n.d.). For survivors of DV, various community aspects can be preventative to abuse, including proper police intervention, access to proper religious affiliations (if needed), and places in the community that can help victims be independent of their abusive relationships, such as shelters (Sabri et al., 2022). DV risks are increased when women lack access to proper resources to combat violence, like in rural settings, or lack the financial means to leave the relationship (Sabri et al., 2022). The following paragraph will discuss how these risk and preventative factors apply to the macrosystem and the chronosystem.

The macrosystem level is considered the more prominent influences that generally are not as noticeable, such as culture, laws, and social norms (CDC, n.d.). Cultures that reinforce patriarchal attitudes, customs that promote violence against women, and laws that take minimal action against abuse continue to promote DV and are risk factors (Sabri et al., 2022). Laws that value equity for all, freedom, and nonviolence promote positive societal changes and bring more flexibility to relationships, decreasing violence (Hashemi et al., 2021). The last level of influence was added to consider the more significant effects of culture and society, called the

chronosystem, and includes gaming and social media (Guy-Evans, 2020). Less seems to be known about this level of change. However, it is starting to be understood as generations of people are starting to show the effects of excessive technology usage and apps people use, like Facebook. Overall, these may only cover some of the factors one may face but do not affect the two people the same.

PART 3: THEORIES OF PREVENTION

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A theory of prevention suitable for DV would be the Theory of Planned Behavior (TPB) model. The TPB approach recognizes the importance of intentions behind behaviors and how this is influenced by beliefs and attitudes (National Cancer Institute, 2005). Attitudes and beliefs are broken down and defined by one's environment and culture that surrounds the person (National Cancer Institute, 2005). There are various ways this could be applied to survivors of DV, as many have likely tried to leave multiple times or have intended to flee. As this model describes, other factors may influence one's ability to act on their intentions, such as limited access to resources that could help them leave the relationship or a culture that promotes violence. As defined by this model, a limitation to one's level of independence and freedom is the perceived level of control, subjective norms, and how others may see their actions (National Cancer Institute, 2005). If a person facing abuse does not view their level of control to change the outcome, this may impact how much influence subjective norms have on their choice. The factors described here are interconnected and ultimately acknowledge the power of internal and external variables to the impact of a person who chooses to stay or escape from interpersonal abuse.

The literature supports the TPB model and its usage for people in abusive relationships. A study in Bolivia applied this model to understand how much influence the TPB model has through the assessment of intention of behaviors, personal beliefs, attitudes, perceived level of control, and relationship status to see how it impacts the choice of women to leave their abusive partners (Heim et al., 2018). Although Bolivia provided access to free legal and social services, there were still barriers to this model as women still faced discrimination by police in response to DV calls (subjective norms) and lack of country-wide support (culture), as stated by Heim et al., 2018. The study's significant finding was that attitudes about leaving or staying and the perceived consequences seemed to influence intention the most (Heim et al., 2018). Subjective norms data was not as precise nor fully supported compared to attitudes behind the victim's intentions (Heim et al., 2018). However, the results still show how much attitudes and beliefs can impact how survivors approach the relationship and their subsequent choices.

An intervention that draws on some of these theoretical constructs of the TPB model would be the Foundations of Violence Against Women (VAW) Online Training Course for professionals and related job titles to gain training on how to respond to survivors of interpersonal violence adequately (National Institute of Justice, 2018). According to a federal page called Crime Solutions, the program is not considered effective yet. However, it does have a study to back it with positive results and is considered promising. The program emphasizes how different intersections of identity and ideologies drawn from feminism influence their ability to gain assistance within their social circumstances (National Institute of Justice, 2018). Application to the TPB model and this approach may regard the environmental constraints one lives with and the culture within one's intersecting identities. The VAW intervention additionally examines how different intersections of identities could impact a person's experience of violence

or their subjective norm (National Institute of Justice, 2018). Some areas of focus within the VAW training examine ethical decisions that promote the person's well-being, a feminist lens to view potential issues a victim experiences, and methods to reduce harm, such as safety planning and risk assessment (National Institute of Justice, 2018). An example of a safety strategy that could prevent future violence is promotion of reduced costs for self-defense classes for the survivors. There are many ways to approach and advocate for clients, which would be one way to support victims through their experience of DV.

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

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A population impacted by DV would include the Lesbian, Gay, Bisexual, Transexual, and Queer (LGBTQ+) community. However, living in a rural area often comes with challenges and barriers for those in this population seeking services. Some additional obstacles the LGBTQ+ face are fear of prejudice and the stigma of providers attached to their treatment (Sechrist et al., 2022). These fears are well-founded, as phobic reactions are embedded in the larger society and social policies within the United States (Sechrist et al., 2022). Policies and the larger culture that oppress the LGBTQ+ foster a culture of denying services and support through federal funding based on these identities (Kim & Schmuhl, 2021). Many people struggle with "outing" themselves, which may impact their ability to receive help (Sechrist et al., 2022). These issues can be further compounded by other intersecting identities that are considered marginalized statuses. People with more than one marginalized identity are at higher risk for violence, such as racial identities, disability status, and so on (Gill, 2018). Still, a relatively invisible recorded phenomenon within this community reflects the need for practitioners and researchers to take

extra precautions to ensure maximum benefit to those receiving treatment in the LGBTQ+ population.

There are a couple ways to provide this community benefit in culturally sensitive ways while upholding the highest ethical standards the American Counseling Association (ACA) has set. Cultural relevance maintains standards, behaviors, and attitudes that match the target population's values (Reese & Vera, 2007). Ways that this can be successfully achieved for adult survivors of DV is to ensure there are proper assessments and evaluation tools that are evidence-based and appropriate for the LGBTQ+ individuals served. Sechrist et al. noted in their 2022 study that not all tools used in the studies were valid or effective. Hence, retaining staff that are a part of the LGBTQ+ community and consulting with counselors with specialized knowledge in this area can make them feel safe. Ethical guidelines from the ACA that support these interventions include Standard A.4 of avoiding harm and imposing values. ACA defines these standards under A.4.a as avoiding harm to those who seek services and A.4.b as not imposing any beliefs, attitudes, and behaviors that would discriminate against someone (American Counseling Association, 2014). Assessments and lack of appropriate interventions can harm clients and foster a sense of hostility someone under the LGBTQ+ umbrella may feel in the setting where counseling occurs. Providers who do not acknowledge their biases may project these beliefs onto their clients (Reese & Vera, 2007).

Additional considerations that promote safety for LGBTQ+ individuals would be promoting autonomy through informed consent, confidentiality, and providing programs with proper stakeholder collaboration. The ACA defines respect for client confidentiality under Standard B.1.c as obtaining consent before releasing information (American Counseling Association, 2014). Informed consent is aiding a client to understand the rights and

responsibilities a counselor has to their clients, as stated by Standard A.2.a (American Counseling Association, 2014). Both of these standards are particularly important if a client is worried that revealing their sexual orientation or gender expression could be spread in the community and further stigmatize them. Confidentiality would protect the client's right to only "out" themselves if they deemed it appropriate and see it as a responsibility their counselor would uphold. Stakeholder collaboration may include advocating with local LGBTQ+ groups, consulting with experts who understand their needs, and staying up to date with literature that promotes emotional safety in counseling sessions. Tailored programs ultimately help clients and increase retention rates (Reese & Vera, 2007).

PART 5: ADVOCACY

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One underserved area of DV that often is not emphasized enough is advocacy for survivors within the community and systemic level. The Multicultural and Social Justice Counseling Competencies (MSJCC) outline different levels of interventions at all levels of society that counselors can pursue, leading to better long-term outcomes for both the clients served and surrounding communities. MSJCC defines these advocacy areas through the terms of client/student level, school/community level, and public arena level. The first level is defined as the client/student level of advocacy, which is generally focused on when helping survivors of interpersonal violence. Some ways to facilitate this level of help include giving clients resources, providing emotional support, and obtaining services that will ultimately increase their well-being (Toporek et al., 2009). School/community level factors in the larger influences outside the individual and in practice look like collaborating with community partners to promote social

change (Toporek et al., 2009). Efforts in this context help bring awareness to the local area and impact larger systems. Lastly, the public arena level addresses macrosystems such as federal policies, systemic injustices, and legislation reform to increase client access to needed services (Toporek et al., 2009). All competencies encompass social justice actions that will promote the betterment of our world by removing the various existing barriers.

Obstacles are prevalent at all levels of advocacy interventions, and without a comprehensive approach, society will only continue to recycle the violence. Barriers exist at the individual or school/client level on both the victim and provider side in their ability to give competent care. This shows up on the client's side through proximity to services, discrete access to these services, insufficient providers, or stigma preventing them from seeking help (Gillespie et al., 2021). Providers also face challenges when access to training is limited and may be constrained by budgets from state funding and donations (Gillespie et al., 2021). Promotion of donations from events or other organizations who are willing to support DV resources can bolster means to appropriate staff development for DV survivors. On the school/community level, rural communities face additional setbacks that can hinder their ability to serve their local members adequately. Rural settings are more likely to be limited in the number of services they provide compared to urban areas. Access to public transportation constraints clients' ability to get around, and they have fewer options for hiring clinicians to provide needed services (Gillespie et al., 2021). Hence, community collaboration in rural settings is even more pertinent to ensure individuals can get the support they seek. The public arena level still has work to do and shows up in various ways. One way this comes up is through a victim-blaming culture that attributes fault to those stuck in abusive circumstances rather than recognizing the external structures that keep them stuck (Gillespie et al., 2021). A systemic force that keeps these power structures

within violent relationships is the amount of state and federal funding allotted to these types of services and the trickle-down effects of these limitations (Gillespie et al., 2021). Overall, if public policies shifted in ways that could help more survivors of DV, many people could be helped now and prevent future abuse.

Advocacy shows how lasting change can be developed for people who experience interpersonal violence. Providers who help clients individually can support their needs more by being culturally sensitive and trauma-informed in their practice (Sullivan & Goodman, 2019). One way clinicians can maintain cultural humility is by keeping up to date on training and having knowledge of a wide range of resources individuals could utilize. The next level of school and community harnesses the power of uniting with different organizations to fill the existing gaps of need and increase their clients' well-being. Relationships with other community systems can also be used to influence change within the local context by educating the public or those who respond to DV calls, such as police officers (Sullivan & Goodman, 2019). Policy level can be advocated by recognizing and changing laws hindering clients' access to services, such as increasing funding through the state to help support more survivors. Finding people or places that can help counselors understand how policies are made and changed can facilitate quicker improvements that will benefit society overall (Sullivan & Goodman, 2019). A mixture of individual and collective efforts can free a significant percentage of people who experience interpersonal violence into newfound happiness and freedom.

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