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IASWR STAFF
EXECUTIVE SUMMARY

The Institute for the Advancement of Social Work Research (IASWR) has undertaken this special effort to identify and document contributions from social work research in violence prevention, especially in the areas of child maltreatment and domestic violence. The goals of this endeavor are to identify 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.

Social workers work at the individual, family and community levels to:

♦ Enhance well-being and quality of life.
♦ Meet basic human needs.
♦ Eliminate discrimination.
♦ Address social and health care needs.
♦ Assist in problem-solving and connecting people with resources.
♦ Empower those who are vulnerable, oppressed, and poor.
♦ Focus on individual in social context.
♦ Effect social and economic justice in local communities and world-wide.

Social work research addresses problems of serious concern to society; assesses needs and resources of people and their environments; tests and evaluates effectiveness of services; demonstrates costs and benefits; contributes to evidence-based approaches to practice, and examines policy implementation and implications.

Recognizing that the ten essential public health services [monitoring health; diagnosing and investigating health problems and hazards; informing, educating and empowering; mobilizing community partnerships; developing policies; enforcing laws and regulations; linking people to services; assuring a competent workforce; evaluating effectiveness of services; and researching new solutions, (Public Health Service, 1997)] are closely aligned with social work practice, IASWR identified multiple ways in which the social work profession contributed to the priorities laid out in the Research Agenda created in 2002 by the Center for Disease Control and Prevention (CDC) National Center for Injury Prevention and Control (Injury Center).

Highlighted throughout this report are examples of social work research that focus on critical issues within the Injury Center’s Research Agenda that also fit within the ten essential public health services. The examples below, listed under each of the ten essential services, indicate research strategies and subject areas that are studied by social work researchers with many such studies funded through federal, state, local and foundation sources:

1. Monitor Health Status – Research on
   ♦ Specific populations and access to services
   ♦ Temporary Assistance for Needy Families
   ♦ Native American youth
   ♦ Foster children
   ♦ Adopted children
   ♦ Women at risk
   ♦ Substance abuse, mental health and domestic violence co-occurrence

2. Diagnose and Investigate Health Problems and Health Hazards – Research on
   ♦ High risk populations
   ♦ Grandparents raising grandchildren
   ♦ Mental health needs/issues of youth and exposure to violence
♦ Differential rates of re-abuse if in treatment for mental health issues.
♦ Victims of interpersonal violence

3. Inform, Educate and Empower – Research on
♦ High risk youth in schools
♦ Child neglect prevention strategies
♦ Parenting education
♦ Perinatal depression
♦ Community responses to domestic violence
♦ Promoting access to services across cultures
♦ School-based interventions
♦ Resilience

4. Mobilize Community Partnerships
♦ Carry-out community participatory research efforts
♦ Examine and respond to community exposure to violence
♦ Undertake community development and planning efforts – housing sites, neighborhoods
♦ Study community-based prevention strategies

5. Develop Policies - Examining
♦ Co-occurring disorders
♦ Cross-system service delivery and collaboration
♦ Funding streams that might individual and family needs
♦ Family-focused service delivery
♦ School-based interventions

6. Enforce Laws - Examining
♦ Child maltreatment definitions
♦ Child maltreatment reporting laws
♦ Child maltreatment/domestic violence agency and community responses
♦ Links between TANF and child welfare laws
♦ Delinquency and maltreatment and violence outcomes for youth

7. Link People to Services and Care - Examining
♦ Access to services of youth
♦ Community and neighborhood based prevention strategies
♦ Trajectories of access to services
♦ Service use of diverse populations
♦ Linkages between access to mental health and/or substance abuse services and subsequent child maltreatment

8. Assure a Competent Workforce
♦ Promoting child welfare/social work education partnerships
♦ Pursuing Maternal and Child Health Grants
♦ Promoting worker training and researcher training
♦ Identifying gaps in training
♦ Infusing innovative practices into education models

9. Evaluate Effectiveness, Accessibility and Quality
♦ Evaluating and test program models in multiple communities
♦ Analyzing disparities of access among diverse populations and issues of co-morbidity
♦ Translating effective programs and their characteristics into education and training efforts
♦ Evidence-based practice assessment and translation efforts
In July 2003, IASWR convened representatives from the CDC Injury Center and leading social work researchers, educators, policy-makers and representatives of national practice organizations to synthesize the information gathered and to develop a set of collaborative action strategies that might facilitate greater social work contributions to CDC’s agenda. After presentations by CDC leaders on CDC priorities, and presentations by experts addressing the interconnectedness of multiple levels of violence; community-based child maltreatment prevention strategies; co-occurring and cross-systems issues; policy-driven service delivery innovations to eliminate poverty and family violence; and issues of workforce development and education in violence prevention, the participants worked together to develop an action agenda to address the initiative’s goals.

The following recommended action steps, focusing on efforts that can be undertaken by multiple stakeholders including CDC and other federal agencies, foundations, national organizations, universities and communities, address a range of research and collaborative strategies. The action steps that were developed are drawn from the findings in this report, recommendations reviewed from other reports (Danis & Lockhart, 2003; Institute of Medicine, 2002; Schechter & Edelson, 1999) and the discussions at the July 2003 meeting in Atlanta.

**RECOMMENDED ACTION STEPS**

**Research in Violence Prevention**

- Provide opportunities for participation of CDC representatives at the Society for Social Work and Research meeting including technical assistance on applying for CDC research grants.
- Encourage federal funders to promote cross-disciplinary grant opportunities.
- Bring together federal partners that support social work research related to violence prevention through an IASWR sponsored meeting.

**Translation of Research into Practice**

- Create faculty development institutes modeled after the CDC Academic Centers of Excellence and encourage research and translation efforts, including connections to prevention research centers supported by CDC.
- Encourage researchers to collaborate across disciplines, with national professional organizations, and with a renewed emphasis on the dissemination of research findings and collaboration with national organizations to publish research outcomes, and use of language that both the public and practitioners can understand.
- Create a working group on domestic violence, social work, and the CDC with representatives from spheres such as public health, social work faculty, social work professional associations, domestic violence advocacy, and survivors.
- Support increased collaboration and communication across service sectors including child welfare, economic support and public health to prevent violence and promote community-based participation.
- Encourage specific outreach to the social work community and organize social work response to ensure input into CDC agenda development efforts.
Strategies for Professional and Continuing Education

♦ Increase the capacity of social work education through curriculum models and faculty development, to insure a competent workforce.
♦ Enhance the focus on primary prevention in social work education.

Translation of Social Work Efforts into a Public Health Framework

♦ Enhance the engagement of social work researchers in the Injury Center’s funded centers’ activities.
♦ Identify and support public health/social work research efforts.

IASWR anticipates that this effort to highlight social work’s contributions to CDC priorities will help to stimulate further collaborations and greater increased recognition of the critical areas addressed by social work to prevent violence at multiple levels in our society.
INTRODUCTION

“Violence operates at many levels. Its viciousness manifests not only in the individual acts of violence portrayed so constantly in the media, but also at the institutional, systemic, and international levels, where groups and targeted categories of people endure chronic harms, injustices, and hardships. Examples of systemic harm include economic exploitation and poverty, unequal treatment under the law, prevalent human rights violations, and repressive military actions. These more insidious, often socially accepted harms frequently lay the groundwork for outbursts of individual or group violence that erupt in seemingly disconnected circumstances worldwide.” Violence and Development Project Bulletin, May 1997 accessed May 8, 2003 at https://www.socialworkers.org/practice/violence/violproj.asp)

The many forms of violence are interconnected. Violence may not only result in physical harm, but may impact emotional, intellectual, psychological and economic well-being, with consequences and trauma often occurring years after the actual violent act. Of particular concern to society is the impact of violence on the lives of women and children, and the violence that occurs between people who are bound together by family ties or intimate relationships. Domestic violence, including violence against women, and child maltreatment, are major public health concerns plaguing the United States and affecting the well-being of individuals, families and communities. Recognition of violence as a public health concern has seeded the creation of a broad agenda focused on violence prevention at the primary, secondary and tertiary levels for the Centers for Disease Control and Prevention’s (CDC) National Center for Injury Prevention and Control (Injury Center). It is also an international public health concern as expressed by the World Health Organization (2002).

Statistically, women are the primary victims of domestic and sexual violence. Although women can be perpetrators of domestic violence, 95% of victims of intimate partner violence are women (McKenzie, 1995, p.9). Approximately 25% of women have been raped or physically assaulted by an intimate partner (CDC, 2003). Every year an estimated 903,000 children experience child maltreatment (USDHHS, 2003) although the National Incidence Study indicates that as many as 1,553,800 may be abused or neglected (Sedlak & Broadhurst, 1996). More than 60% of child maltreatment is directly related to neglect, although physical, sexual and emotional abuse often get much more attention from the public, policy-makers and the research community.

Child maltreatment, intimate partner violence and violence against women are interrelated and they often occur within the same households. It is estimated that in 45-70% of cases in which there is domestic violence, child maltreatment also occurs. (Foley, Berns, Test, Bragg, & Schechter, 2000). A national survey of more than 6,000 U.S. families revealed that 50% of the men who frequently assaulted their partners also abused their children (American Humane Association, 1995). In addition to the linkages between domestic violence and child maltreatment, there are also strong indicators that child maltreatment co-occurs in families that have mental health and/or substance abuse concerns. A correlation exists as well between child maltreatment and criminal and/or juvenile justice involvement. It is estimated that substance abuse is an issue for 1/3 to 2/3 of children served in the child welfare system, with the higher rate for children who end up in foster care (DHHS, 1999, p.9). There are also concerns about the prevalence of child maltreatment in families experiencing poverty, especially the co-existence between poverty and child neglect. Thus, these many forms of violence interconnect systemically with other significant social and public health concerns.

Just as violence has many faces so must there be multiple prevention and intervention strategies. Although such strategies are being implemented, there is a scarcity of research that identifies what will be the most effective programs and services. There is also difficulty in getting programs that have been shown to be effective, adopted and adapted. Barriers and challenges exist at the local, state or national levels related to technology transfer, organizational and workforce capacity, effective policy implementation, and resource availability that hinder the implementation of those services that have been found to be effective. Researchers, policy-makers and practitioners involved in the range of family violence services need to collaborate together to strengthen the bridges between research and practice in
order to prevent further incidences of such violence and to serve the current victims and their perpetrators.

The World Health Organization (WHO) asserts that “a key requirement for tackling violence in a comprehensive manner is for people to work together in partnerships of all kinds, and at all levels, to develop effective responses” (WHO, 2002, p.3). The social work profession is a key collaborator in the efforts to address domestic violence and child maltreatment as these are critical social problems where social work is actively involved in practice, research, education, training, program administration and policy development. Danis (see Figure 1) developed a conceptualization to show how domestic violence is a cross-cutting issue for social workers across fields of practice, addressing universal screening, risk assessment, and intervention. In addition to the many individual social workers involved in addressing family violence, violence prevention can be better addressed by also creating more coordinated linkages at the organizational and policy levels.

The social work profession’s roles in violence prevention are closely aligned with the following ten essential public health services (Public Health Service, 1997, p.21) that have been articulated by the Department of Health and Human Services:

1. Monitor health status to identify community problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure a competent public health and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

To examine how best to incorporate an organized strategy to ensure social work involvement in addressing priority public health concerns, the Centers for Disease Control and Prevention’s (CDC) National Center for Injury Prevention and Control (Injury Center) provided funding to the Institute for the Advancement of Social Work Research (IASWR). IASWR worked with the social work community to identify social work involvement in the development and implementation of research-based practices that promote effective prevention and intervention strategies to prevent and control child maltreatment and domestic violence including violence against women. These forms of interpersonal violence, however, cannot be viewed in isolation. They are interconnected to issues of youth violence, school violence, suicide, elder abuse and community violence. While the scope of both the social work profession and the Injury Center’s interests are broad, due to resource limitations, this report particularly focuses narrowly on these specific areas of concern.

1 Definitions

For the purposes of this document, the term domestic violence (DV) will be used interchangeably with intimate partner violence (IPV). These terms will be defined as “actual or threatened physical or sexual violence or psychological and emotional abuse directed toward a spouse, ex-spouse, current or former boyfriend or girlfriend, or current or former dating partner” (IPV FACT SHEET, 2003, p. 1). The phrase child maltreatment will be used interchangeably with child abuse and neglect. Child maltreatment includes “physical abuse, neglect (physical, educational, emotional, and/or medical), sexual abuse, emotional abuse (psychological/verbal abuse/mental injury), and other types of maltreatment such as abandonment, exploitation, and/or threats to harm the child” (CDC, 2002). “Sexual violence includes completed or attempted sex acts against the victim’s will or involving a victim who is unable to consent; abusive sexual contact; and non-contact sexual abuse, including sexual harassment” (CDC Public Health Burden, 2003).
The goals of this endeavor are to identify 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 will:

1. Define social work and its relationship to public health and identify the diverse ways that the profession contributes to the knowledge base to address child maltreatment and domestic violence.
2. Examine and identify the established evidence in scientific literature regarding priority areas in violence prevention for the fields of social work and public health.
3. Identify common areas of activity in social work research and public health at the national, state and local levels, including university researchers and their community-based partners, and identify opportunities for collaboration to promote evidenced-based practices and to promote a shared research agenda.
4. Provide recommendations on ways to institutionalize stronger connections between the social work community and the Injury Center to address their mutual agendas.

This report has four major sections:

- **Part One** provides information about the social work profession, and provides an overview of its involvement with the Injury Center public health priorities and violence prevention.
- **Part Two** identifies specific Injury Center priority areas and provides a snapshot of social work research and training activities in those areas.
- **Part Three** identifies strategies and recommendations for strengthening CDC and social work collaboration as well as to enhance the agenda focused on violence prevention. This includes involvement with key social work institutions.
- **Part Four** includes detailed appendices about research efforts, centers within social work education programs, key social work organizations, the report from the July 2003 IASWR/CDC meeting, and other relevant resources and websites.
PART ONE

FRAMING SOCIAL WORK PRACTICE AND RESEARCH

THE SOCIAL WORK PROFESSION

The complexity of services that are needed to prevent and intervene with the inter-related social ills of child maltreatment and domestic violence are closely allied to the mission and functions of the social work profession. Social work’s mission is:

“To enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession’s focus on individual well-being in a social context and the well-being of society. Fundamental to social work is its attention to the environmental forces that create, contribute to, and address problems in living” (NASW, Code of Ethics 1999).

Social workers meet this mission through the provision of direct services to individual, families, communities and groups; through community organizing and policy practice efforts and through the administration and management of social welfare, health and human service programs, at the local, state, national and international levels. Social workers may be researchers and/or educators and undertake program development and program evaluation efforts. They address issues of cultural and ethnic diversity, no matter what their field of practice, and adhere to a strong code of ethics that addresses commitment to advocacy and continual learning as well as the promotion of individual, family, community, and global well-being. The Council on Social Work Education’s (CSWE) Educational Policy and Accreditation Standards (EPAS) (2002) states that:

Social work practice promotes human well-being by strengthening opportunities, resources, and capacities of people in their environments and by creating policies and services to correct conditions that limit human rights and the quality of life. The social work profession works to eliminate poverty, discrimination, and oppression. Guided by a person-in-environment perspective and respect for human diversity, the profession works to effect social and economic justice worldwide. http://www.cswe.org/accreditation/EPAS/EPAS_start.htm accessed May 26, 2003

Social workers provide a range of services from primary prevention, to clinical, interdisciplinary and cross-system initiatives that assist individuals and families in coping with social and/or health care needs. They assist clients in accessing resources and problem-solving, and provide the range of services from voluntary brief supportive interventions to intensive intervention programs that are mandated through court orders.

Although the social work profession is most often associated in the public’s mind with welfare or child welfare service delivery, only about 28% of child welfare workers are professionally trained social workers (Lieberman, Russell & Hornby, 1989) and a much smaller percentage currently work in welfare or income eligibility services. Less than 15% of child welfare agencies require caseworkers to hold either a BSW or MSW degree (CWLA, 1999). However, it is estimated that 70% of the mental health workforce are professionally trained social workers (CMHS, 1998). Social workers carry-out their services in diverse settings, i.e., schools, industry, military, non-profit, institutional and government settings, in such diverse fields as:

♦ child welfare
♦ economic security
♦ health care
♦ mental health
♦ substance abuse
♦ juvenile justice
♦ education
♦ employee assistance
♦ criminal justice
♦ gerontology

A recent survey of members of the National Association of Social Workers (NASW) indicated that 37% of NASW members report mental health as their primary area of practice, 8% health, 7% child/family welfare; 5% school social work; 4% aging; 3% addictions; 3% adolescents; and 1% each EAP/occupational, violence and disabilities. Less than 1% of survey respondents work in community development as a primary area of practice, but 4% indicated it is an area in which they are involved. It is important to note that 21% of the survey respondents attempted to list more than one primary area of practice, indicating the cross-cutting nature of social work practice. In terms of practice settings, 25% worked for the government, 25% for non-profit agencies and 36% work for private or profit-making entities (O'Neill, 2003).

**THE SOCIAL WORK PERSPECTIVE**

The social work profession is often considered to be unique, not only because of its focus on the person within the context of and interacting with their environment, but also because social workers work from both a strengths and ecological perspective. Strengths-oriented practice is grounded in the client's perspective of what works and what they can do, begins with an exploration of the client's basic needs, and focuses on identifying, developing and mobilizing the strengths that already exist (Bricker-Jenkins, 1992).

Of particular importance is the need to focus on the strengths of families and communities, as individuals are embedded within families and families are embedded in communities. Child Trends (Moore, Chalk, Scarpa & Vandivere, 2002) defines “family strengths” as the “set of relationships and processes that support and protect families and family members, especially during times of adversity and change.” Application of this concept is critical to achieve outcomes in working with high risk, vulnerable families and in developing effective prevention and intervention strategies to combat interpersonal violence. Marsh (2003), in fact, calls for a greater focus on developing family strengths research and creating reliable and valid assessment tools.

A concrete example of this perspective at the program and policy levels, which has received prominent national attention, is the effort in El Paso County, Colorado to implement the vision to “Eliminate Poverty and Family Violence.” The effort to accomplish this was to develop a family-centered and seamless approach to service delivery that transformed both child welfare service delivery and Temporary Assistance for Needy Families (TANF) in the community. This effort, which involved staff training and opportunities for staff to acquire social work degrees, not only addressed economic well-being but also highlighted the interconnection between family violence, child maltreatment, substance abuse and economic and social well-being (Hutson, 2003).

The ecological perspective ensures a focus on individuals in their context – embedding their needs and opportunities, strengths and capacities within their family, informal and formal networks, community, neighborhoods and social institutions. The strengths and ecological perspectives fit well with current efforts to better understand resiliency and to empower individuals and communities to be involved in change strategies. While it is easy to identify problems and risks, it is equally important to identify the protective factors that mitigate against the risks, allowing people to be resilient in the face of risks (Fraser, 1997). Resilience is a concept that is receiving increased attention within social work and within other disciplines as well. A growing number of studies and interventions try to learn what allows individuals, families and communities to be resilient when faced with illness, abuse, economic hardship or other negative experiences (Greene, 2002). There is a need to understand both the internal and external factors that ameliorate risk for some but not others. This is especially important in addressing strategies to prevent and respond to violence.
Evidence-Based Practice

With an increased focus on cost-effectiveness, outcomes and accountability and the need to identify high quality, replicable prevention and intervention strategies that are effective in diverse communities and across diverse populations, in social work as in other behavioral and social science disciplines there is increasing attention to “evidence-based practices.” Federal and foundation funders are supporting research that is not only efficacious (demonstrating that it works in controlled settings), but is also effective (that it works when adopted in different communities under different conditions). There is increasing demand for evidence about what works, prompting several different federal agencies [e.g., the Agency for Healthcare Research and Quality (AHRQ), CDC, Administration for Children and Families (ACF), Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Juvenile Justice and Delinquency Prevention (OJJDP)] to support the development of clinical guidelines, community guides and blueprints about “interventions that have been proven to work.”

Gambrill (2002) asserts that evidence-based practice, drawing from the evidence-based medicine movement in Great Britain, should be driven by the practitioner’s ethical concern to provide high quality, useful services to the client. Gibbs (2003) states that “placing the client's benefits first, evidence-based practitioners adopt a process of lifelong learning that involve continually posing specific questions of direct practical importance to clients, searching objectively and efficiently for the current best evidence relative to each question and taking appropriate action guided by evidence” (p. 6). In Evidence-Based Practice for the Helping Professions (2003) Gibbs provides a hands-on guide for finding and using research in practice, as well as resources to help practitioners develop researchable questions. Concerns that many human service programs have not been tested through research to be effective and may not have been rigorously evaluated have led to several efforts, both in national organizations and in government agencies, to showcase what programs have been shown to be effective, and in some cases to develop tool-kits or protocols to teach other service providers to adopt and adapt these effective programs. For example, the Child Welfare League of America (CWLA), with close association to the social work community, has developed a Research to Practice (R2P) initiative (visit http://www.cwla.org/programs/r2p). R2P is assessing research in key areas of child welfare service delivery at four levels – exemplary, commendable, innovative and emerging. Thus far CWLA has examined the state of evidence in regard to Positive Youth Development, Family Reunification, Family Strengthening, Child Welfare Workforce, Fatherhood, Treatment Foster Care, and Latino Teen Pregnancy Prevention. CWLA works with the social work community to retrieve research, to determine the interest for collaboration between agencies and universities in conducting research and evaluation, and to disseminate research findings and emerging practices that need further study and evaluation.

An international effort is emerging in education, criminal justice and social welfare to undertake systematic reviews of evidence. The Campbell Collaboration has a child welfare subcommittee, involving many social work researchers from the United States and other countries that is planning systematic reviews of several areas that are relevant to child maltreatment and domestic violence. Of particular significance in the child welfare arena is the scarcity of randomized controlled studies and the need to have thoughtful consideration of what constitutes “evidence.” For more information about the Campbell Collaboration visit http://campbell.gse.upenn.edu. The Department of Education has recently provided major funding support to the Campbell Collaboration to support assessments of “what works” in the education arena.

Social Work Education

Social workers may receive professional degrees at the bachelor’s, master’s and doctoral levels (BSW, MSW and PhD/DSW). The BSW degree prepares social workers for entry into the profession and generalist practice. BSW level social workers are often on the front-line as case managers and service coordinators in child welfare, health care, family support, gerontology, and mental health service settings. MSW level practitioners are more likely to be involved in clinical practice and psychotherapy, serve as supervisors, consultants, program administrators and program developers, and as members of interdisciplinary teams. Doctoral level social workers are most likely to be involved in program
development and consultation, academia and/or research. There are currently 436 Baccalaureate programs and 149 Master’s Social Work Programs in the United States with 19 BSW programs and 24 MSW programs in candidacy (accessed at www.cswe.org May 8, 2003) and 65 doctoral programs in the United States (accessed at http://www.socwk.utah.edu/gade/index.html) – graduating about 27,000 persons each year (Lennon, 2001).

Most MSW programs require students to select a concentration or specialization in the second year, which may involve both methods of practice and fields of practice. Most common is preparing students for direct practice, but students also can choose to focus on practice in such areas as community organization, administration and management, policy, and community development. In terms of specializations, students might select mental health, health, aging, child welfare, school social work, occupational social work, or children, youth and families.

Many MSW programs offer joint degrees with public health, law, business, divinity and gerontology. Close to one half of public health programs offer joint degrees with social work (see below), a frequently sought after joint degree which provides a population-based perspective with direct service skills.

CERTIFICATION AND LICENSING

All states require some type of licensing or certification for social workers although there is great variation across states in regard to the levels at which the social workers are licensed as well as the settings which require social work licensing. (See www.aswb.org for more information). There are also voluntary credentials that social workers might choose – e.g. the National Association of Social Workers (NASW) offers credentials in clinical social work, advanced practice, case management, school social work and substance abuse (For more information visit https://www.socialworkers.org/credentials/default.asp).

SOCIAL WORK RESEARCH

Social work is a research-based profession with a long history of addressing critical questions related to direct service and policy issues. Social work research benefits consumers, practitioners, policymakers, educators and the general public by:

♦ Examining prevention and intervention strategies for health and mental health, child welfare, aging, substance abuse, community development, managed care, housing, economic self-sufficiency, family well-being, and more;
♦ Studying the strengths and needs of individuals, families, neighborhoods, and social institutions and;
♦ Providing evidence for improved service delivery and public policies.

Definition of Social Work Research

Social work research examines preventive interventions, treatment of acute psychosocial problems, care and rehabilitation of individuals with severe, chronic social, psychological and health conditions, community development interventions, organizational administration, and the effects of social policy on the practice of social work. Social work research may cover the entire life span, and may be focused at clinical and/or services and policy issues, focusing on individual, family, group, community or organizational levels of intervention and analysis. It is primarily conducted by persons educated in the field of social work or who hold faculty positions in accredited social work education program. In addition to academic auspices, social work research may be carried out through community-based institutional auspices such as hospitals, prisons, social services and community development organizations or through professional, policy or research entities.
Through research the social work profession can:

♦ Assess the needs and resources of people in their environments.
♦ Evaluate the effectiveness of social work services in meeting peoples’ needs.
♦ Demonstrate relative costs and benefits of social work services.
♦ Advance professional education in light of changing contexts for practice.
♦ Understand the impact of legislation and social policy on the clients and communities we serve.

**Building the Social Work Research Infrastructure**

Over the past decade, the social work profession has given priority to strengthening the research infrastructure, to promote greater involvement of social workers in high quality research studies, and to build the knowledge base for social workers and their interdisciplinary partners. The need to enhance the research enterprise was fostered by recommendations from a 1991 report, supported by the National Institute of Mental Health (NIMH). It noted a crisis in the profession because there was insufficient focus on knowledge-building (Task Force on Social Work Research, 1991). Stimulated by this report, the social work practice and education communities joined together in 1993, to create the Institute for the Advancement of Social Work Research (IASWR). The mission of IASWR is:

To advance the scientific knowledge base of social work practice by enhancing the research capacity of the profession; promoting the use of research to improve practice, program development and policy; and strengthening the voice of the profession in public education and public policy determinations.

IASWR’s purposes are to:

♦ Promote the development, support and use of social work research on problems of serious concern to society.
♦ Promote social work research and the dissemination of research findings in order to improve practice, program development, and social policy that will enhance the quality of life for all people.
♦ Promote interdisciplinary as well as social work partnerships in order to advance the scientific basis for solving social problems.

IASWR’s sponsoring organizations include the 150,000 member National Association of Social Workers (NASW); the Council on Social Work Education (CSWE), the accrediting body for BSW and MSW programs; the Association of Baccalaureate Social Work Program Directors (BPD); the National Association of Deans and Directors of Schools of Social Work (NADD); representing the MSW programs and those social work education programs offering the range of social work degrees; the Group for the Advancement of Doctoral Education (GADE); and the Society for Social Work and Research (SSWR), a new membership organization with 1400 social work researcher members.

IASWR works closely with governmental agencies and other funders as well as its sponsoring organizations and their constituents to develop researchers and research capacity and to translate research into effective practice and policy. Over the past decade the results of this mission have included the tripling of the number of social work researchers funded by the National Institute of Mental Health (NIMH), a large increase in funding from the National Institute on Drug Abuse (NIDA), closer ties between social work and other NIH Institutes and Centers, the funding of eight mental health research infrastructure development centers by NIMH and six substance abuse infrastructure development programs by NIDA (see Appendix x); greater involvement of social workers in a range of other government and externally funded projects; an increase in the number of doctoral students and junior faculty seeking a research-focused career, and a greater emphasis on research-based curricula development in social work education programs.

Over this time IASWR worked closely with NASW and the National Child Abuse Coalition to advocate for increased attention to child neglect research, supporting the NIH sponsored Child Abuse and Neglect Working Group (CANWG) and several program announcements that are focused on strengthening research in this important area. IASWR also submitted testimony to the President’s New Freedom
Commission on Mental Health (see http://www.iaswresearch.org, New and Noteworthy) and the National Academy of Sciences study of health profession education in family violence, as well as to the Institute of Medicine on the value of NIH support for research centers of excellence.

IASWR’s current executive director (while at CSWE) assisted the Injury Center in its development of its child maltreatment research agenda in 1999, including recommending social work experts who became involved in the agenda development process. IASWR is uniquely positioned to work together with the Injury Center to build stronger connections between the Injury Center and the social work profession in order to capitalize on the strong research and practice base that social work has to offer and to address the Injury Center priority areas of concern.

COLLABORATIONS AND PARTNERSHIPS

The social work profession is actively engaged in building university/community partnerships to address social concerns, to undertake collaborative research, to develop new program initiatives, and to address staffing and workforce issues. For example, recent studies by the General Accounting Office (2003), the Annie E. Casey Foundation (2003) and the American Public Human Services Association, Child Welfare League of America and Alliance for Children and Families (Cyphers, 2000) highlight the value of the partnerships between MSW and BSW programs and public child welfare agencies to recruit and retain competent staff (see the section on Social Work and Child Welfare).

Interdisciplinary/interprofessional research, practice and education strategies are also extremely prevalent within social work (Zlotnik, et al., 1999). Jones and Zlotnik (1998) identify a broad set of strategies that can be undertaken by universities, community agencies, advocacy groups and consumers to plan, develop and evaluate effective community-university partnerships.

Social work education programs are actively involved in participatory action research (PAR) strategies that involve both consumers and service providers in research efforts (McCarthy, 2003). When carrying-out community-based research it is important for both the subjects of the research and the researchers to see the value of the research and to feel comfortable with the research design. In addition, the findings from the research need to be returned back to those who were the subject of the study and they can then provide input on further research that is needed. It is also important for consumers and practitioners to have input into the research process and design to support the studies of effective practices. The University of Washington School of Social Work has developed guidelines and principles for undertaking community-based research (can be accessed at http://depts.washington.edu/sswweb/commmweb.html, or found in Appendix 10.)

In the United Kingdom, a number of efforts are underway with active social work leadership to develop collaborative research and focus on evidence-based practices. One example is the Social Care Institute for Excellence, which is examining evidence-based policies and practices that include the perspective of the end user (meaning consumers and practitioners) as well as the researcher. (For more information, visit http://www.scie.org.uk/englishindex.htm).

Social Work and Public Health

It is important to recognize that there is a specific field of “public health social work.” However, beyond those researchers, educators and practitioners specifically identified with that field, there are many thousands of social workers who are concerned with addressing public health concerns, especially those that are the focus of this report: Child maltreatment and domestic violence, including violence against women. The social workers addressing these issues might identify more closely with the fields of child welfare, mental health, family support, health care, or school social work, rather than specifically public health.

The social work profession plays a critical role in the development, implementation, delivery and study of prevention, early intervention and treatment efforts across the array of health, mental health, education, substance abuse, public health and child welfare service delivery systems. In order to prevent injuries and minimize their consequences when they occur, the Injury Center uses the public health approach - a systematic process to:
Define the injury problem
Identify risk and protective factors
Develop and test prevention interventions and strategies
Ensure widespread adoption of effective interventions and strategies (National Center For Injury Prevention And Control, 2002, p. 1).

This approach is similar to the approach used by social work researchers. The study process includes:

Define the problem;
Study strengths and needs of individuals, families, neighborhoods, and social situations (risk and protective factors);
Examine prevention and interventions strategies for health and mental health, child welfare, aging, substance abuse, and many other areas;
Provide evidence for improved service delivery and public policies.

It is clear that there are overlapping missions and activities within the public health and child welfare systems. Issues of shared concern include primary, secondary and tertiary prevention of maltreatment in high risk families, the linkages between domestic violence and child maltreatment, and the high risk of adolescents aging out of the child welfare system, including concerns about youth suicide, substance abuse and violence. For example, Prevent Child Abuse America recently convened a think tank to develop a “child abuse prevention research agenda.” The discussion included federal leaders in child welfare and public health, including the head of the U.S. Children’s Bureau and the Office of Child Abuse and Neglect, representatives from juvenile justice and maternal and child health, NIH, SAMHSA, the Administration for Children and Families (ACF) and key leaders from the Injury Center at CDC. In addition participants represented national organizations and community-based agencies, many with social work and/or public health backgrounds.

Since social work and public health have common areas of concern, but might be using a somewhat different lens or frame of reference, it is important to more clearly articulate the commonalities and linkages so that there can be stronger connections to the CDC’s mandate to address this country’s public health concerns and the social work profession’s research and practice efforts. In fact, Congress recognized the importance of strengthening these ties by encouraging CDC to work with social work education and relevant national organizations in the development of its initiative related to prevention of maltreatment (CDC, memo 2-28-2000).

EXAMPLES OF SOCIAL WORK AND PUBLIC HEALTH TIES

It is important to note that there are several ways in which there are specific connections between public health and social work.

Organizations

The Social Work Section of the American Public Health Association (APHA) “establishes standards for social work in health care settings; contributes to the development of public health social work practice and research; and promotes social work programs in the public health field” (NASW 2003). Social workers are one of several disciplines that have a special section at APHA (http://www.apha.org/sections/sectioninfo/swinfo.html), meeting together at the annual APHA conference, developing special conference sessions, and collaborating with 13 other social work organizations with health care interests. Many section members communicate through a social work and health listserv and participate in the planning for the CSWE Health Symposium, which sponsors special sessions at the CSWE Annual Program Meeting. The interests of the section members are very broad, covering the lifespan, focusing on prevention and intervention strategies, and addressing an array of health and public health issues. Members of the section
also benefit from the multi-disciplinary activities, advocacy and exchange promoted by APHA. There are currently 250 members of the section.

♦ There is a 70 member social work section of the Association of State and Territorial Health Officials (http://www.astho.org) which provides leadership in promoting national and state health policies and practices consistent with the principles and values of public health social work, in collaboration with ASTHO and in collaboration with other public health and social work organizations. “The Association is dedicated to optimal social functioning of individuals and families through education, communication and advocacy with the following objectives: To develop and maintain a broad based membership comprised of persons from the United States and its territories; To support a forum for the exchange of ideas, information sharing, and discussion of mutual concerns among social workers in public health; To promote improved social work practices affecting clients; and To advocate for public policy that improves communities and the life of families” (http://www.astho.org/?template=affiliates.html).

**JOINT SOCIAL WORK/PUBLIC HEALTH DEGREE PROGRAMS**

Of the 149 fully-accredited Master’s in Social Work (MSW) programs in the United States and 32 accredited Master’s in Public Health (MPH) programs (www.cswe.org and Schools of Public Health, 2003) there are at least 17 schools that offer joint MSW/MPH degree programs and at least one program that offers a joint PhD/MPH. Given that about half of the accredited MPH programs offer combined degrees with schools of social work, it is evident that public health interests overlap with social work interests, and that it is perceived to be “value-added” to offer such a joint degree. The list of the joint MSW/MPH programs and examples of joint social work/public health research efforts in the priority areas of child maltreatment, domestic violence and violence against women are highlighted in APPENDIX 1.

Joint programs have been developed so that students are prepared to provide “the knowledge and skills necessary to promote health, prevent disease, and enhance the delivery of social work and health services in the community” (San Diego State University -- Graduate Degree Programs, 2003). Several of the joint programs have a specific focus on Maternal and Child Health. For example, the University of South Florida established a joint MSW - MPH program for maternal and child health when the need for clinically oriented social workers with experience in planning and evaluating became apparent (Coutler, M. L. & Hancock, T., 1989). These joint programs have also been developed to teach program planning, policy management, advocacy, evaluation and administration skills in the interdisciplinary areas addressing interrelated social and health problems.

In reviewing the information from the websites of the joint degree programs, it should be noted that several universities are carrying out violence-related research on child maltreatment, domestic violence, or violence in the schools. However, even where there are joint degree programs, and the school of public health may have a “violence research center,” there is not readily apparent collaboration between the faculty of the different disciplines in that research. In the same vein, some faculty at schools of social work undertake research and evaluations on child maltreatment and/or domestic violence issues but may not work with the school of public health faculty. Social work and public health researchers may benefit from efforts that would specifically foster joint research efforts both within and outside university venues.

**SOCIAL WORK AND THE BUREAU OF MATERNAL AND CHILD HEALTH**

The social work profession has a long history of collaboration with the Bureau of Maternal and Child Health (MCH) in the Health Resource and Services Administration (HRSA), from its early days when MCH was part of the Children’s Bureau. MCH offers a competitive grant competition to MSW programs to undertake special initiatives in gearing social work students toward leadership in a maternal and child health career. The grants to social work education programs establish “MCH Centers of Excellence that promote public health training for social workers. Graduate and doctoral training are supported. Also, these centers offer continuing education and educational materials to other social work programs across the Nation” (http://mchb.hrsa.gov/programs/training/overview.htm#disciplinary).

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Over the past several years a number of social work education programs have received these grants including, University of North Carolina, University of Maryland, University of Pittsburgh, Syracuse University, University of South Carolina, University of Michigan. There are three grantees that are just reaching conclusion and have been refunded for an additional three years – Maryland, UNC and Pittsburgh (Athey, J. Kavanagh, L., Bagley, K., and Hutchins, V., 2000).

In addition, MCH recently initiated a dissertation awards program and one of the current awardees is a social work doctoral student from the University of Maryland who is the first CSWE Minority Fellow to get this award. She is studying the coping capacities of African American women who provide primary care to children in kinship care (CSWE, 2003).

**SOCIAL WORK AND DOMESTIC VIOLENCE**

Domestic violence is so prevalent that it shows up in all systems in which social workers are involved. As noted in Figure 1 (Danis 2001) conceptualizes domestic violence as a cross-cutting issue for social workers in all fields of practice, addressing issues of universal screening, risk assessment and intervention.

![Figure 1](image_url)

Studies have shown that there is often an overlap/intersection of cases that involve domestic violence, child abuse, substance abuse and mental health issues (AACAP/CWLA, 2001; Foley, Berns, Test, Bragg, & Schechter, 2000). As stated earlier, there is a 40% co-occurrence rate between DV and child maltreatment, and 50% of men who frequently assaulted their partners also frequently abused their children. (Foley, Berns, Test, Bragg, & Schechter, 2000, p. 4). Social workers work with perpetrators and victims of this abuse within multiple systems, including the child welfare system, and contribute to violence prevention efforts across these multiple systems.

The University of Michigan School of Social Work is collaborating with the Center for Impact Research on “The Project for Research on Welfare, Work and Domestic Violence”. The Project provides national
coordination of research and public education on the relationship of domestic violence to poverty and welfare use. In October 2003 they will host the 4th National conference on “Trapped by Poverty/Trapped by Abuse” in Austin, TX, co-sponsored with the University of Texas-Austin School of Social Work and the Institute on Domestic Violence and Sexual Assault (http://www.ssw.umich.edu/trapped/). In addition, the University of Michigan School of Social Work is undertaking a broad array of research in this area under the aegis of its NIMH funded Center on Mental Health, Poverty and Risk (see Appendix 8).

SOCIAL WORK AND VIOLENCE AGAINST WOMEN

Attention to violence against women is interwoven with issues of family violence, the well-being of children, welfare reform, crime, victim assistance and empowerment. The passage in 1994 of the Violence Against Women Act (VAWA) created new federal safeguards and increased the public’s attention to the plight of women who are battered and their children. Some of this attention came from a grassroots movement, including the development of domestic violence shelters in communities throughout the country, beginning in the early 1970s. Rarely is violence against women examined in isolation, and it has long been a priority area of attention for the National Committee on Women’s Issues (NCOWI), a by-laws mandated committee of NASW since 1975, and the Women’s Commission of CSWE. As a women-dominated profession, with a strong commitment to vulnerable populations and empowerment, and visibility for the “feminist perspective,” the social work profession has demonstrated leadership in this arena. Despite this leadership however, gaps continue in the education and training of social workers to always act effectively in regard to both prevention and intervention strategies (Danis, 2003).

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) at HHS also supported studies, bringing attention to these cross-cutting issues. There is a growing body of research by Edelson, Schechter, Tolman, and Danzinger, among others that address these intersections and the concerns about well-being and outcomes for the women and their families. This affirms social work’s historic interest in the intersection of violence against women and economic self-sufficiency. Brandwein, in Battered Women, Children and Welfare Reform (1999) highlights these intersections in light of the passage of the Personal Responsibility and Work Opportunity Act of 1996 and VAWA in 1994.

The Office of Women’s Health at DHHS, as part of their public health campaign to ensure informed professional responses to violence against women, hosted a Social Work Summit On Violence Against Women in 2000. The one-day meeting brought together representatives from social work organizations and experts in the areas of domestic violence and sexual assault. The goals for the summit were to develop consensus recommendations for the social work field to address violence against women issues, to strengthen networks and partnerships and to promote strategies to improve education, prevention and intervention. A full report of the summit and a complete list of the recommendations can be found in the NASW Equity Practice Update, vol.1, #1, March 2002 http://www.socialworkers.org/pressroom/events/domestic_violence/equity0101.pdf. Among the recommendations were that IASWR facilitate the increase in research to address violence against women and girls; that models for practice-service delivery and research findings inform advocacy efforts; that interdisciplinary linkages be promoted at the national level; and that culturally competent practice be a core component of all prevention and intervention efforts.

With the impetus from this summit, several new efforts were spearheaded. A CSWE symposium on Violence Against Women and Their Children that plans conference sessions and also focuses on curriculum development strategies has been formed. Since 2001, more than 60 social work faculty have convened at the CSWE Annual Program Meeting and communicated by listserv, with the goal to “build knowledge and skills to end violence against women and their children.” The interests of the participants cover the lifespan and focus on issues including, poverty, assault, arrest, batterer treatment, substance abuse, mental retardation, women and empowerment, web-based training, child maltreatment, social worker response and training, workplace violence, men and rape, disability, gender-based hate crimes, legal issues, cultural competence, diversity, rural issues, etc. Another outgrowth is the curriculum resource to be published by CSWE on “Integrating Domestic Violence Content into Social Work Education.”
NASW issued a Practice Update, What Social Workers Should Know about Gender-Based Violence and the Health of Adolescent Girls, http://www.socialworkers.org/pressroom/events/domestic_violence/ah0102.asp, due to the major risk that adolescent girls face in intimate partner violence, and the implications of this vulnerability both during their teen years and in later life. The following recommendations are made for practice:

- Implement identification of and follow-up strategies for gender-based violence within your practice. Work with families and communities in raising awareness of gender-based violence in adolescents. This is critical, as many teens do not report violence because of fear that their parents will not approve of their relationship. Help families experiencing violence to understand the long-term consequences of violence in the home.
- Encourage the development and or awareness of community services to assist both victims and batterers. Many domestic violence services, particularly shelter services, are not available to individuals under 18.
- Establish referral networks that may include hotline numbers, medical services, support groups, law enforcement, counseling, and the like. Have this information to young people with whom you work.
- Have information on gender-based violence and healthy relationships, such as brochures and fact sheets, available in your practice setting. (NASW, 2001)

**SOCIAL WORK AND CHILD WELFARE**

Child welfare is the field of practice most closely identified with the social work profession, although many disciplines and non-professionals actually provide the range of services that are offered through the child welfare system. The definition of what constitutes child welfare is constantly evolving. Some definitions take a developmental approach, seeing child welfare as concerned with the well-being of all children, recognizing that no family is self-sufficient to ensure the well-being of their children (Kadushin & Martin, 1988). A more commonly accepted definition of child welfare, however, may be the residual definition promulgated by the Child Welfare League of America in 1982, suggesting that child welfare services are “social services to children and youth whose parents are unable or need help to carry out their child rearing responsibilities” (CWLA, 1982, p.8) In 1993, child welfare was defined as “those areas of social service designed to protect children from abuse and neglect, improve opportunities for optimal child development, help establish and fortify family structures, and improve the level of family functioning” (CWLA, 1993, p.7). This more recent definition, incorporates more of the developmental and residual perspective, is more preventive and family-focused, and may incorporate more of a public health perspective as well.

Child welfare encompasses a broad range of prevention and intervention services and strategies including child protection, foster care, residential treatment, adoption, post adoption services, family preservation, family support services (including drop-in centers, child and family counseling, home visiting, parenting education, respite care) and child day care. Such programs as Head Start and Healthy Start may also be considered child welfare programs. It is clear that many of these services may be considered public health programs as well.

The prevention of child maltreatment, in the social work context, is usually considered an area of child welfare practice and research. There are an array of research efforts in the child maltreatment arena, examining etiology, prevalence, interventions and consequences of child abuse and neglect, being carried out by social workers, which are highlighted in Part Two and the appendices. A few lead researchers in this area are Zuravin and DePanfilis at the University of Maryland, Daro at Chapin Hall Center for Children at the University of Chicago, Gaudin, (University of Georgia) and Jonson-Reid (Washington University).
PREPARING COMPETENT CHILD WELFARE STAFF

Although many child welfare workers are not professionally trained social workers, social workers are not only important service providers in the child welfare system but are also key researchers, administrators, policy makers, trainers and educators. Social work education programs, at both the BSW and MSW level, offer courses in preparing students for child welfare practice. For more than a decade the social work profession has worked closely with child welfare organizations at the national level to spear-head efforts to strengthen the ties between social work education programs and child welfare agencies, especially the public agencies, to gear social work students toward child welfare careers, to provide opportunities for current child welfare workers to return to school to get social work degrees, and to work on collaborative system improvement efforts. These efforts to promote university/agency partnerships are an important avenue to address staffing issues as child welfare agencies struggle with recruitment and retention problems (Cyphers, 2000, GAO, 2003a). In addition, as an increasing number of child welfare agencies try to improve service delivery by achieving accreditation by the Council on Accreditation of Services to Children and Families (COA), (e.g., Illinois and Kentucky) lowering caseloads and increasing the educational levels and competencies of staff are critical steps to be taken toward quality service delivery.

National level collaboration has included the CSWE, IASWR, NASW and CWLA and the National Association of Public Child Welfare Administrators (NAPCWA), an affiliate of APHSA. These organizations have worked closely with the Children’s Bureau, in promoting these partnerships through special symposia and conferences as well as a number of publications including Rethinking Child Welfare Practice Under the Adoption and Safe Families Act of 1997: A Resource Guide (DHHS, 2000) and Changing Paradigms of Child Welfare Practice: Responding to Opportunities and Challenges (Children’s Bureau, June 1999). In 2000, the Children’s Bureau hosted an important conference on university/agency child welfare partnerships.

A child welfare research interest group through the Society for Social Work and Research (SSWR) has recently emerged and the National Association of Deans and Directors of Schools of Social Work (NADD), another one of IASWR’s sponsoring organizations, and NAPCWA have recently convened a collaborative workgroup of leaders. This collaboration, including IASWR, CSWE and BPD, focuses on Professional Education to Advance Child Welfare Practice. The report from its first symposium can be found at http://ssw.che.umn.edu/cascw/cascw_conference_proceedings.htm. Deans collaborated with child welfare administrators in an effort undertaken by the National Resource Center on Child Maltreatment to develop a “Research Agenda for Public Child Welfare.” Areas of further study covered practice research, program evaluation, policy research, research synthesis, and prognosis research (http://www.gocwi.org/PDF/Research%20Agenda.PDF). This comprehensive report provides a laundry list of topics related to the investigation and intervention of child maltreatment, requiring partnerships between researchers, service providers and families, to understand what works best, for whom, under what circumstances.

The need for competent child welfare staff, including those who work to investigate and intervene in cases of child abuse and neglect, is believed by many to be a critical underpinning that will help to improve child welfare service delivery. Through these community/university partnerships at the state and local level there are a range of important efforts underway to educate and train staff, carry-out research, and to develop and evaluate programs. Additional information on these university/agency partnership efforts, sources of federal funding and examples of current activities can be found in Appendix 2 and at http://www.uky/SocialWork/cswe/.

CROSS-SYSTEM AND COMMUNITY ISSUES

CHILD WELFARE AND SUBSTANCE ABUSE AND MENTAL ILLNESS

Over the past twenty years there has been increased attention to the strong correlation between mental health and substance abuse problems for those children and families who become involved in the
child welfare system. This has created considerable Congressional attention, resulting in a report to Congress, *Blending Perspectives and Building Common Ground* (1999) as well as a recently funded National Center on Substance Abuse and Child Welfare, funded by the Office of Child Abuse and Neglect, Administration of Children and Families and the Substance Abuse and Mental Health Services Administration (SAMHSA). The Child Welfare League of America and the American Public Human Services Association (APHSA) are key partners. This attention to the multiple needs of children and families has resulted in increased focus on cross-system and collaborative services between child welfare and their other service system sectors.

**Child Welfare and Juvenile Justice: Federal Agencies Could Play a Stronger Role in Helping States Reduce the Number of Children Placed Solely to Obtain Mental Health Services** *(GAO, 2003b)* reports that parents of children with serious mental disorders are often caught in a dilemma because of the lack of services to meet their children’s needs and are forced into placing their children within other systems, often due to policy inadequacies and lack of prevention focused allocation of resources. This report reinforces the findings from the Surgeon General’s report and action plan on children’s mental health. *(USHS, 2000)* that there is a need for greater cross-agency collaboration at the federal, state and local levels. Greater coordinated service delivery will improve the public health and enhance the well-being of not only the individuals and families, directly impacted, but our communities as well. Thus, the focus on family-centered service delivery, including family support and other prevention programs, implemented by social workers is important *(Zlotnik, 1997)*.

Social workers find that many families involved in the child welfare system are also dealing with issues of domestic violence and/or substance abuse *(Urban Institute, 1996; Foley, Berns, Test, Bragg, & Schechter, 2000)*. Children may be abused and/or neglected when one or both parents abuse substances. The development and implementation of guidelines on how to work with violence and co-occurring substance abuse issues would be useful for social workers in many settings. Issues arise about which problem should be the priority for investigation and/or treatment. Furthermore, it is not necessarily clear if substance abuse may be the antecedent of domestic violence and/or child maltreatment. Victims of domestic violence may use drugs as a coping mechanism to deal with the abuse they endure. “Studies show that more than 50% of the batterers referred to criminal justice and social service agencies are substance abusers”. *(Foley, Berns, Test, Bragg, & Schechter, 2000, p. 4)*. More research is needed to investigate prevention and intervention measures regarding these multiple issues.

**CHILD WELFARE AND DOMESTIC VIOLENCE PROGRAM STRATEGIES**

The National Council of Juvenile & Family Court Judges (NCJFCJ) worked with public child welfare administrators to develop guidelines for practices and policies in cases where domestic violence and child maltreatment overlap. The final report, entitled *Effective Intervention in DV & Child Maltreatment Cases: Guidelines for Policy and Practice, Recommendations* from the National Council of Juvenile & Family Court Judges (NCJFCJ) Family Violence Department is also known as *’The Green Book.’* The report, authored by Susan Schecter and Jeffrey Edleson, two social workers that have an expertise in domestic violence and child maltreatment research. Their perspective enabled them to develop a good inter-organizational framework to guide service providers of various disciplines to work with victims of domestic violence and child maltreatment. The implementation of the recommendations from the *Green Book* are taking place in pilot sites around the country as part of collaboration between NAPCWA and NCJFCJ. However, despite an array of education and training recommendations endorsed in the *Green Book*, there has been no specific effort to translate the *Green Book* recommendations into curricula within social work education and there has been no formal involvement of the social work organizations, e.g. NASW, IASWR or CSWE in these implementation efforts at the national or local levels.

**CHILD WELFARE, DOMESTIC VIOLENCE, SUBSTANCE ABUSE, MENTAL ILLNESS: COMMUNITY RESPONSES**

Mental health issues are often present when working with victims of IPV, sexual violence and child maltreatment. Given that it is estimated that perhaps as many as 70% of mental health workers are social workers, they need to be aware of the overlap of depression and abuse, and the potential resulting consequences of child abuse, and/or suicidal behavior *(NASW, 2003; Foley, Berns, Test, Bragg, &*
Schechter, 2000, p. 4). Further research needs to be conducted on the intersection of mental health, intimate partner violence, and child maltreatment prevention and intervention strategies need to be examined and evaluated.

The Child Welfare League of America, the University of Albany School of Social Welfare and the New England Home for Little Wanderers are hosting a national conference in Albany, NY in September 2003 that will focus on community based intervention strategies to address child welfare and child maltreatment:

"Building Communities for 21st Century Child Welfare," is a collaborative conference offering a unique opportunity to highlight successful community collaborations that promote child well-being and present policy trends and contemporary research pertaining to achieving community goals. Conceptual and skill building presentations are sought that encompass trends, methods, strategies and successful developments in economic, health, education, housing, safety, occupational or other community resources on behalf of children and families. Proposals from faith-based and ethnic initiatives, public and private sector collaborations, and formal and non-traditional systems of care are encouraged. Symposium focus areas: Understanding Communities Today, Successful Leadership Without Easy Answers, Advancing Social and Economic Justice, Developing, Maximizing, and Sustaining Funds and Resources (http://www.cwla.org/conferences/2003cbsymposiumrfp.htm)

Examining the intersection of child welfare, substance abuse and family violence in February 2001, CSWE and Casey Family Programs, collaborated on a symposium (with the papers to be available in a book published by CSWE), which especially focused on the gaps in research related to these cross-cutting issues within communities of color. The symposium addressed the state of knowledge and practice related to Native American, African American, Hispanic and Asian Pacific Islander communities. The discussions highlighted the need for culturally competent research and research that focuses on individual communities and individual cultures, as there is great diversity, even within officially defined racial and ethnic groups.

VIOLENCE PREVENTION: GLOBAL PERSPECTIVE – PROFESSIONAL RESPONSES

The United States Agency for International Development (USAID) provided a grant to the National Association of Social Workers in the mid-1990’s to examine the interrelatedness of violence and development. The goal of the Violence and Development Project was to encourage the social work profession to investigate and integrate into its training and practice the issue of violence as a global affliction and sustainable human development as an antidote.

The project supported initiatives in several NASW chapters (see Appendix xx) as well as the development of educational curriculum modules that were created in collaboration with the CSWE international committee. The project looked at the characteristics of violence and community and its results on individual, family and community well-being. The project led to the publication of The Global Crisis of Violence: Common Problems, Universal Causes and Shared Solutions by Dorothy Van Soest, now dean at the School of Social Work at the University of Washington. The book provides an overview of forms of violence, [poverty-related violence, gender violence and violence against children, ethnoviolence, drug related violence, and violence related trauma], linkages to events and activities across the globe, insights learned from the study of the experiences of global communities and recommendations for economic and social best practices to prevent and ameliorate violence.

Next step recommendations include promotion of greater involvement of social workers in violence prevention and community-building and attention to practice methods that include peace consciousness. As noted by Van Soest, social work practice methodologies for professional peace consciousness should embrace the following characteristics:

♦ egalitarian in nature
♦ client and community self-determination and freedom of action
empowerment vs. social control of clients
positive influence efforts vs. forms of coercion
community building through participatory development projects
reciprocal strategies
humanizing social institutions
consciousness-raising processes
use of cultural activities and processes
emphasis on interdependence
bottom-up social and economic development strategies
conflict resolution strategies, (Van Soest, 1997, p.344)

Figure 2 describes types of violence, their manifestations in the United States and in the Global South and recommended best practice interventions.

**Figure 2: Summary of Observations Concerning Violence**
(Reprinted with permission from The Global Crisis of Violence (Van Soest, NASW, 1997), pp. 334-336)

<table>
<thead>
<tr>
<th>Form of Violence</th>
<th>Global Linkages</th>
<th>Comparative Insights</th>
<th>Best Practices</th>
</tr>
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<tbody>
<tr>
<td>Poverty-related violence</td>
<td>Poverty-related diseases in the global South spread to United States and vice versa (e.g., vaccination against smallpox in global South saves United States hundreds of millions of dollars)</td>
<td>Poverty stacks the odds against normal development of children in United States and global South; poor children more likely to die from infectious diseases, suffer from all physical maladies; vaccination rates in United States compared with some countries in global South</td>
<td>Grassroots level strategies to increase vaccination rate in global South; oral rehydration therapy used in global South is a practical, low-cost and painless alternative to treating hundreds of children hospitalized by diarrhea each year in United States</td>
</tr>
<tr>
<td>U.S. industry jobs decrease because production is moved to global South</td>
<td>U.S. industry jobs decrease because production is moved to global South</td>
<td>Worker exploitation compared; “sweatshop” working conditions of garment workers-mostly young women and girls—in maquiladoras (factories built in part with U.S. funds in free-trade zones that receive breaks on taxes and tariffs) similar to “sweatshop” conditions of garment workers in U.S.</td>
<td>Grassroots micro-enterprise, credit, and self-employment projects worked wide; trade-union solidarity across borders; fair trade organizations</td>
</tr>
<tr>
<td>International search for better opportunities, migration and hyper-urbanization</td>
<td>International search for better opportunities, migration and hyper-urbanization</td>
<td>Family homelessness and street children, squatter settlements and floating populations</td>
<td>Self-help housing, Habitat for Humanity approaches, cooperatives; participatory projects</td>
</tr>
<tr>
<td>Export of U.S. weapons to the global South fuels violence and drains resources for meeting human needs</td>
<td>Export of U.S. weapons to the global South fuels violence and drains resources for meeting human needs</td>
<td>Military expenditures are disproportionate to expenditures for social needs in both United States and the global south</td>
<td>Forums for disarmament regulating the arms trade, UN mediation in conflicts, reducing military spending</td>
</tr>
<tr>
<td>Form of Violence</td>
<td>Global Linkages</td>
<td>Comparative Insights</td>
<td>Best Practices</td>
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<tr>
<td>Gender violence and violence against children</td>
<td>Globalized media images of family norms and values reinforce subordination of females and children; increasingly insecure house should ties; wars and militaristic values promote ideology of superiority</td>
<td>Comparative impacts of economic pressures and women’s incomes in different types of traditional family structures; sex tourism industry exploits women and children in global South compared with sexual violation in United States</td>
<td>Women’s self-help projects emphasizing struggle efforts and development efforts (e.g., SEWA, Grameen Bank); women’s community-based education and pressure campaigns; empowerment approaches to development</td>
</tr>
<tr>
<td>Ethnoviolence</td>
<td>Dominant patterns of global economic development leads to unequal distribution of resources and power, repression of ethnic populations; environmental degradation leads to intensified ethnic conflict</td>
<td>Migration tensions; hate crimes and ethnic tensions in United States compared with ethnic clashes in the global South; pressures encouraging ethnocentric political appeals; affirmative action policy disputes</td>
<td>Issue-specific cross-ethnic self-help organizations; developing web of NGOs and movements that empower citizens to solve their own problems (vibrant civil societies); projects to preserve ethnic cultures; dialogue and conflict resolution groups</td>
</tr>
<tr>
<td>Drug-related violence</td>
<td>Global drug networks become part of global economy, evade enforcement through migration and expansion into new territories</td>
<td>Poverty leads poor farmers in the global South into drug production while poverty leads poor people in United States into drug consumption; gang-related informal governance compared with corruption of formal governments and businesses; traditional use of drugs compared with uncontrolled abuse</td>
<td>Combination of strategies related to factors such as poverty and motivation; viable alternatives to production in the global South; politicized community mobilization and mutual aid models, based on empowerment ideologies and intense peer support; holistic community processes involving prevention, coalitions, treatment</td>
</tr>
<tr>
<td>Violence-related trauma</td>
<td>Ethnic conflict, civil unrest, and mass migration; breakdown of governance; wholesale abandonment of uncompetitive local economic sectors</td>
<td>Family and community breakdown in traumatized areas compared to similar issues in economically devastated U.S. towns and neighborhoods; unresolved trauma perpetuates cycle of violence worldwide</td>
<td>Cultural activities for healing, with grief work to mourn losses plus self-expression in art, storytelling, drama with music and dance as metaphors for trauma, survival and spiritual rebirth</td>
</tr>
</tbody>
</table>

a. Problems in global South affect problems in United States and vice versa
b. Observations of similarities and differences here and in global South
c. Lessons from experience addressing similar problems in the global south and the United States

**DISSEMINATING RESEARCH AND BEST PRACTICES ON PREVENTING CHILD MALTREATMENT AND DOMESTIC VIOLENCE**

This overview of social work and its efforts in the areas of interest to CDC, makes it clear that there are overlapping interests, but different terms and frames of reference that are targeted toward the same goal – enhancing the health and well-being of our society, especially our most vulnerable youth and their families.

There are a broad range of initiatives and activities underway, within the practice community, within social work education programs, and among national organizations. Appendix 3 highlights relevant publications, projects and resources available from the National Association of Social Workers, Council on Social Work Education and several smaller social work specialty organizations whose missions and
activities are relevant to prevention of child maltreatment and domestic violence, including violence against women.

It is also important to note, that despite the training and research underway, more needs to be done. In Section Three we will outline some recommendations and next steps, drawn from many of the reports and studies reviewed for this document as well as from the action steps identified by the joint stakeholder/CDC Injury Center meeting.
PART TWO

SOCIAL WORK CONTRIBUTIONS TO THE NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL’S PRIORITIES

The CDC, an agency of the United States Department of Health and Human Services (DHHS), has a critical mission "to promote health and quality of life by preventing and controlling disease, injury, and disability" (DHHS, 2000, p. 3). Within the CDC, there are 12 Centers, Institutes and Offices. One of the Centers, the National Center for Injury Prevention and Control’s mission is to “prevent premature death and disability and to reduce the human suffering and medical costs caused by injuries” (National Center for Injury Prevention and Control, 2002, p. 1).

In the areas of violence prevention, the Injury Center is playing an increasingly critical role in complementing the work of other federal agencies such as the National Institute for Child Health and Human Development (NICHD), the Office of Child Abuse and Neglect (OCAN) and the U.S. Department of Justice. The Injury Center focuses on prevention of the development of perpetrators and focuses on applied dimensions of prevention. Of particular interest is “primary prevention of intimate partner violence, sexual violence and child maltreatment” (National Center For Injury Prevention And Control, 2002, p. 51) suggesting that there needs to be greater focus on approaches directed to potential perpetrators.

Within the federal efforts to address child maltreatment, domestic violence and violence against women, the Injury Center “is the only organization in the federal government with the responsibility to address all phases of the injury research framework - from foundational research through dissemination research...” (National Center for Injury Prevention And Control, 2002, p.1). Congress has encouraged the Injury Center’s focus on child maltreatment in recent years. In order to specifically set its maltreatment agenda the Injury Center has reached out to many in the child maltreatment community to assist them in that endeavor, including social workers and researchers at schools of social work.

The Center’s research priorities were developed by focusing on the intersection of the CDC institutional mission, public health burden, and research opportunity. Each priority is intended to address cross-cutting issues, including:

♦ Evaluate the most effective methods for translating research findings into public health programs and policies.
♦ Evaluate the effectiveness of interventions to improve parenting skills and reduce risky use of alcohol.
♦ Identify the costs and consequences of injury.

The research priorities most pertinent to this project are categorized in relation to Preventing Intimate Partner Violence, Sexual Violence and Child Maltreatment and relevant social work research initiatives focusing on the 15 sub-topics in relation to those topics are discussed below. It is important to note however that two additional categories, Preventing Suicidal Behavior, and Prevention of Youth Violence are also interconnected to such social work research.

In regard to Preventing Intimate Partner Violence, Sexual Violence and Child Maltreatment, 15 sub-topics were identified by CDC. Social work research related to these sub-topics has been or is currently being conducted. Following is a discussion of recent examples of social work research addressing these CDC research agenda priorities. In addition, Appendix 4 includes a listing of relevant research presented at the Society for Social Work and Research conference in January 2003. Appendix 5 includes relevant social work research being funded by NIH. In order to link these to the Injury Center priorities, the research discussed has letter superscripts that correspond to the relevant research priorities. It is
important to note that there is a broad array of governmental funding sources, although, few efforts by social work researchers are directly funded by CDC.

**Figure 3: CDC Research Priorities in Preventing Intimate Partner Violence, Sexual Violence, and Child Maltreatment**
(National Center for Injury Prevention and Control 2002, pp. 51-59)

<table>
<thead>
<tr>
<th>A.</th>
<th>Evaluate strategies to disseminate and implement science-based parenting interventions to prevent child maltreatment.</th>
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<tbody>
<tr>
<td>B.</td>
<td>Evaluate the efficacy and effectiveness of interventions and policies to prevent perpetration of intimate partner violence, sexual violence, and child maltreatment.</td>
</tr>
<tr>
<td>C.</td>
<td>Identify social norms that support intimate partner violence, sexual violence, and child maltreatment and evaluate strategies to change them.</td>
</tr>
<tr>
<td>D.</td>
<td>Evaluate training programs about intimate partner violence, sexual violence, child maltreatment, and elder abuse for health professionals.</td>
</tr>
<tr>
<td>E.</td>
<td>Evaluate the health consequences of intimate partner violence, sexual violence, and child maltreatment victimization across the lifespan.</td>
</tr>
<tr>
<td>F.</td>
<td>Examine the development of intimate partner violence, sexual violence, and child maltreatment perpetration to identify at-risk populations, modifiable risk and protective factors, optimal times and settings for intervention.</td>
</tr>
<tr>
<td>G.</td>
<td>Develop and evaluate surveillance methods for intimate partner violence, sexual violence, and child maltreatment.</td>
</tr>
<tr>
<td>H.</td>
<td>Evaluate strategies to disseminate information about preventing intimate partner violence, sexual violence, and child maltreatment.</td>
</tr>
<tr>
<td>I.</td>
<td>Evaluate the efficacy and effectiveness of interventions and policies for preventing intimate partner violence, sexual violence, and child maltreatment victimization and its consequences.</td>
</tr>
<tr>
<td>J.</td>
<td>Evaluate models for integrated community responses to intimate partner violence, sexual violence, and child maltreatment.</td>
</tr>
<tr>
<td>K.</td>
<td>Examine the development of intimate partner violence, sexual violence, and child maltreatment victimization to identify at-risk populations, modifiable risk and protective factors, and optimal times and settings for intervention.</td>
</tr>
<tr>
<td>L.</td>
<td>Identify risk and protective factors and effective prevention strategies of elder abuse.</td>
</tr>
<tr>
<td>M.</td>
<td>Study the role(s) of substance use and abuse as precursors to and consequences of intimate partner violence, sexual violence and child maltreatment victimization and preparation.</td>
</tr>
<tr>
<td>N.</td>
<td>Evaluate the impact of extreme community and environmental stressors on intimate partner violence, sexual violence, and child maltreatment.</td>
</tr>
<tr>
<td>O.</td>
<td>Describe service delivery use, impact, and costs of interventions for intimate partner violence, sexual violence and child maltreatment.</td>
</tr>
</tbody>
</table>
EXAMPLES OF SOCIAL WORK INVOLVEMENT IN CDC FUNDED VIOLENCE PREVENTION PROJECTS


♦ CDC funded an intervention research project to develop, implement and evaluate a domestic violence intervention using traditional Native Hawaiian beliefs, values and practices with Native Hawaiian batterers and battered women in Hawaii. This examination of a coordinated community response evaluates the effectiveness of using cultural specific interventions. It is a 5-year project that began in 2000 and is a collaboration between the University of Hawaii School of Social Work and two community based programs - a domestic violence service agency and a Native Hawaiian child welfare/community development organization serving Native Hawaiian orphaned and destitute children. Valli Kalei Kanuha, School of Social Work, University of Hawaii, is the principal investigator (V.K. Kanuha, personal communication, December 10, 2002).

♦ CDC funded in 2003, a three year project to develop a program to prevent aggression, violence and substance abuse among Hispanic youth in North Carolina. The intent of this three-phase project is to help North Carolina schools aid Hispanic students and their families. Research will include conducting in-depth interviews to try to learn how risk and protective factors in the acculturation process affect youth violence and suicide rates. Next researchers will use this collected information to create a program to prevent violence and suicide geared toward Hispanic students. Finally, researchers will collaborate with schools to pilot the new program among Hispanic adolescents from rural and urban counties. This new research project, will investigate much needed information regarding risk and protective factors against youth violence and suicide. Paul Smokowski and Mimi Chapin, University of North Carolina at Chapel Hill School of Social Work serve as principal investigators. The project will also develop interventions and evaluate the effectiveness of the interventions.

♦ Promoting Assets Across Cultures. Nancy Farwell, University of Washington School of Social Work is utilizing participatory action research (PAR) methods to assess youth leadership, community-building, and community mobilization activities with the purpose of promoting healthy interethnic and intergenerational relationships in Seattle Housing Authority’s “Garden Communities.” (http://depts.washington.edu/sswweb/resweb/researcher_index.html)

A SNAPSHOT OF RELEVANT SOCIAL WORK RESEARCH (NOT FUNDED BY CDC)

In this section, several examples are provided of research by social workers (and their interdisciplinary partners) that are relevant to one or more of the 15 priorities listed above. Additional examples of research are included in Appendix 4 – highlighting the research presented at the 2003 Society for Social Work and Research Conference (www.sswr.org), social work research funded by NIH, as well as examples of other federally-funded efforts. In addition, Appendix 6 highlights examples of relevant research centers connected to social work education programs.

Over the past decade there has been a targeted increase of federal support for social work research and an organized effort by the social work community to encourage and advise social work researchers to seek funding from NIH and other federal agencies. In June 2002, the National Institute of Mental Health hosted a scientific meeting on social work’s contribution to mental health research. Many of the peer-
reviewed presentations addressed research findings highlighting the interconnectedness of mental health, substance abuse and violence (see Appendix 7 for the examples of the research and the CDC research priorities that they address). Furthermore, since 1993, NIDA and NIMH have funded 14 social work research development programs. Each of these centers undertake research that has relevance to the Injury Center research agenda. The listing of the centers, their areas of focus and activities, and key contacts are in Appendix 8 and 9.

I. RESEARCH ON CONSEQUENCES OF DOMESTIC VIOLENCE AND/OR CHILD MALTREATMENT ON CHILDREN AND ADOLESCENTS

A. Examining the impact of family violence on child behavior, developmental patterns and outcomes, University of Washington School of Social Work investigators presented a symposium at the 2003 SSWR conference, highlighting findings from several studies. Linked to data from the Lehigh Longitudinal Study, a prospective study that began in the 1970’s, to examine the correlates and consequences of child maltreatment, the University of Washington research suggests:

♦ A significant relationship between exposure to domestic violence and risk of depression and high school dropout rates. Findings suggest a causal relationship between exposure to domestic violence and important long-term consequences in adolescence.

♦ Physical abuse, psychological abuse and child endangerment may predict both youth violence and substance use in adolescence.

♦ Different parenting styles in regard to how children are disciplines may result in different youth outcomes. (Herrenkohl, T. I., Tajima, E.A., Huang, B., Whitney, S.D., Kim, M-J, 2003).

This research falls within CDC’s research priorities, providing insight into the importance of intervening in children’s observation of domestic violence and experience of child abuse, and preventing further negative outcomes for adolescents. These findings also have implications for parent education programs, a CDC research priority.

B. Limited research exists on the impact of substantiated maltreatment of adolescents on antisocial behavior. This study, by Smith and Ireland, presented at the 2003 SSWR Conference examines incidences of adolescent maltreatment and finds that experiencing substantiated maltreatment leads to increased odds of arrest, general delinquency, violent crime and illicit drug use. The research provides information for further discussion of implications for professional educational training, improving prevention and treatment of adolescent maltreatment, and child welfare interventions (Smith, C. & Ireland, T., 2003).

II. RISK FACTORS

Investigations of risk and protective factors of intimate partner violence, child maltreatment and sexual violence are important. If it is possible to determine risk factors of violence, it may be possible to determine preventative measures to address those risks. Several studies investigate the link of substance abuse, poverty, and/or mental health issues to experience of domestic violence, child abuse and neglect and sexual violence.

A. 5-year demonstration project conducted by the University of Maryland, and carried out in a neighborhood setting, focused on increasing safety and well being for families at risk for child neglect. The preliminary results of this DHHS Children’s Bureau (Office on Child Abuse and Neglect) grant indicate that long term interventions with families may be helpful for the caregivers’ well-being, and consequently the family and children’s well-being, reducing incidences of neglect. (DePanfilis, Daining, Ting, Park, & Haynes, 2003). The intervention model is guided by eight principles: 1) Community-based outreach, 2) Family assessment and tailored intervention, 3) Development of a helping alliance, 4) Empowerment-based practice, 5) Application of the strengths perspective, 6) Culturally competent intervention, 7) Outcome-driven service plans, 8) Developmental appropriateness of interventions. The Administration for
Children and Families selected Family Connections as the only “Demonstrated Effective” program in its new publication on effective child abuse prevention programs (Caliber Associates, 2003).

B. The Office on Child Abuse and Neglect, of the Children’s Bureau funded a five year study being carried out by Principal Investigator Brett Drake and colleagues at Washington University (DHHS-ACF 90CA 159103) to examine the relationships between substantiation status and mental health services use to future recurrence of child maltreatment. The Substantiated and Unsubstantiated Cases: Patterns and Predictors of Recurrence, used a longitudinal research design to follow two sets of children, examining likelihood of recurrence of reports of maltreatment, placement and child fatality (http://gwbweb.wustl.edu/projects/childabusepredictors/).

C. As one of the initiatives supported through the NIH Child Abuse and Neglect Initiative, the National Institute of Child Health and Human Development is funding a K Award, that involves a longitudinal study to examine the close association between child neglect, poverty and welfare use. This study addresses why and how poverty and welfare use may matter in the etiology of different forms of neglect. This research will examine at-risk populations and look to identify any factors in welfare income level change and/or welfare use that may moderate child neglect. Results could impact welfare reform policies and perhaps mitigate occurrences of child neglect. (Shook, 2003)

D. Casey Family Programs has supported the development of a comprehensive assessment tool to assess the skills and abilities of adolescents in foster care to move toward independence. The Ansell-Casey Life Skills Assessment (ACLSA) (www.casey.org) now has collected data on adolescents in 23 states. It is a free assessment tool that several school systems are now beginning to use.

E. The Psychological Maltreatment of Women Inventory (Tolman, 2003) is a scale created to assist in carrying out research with women who have been abused. It was created by Tolman who studies mental health, abuse and health issues of low income single women and the traumatic effects of abusive behavior. (http://www.ssw.umich.edu/faculty/profile-rtolman.html). Tolman received NIMH funding to examine the prevalence and co-morbidity of psychiatric disorders, physical disabilities, and domestic violence among low income single mothers, and to examine the relationship of these problems to unemployment and dependency on welfare.

F. Tandem Risk: Outcomes for Children of Teen Mothers, is a NIDA funded, five year study, being carried out by Lewayne Gilchrist (University of Washington), to examine the risk and protective factors experienced by a cohort of women who gave birth as teens and their children. The longitudinal study will contribute to new models of intergenerational transmission of both problematic outcomes and resilience in a sample presumed to be at high risk for negative social and developmental outcomes.

G. Domestic Violence and Urban Preschool Children is an NIMH funded exploratory study (Grant Number: 1R03MH061762-01) being carried out by Ellen Devoe at Columbia University to identify the different contexts in which urban preschool children (ages 3-5) witness domestic violence and will examine the relationship between domestic violence and preschool children’s behavioral and emotional functioning and traumatic stress symptoms. This research will extend knowledge about young children’s responses to domestic violence and will inform the development of age appropriate and empirically based intervention targeting the specific needs of preschool age children.
H. *Child Neglect-Cross Sector Service Paths and Outcomes*, is an NIMH funded study (Grant Number 5R01MH061733-03) by Melissa Jonson-Reid (Washington University). This longitudinal study examines the utilization of services by neglected children and their families, comparing families receiving AFDC and reported to child welfare agencies for abuse and/or neglect, and those families not reported to child welfare. It examines child and adolescent outcomes and the association between positive family outcomes in child welfare and income maintenance programs.

I. Sheryl Pimlott-Kubiak, Wayne State University, is undertaking a secondary analysis (supported by the National Institute of Justice and CDC) of the Violence Against Women dataset, to provide empirical evidence for ‘situational’ vulnerability to the physical and mental health sequelae associated with violence, based on the constellation of events that occur, regardless of gender. (personal communication 12.3. 2002).

J. Kenneth Corvo and his collaborators (Syracuse University) have examined a range of risk factors related to the physical and behavioral consequences of alcohol abuse and its connection to domestic violence as well as intergenerational transmission of domestic violence.

K. *Reducing Perinatal Depression and Enhancing Parenting* is a randomized controlled clinical study, supported by NIMH, conducted by Luis Zayas (Washington University), to determine the extent to which psychosocial intervention combining cognitive-behavioral treatment for depression with child development information and social support reduces depressive symptomatology and risks of impairments in maternal interactions with infants among 300 low SES women during pregnancy and early postpartum receiving prenatal services at inner-city primary care clinics of a major medical center.

III. DOMESTIC VIOLENCE

A. Poco Smith (Wayne State University) is studying female perpetrated domestic violence in relation to attitudes, motivations and context. Since theories and models of treatment are often focused on the male perpetrator, it is important to examine female issues in order to develop appropriate treatment approaches.

B. Roni Berger and Ellen Rosenberg (Adelphi University) are studying the experience of abused divorced mothers with their children’s law guardians.

C. The National Institute on Justice is supporting, *Protection of Women: Health and Justice Outcomes Study*, a 24 month longitudinal study, carried out under the leadership of Paula Nurius (University of Washington) to examine medical, violence, legal, social service, and interpersonal psychological functioning data to assess the relationship of protection orders to a range of health, mental health, and justice outcomes relative to intimate partner violence (IPV). “This research will apply a contextual coping analysis to battered women’s experience of stressors, the mediating roles of coping capacity (intrapersonal, interpersonal, resources and sociocultural and environmental characteristics) between stressors and protective actions taken by her, and the importance of these factors in reducing subsequent assailant violence and improving the battered woman’s mental health functioning and well being.” (http://depts.washington.edu/sswweb/resweb/resweb/researcher_index.html)

IV. IMPACT OF COMMUNITY VIOLENCE

A. Beth Rosenthal, York College, City University of New York received support from the National Institute for General Medical Services (NIGMS - #5S06GM008153-260014) at NIH for “Exposure to Chronic Community Violence and Its Results” to study the impact of exposure to community violence on urban adolescents from minority ethnic backgrounds, including examination of individual, family and community risk and protective factors.
B. Kathryn Collins, University of Pittsburgh is undertaking several funded studies to examine children’s exposure to violence, trauma symptomatology, and community violence prevention interventions. Using an ecological perspective, she is exploring the barriers that limit children who are exposed to violence in their homes, schools and communities to access proper mental health care (http://www.pitt.edu/~pittssw/faculty/collins.html).

V. WELFARE REFORM AND DOMESTIC VIOLENCE

♦ The Office of the Assistant Secretary for Planning and Evaluation supported several reports that looked at the impact of Domestic Violence on welfare reform, after the 1996 passage of the Personal Responsibility and Welfare Reform Act, because there were special provisions in the legislation that were intended to protect women on welfare who also were victims of domestic violence. Jeffrey Edelson, University of Minnesota has completed several relevant reports (http://www.mincava.umn.edu). In addition the NIMH funded Center on Poverty, Risk and Mental Health at the University of Michigan has looked closely at the characteristics of different populations of women and their outcomes. Richard Tolman, Carol Mowbray, Sandra Danzinger and their colleagues are important social work researchers addressing these issues.

VI. TESTING MODEL INTERVENTIONS

♦ Gale Burford (University of Vermont) and Joan Pennell (North Carolina State University) tested the efficacy of family group conferencing (FGC) in Newfoundland and Labrador, Canada. The goal was to see if the FGC model, which gives people a say over their affairs while building communities of concern to enhance their safety, would stop child maltreatment and domestic violence in three culturally divergent sites: urban, rural and Inuit. (http://social.chass.ncsu.edu/jpennell/research.htm)

VII. MODELS FOR TRAINING

A. Maltreatment and Domestic Violence

1. The Institute for Family Violence in the Florida State University School of Social Work has taken the lead in developing training guidelines for service providers who interact with people who may perpetrate and/or experience domestic violence and/or child maltreatment. These service providers may or may not be trained social workers. Funded by Violence Against Women Office Grants in the U.S. Department of Justice, the Institute for Family Violence has produced four profession-specific training manuals to train participants throughout the country. The Institute also produced a curriculum for supervised visitation providers. The manuals are:
   ♦ Domestic Abuse in Later Life: A Training Manual for Meals on Wheels Volunteers and Other Elder Services Staff (Maxwell, M.S. & O’Rourke, K.S. 1999)
   ♦ Domestic Violence: A Competency-Based Training Manual for Community Mental Health Center Staff (Maxwell, M.S. & O’Rourke, K.S. 2000)
   ♦ Domestic Violence: A Competency-Based Training Manual for Women, Infants & Children (WIC) and Other Health/Nutrition Program Staff (Maxwell, M.S. & O’Rourke, K.S. 1999)

2. Conroy and Magen (1997), created a trainers manual to train child welfare workers on domestic violence. The training materials were developed at Columbia University School of Social Work with support from a Title IV-B Section 426 Child Welfare Discretionary Training Grant from the Children’s Bureau. The materials emphasize that training on issues of
domestic violence must occur regularly and with the support of supervisors for it to be effective.

B. Victims of Crime

Fran Danis, School of Social Work University of Missouri - Columbia, is investigating a social work response to victims of crime. She worked in collaboration with NASW - Texas with funds from US Department of Justice, Office for Victims of Crime to train social workers to better respond to the needs of crime victims. The project is now being replicated in four states and curriculum materials are being developed for use in social work education programs and for continuing education of social work practitioners.

C. Training of Social Work Researchers

- NIMH funded Interdisciplinary Training on Violence and Mental Health at the School of Social Work at the University of Michigan (Grant Number: 1T32MH020041-01A2). Daniel Saunders, serves as the Principal Investigator of this important effort to train more researchers to further understand the causes of violence and discover effective solutions. This training program will build upon the accomplishments since 1994 of the Interdisciplinary Research on Violence Across the Lifespan in bridging these divisions. The program is nationally recognized for its unique emphases on community-based research, testing the effectiveness of prevention and intervention programs, and cross-cultural and cross-national research. Through mentoring and coursework, the predoctoral trainees in the proposed training program will further develop their skills in these areas. (Adapted from CRISP)

- NIMH just refunded for an additional five years, Predoctoral Research Training Program for Prevention Research in Mental Health Problems and Behavioral Disorders at the University of Washington School of Social Work (Grant Number: 2T32MH020010-06). Paula Nurius serves as Principal Investigator of this effort, which supports the training of social work doctoral students to become prevention researchers.
PART THREE

CONCLUSIONS AND RECOMMENDATIONS

The preceding information has attempted to give a broad brush overview of examples of social work contributions to public health, especially in areas of priority interest to the CDC Injury Center. It is important to note that in addition to the long history of specific efforts that are identified as ‘public health social work’ there are critical research, training and program development efforts underway that the Injury Center should be aware of, the outcomes of which will be of interest to address violence prevention. It is also important to reiterate that schools and departments of social work and their faculty, individually, or in collaboration with other disciplines can be an important resource to the Injury Center and other CDC offices. It is particularly important to note that the investment that NIMH and NIDA have made over the past decade is producing a body of research that can result in new strategies to prevent violence and build healthy communities. Furthermore, the historic connections between social work and the Bureau of Maternal and Child Health and the Children’s Bureau have resulted in several key outcomes. Both long and short term training and education efforts have been created related to child maltreatment and domestic violence as well as research and program development initiatives which have had impact on individual, family, service system and community outcomes. The collaborations between child welfare agencies and social work education programs and the research capacity-building efforts supported by the National Institutes of Health can serve as models to be replicated.

Key areas in which social work is making contributions include program development and evaluation; development, testing and implementation of community-based targeted interventions; development and testing of assessment tools; addressing co-occurring conditions and the need for cross-system collaborations; connecting with hard to reach and diverse populations, especially at risk of experiencing health disparities; community development, outreach, and community organizing strategies; and creation of training and educational models and resources, focused on disseminating research and best practices to practitioners. The 7 priority areas for research that the National Center for Injury Prevention and Control staff identified as warranting the greatest attention are areas that warrant further attention in collaboration with social work, as they are all areas in which social work educators, practitioners and researchers are involved.

In light of these important contributions, it is recommended that CDC and social work institutions develop and promote more formal ways to work together. In order to develop an action plan to facilitate more organized and long term collaborations, IASWR reviewed recommendations from several relevant reports and summarizes them here as background for the development of a final action agenda. The first set of recommendations that are articulated below are drawn from the Institute of Medicine report Confronting Chronic Neglect, The Green Book, the report of the OWH sponsored Social Work Summit on Violence Against Women, and other relevant suggestions from the literature.

Following the recommendations that have been articulated by these sources are a set of strategies and actions that might be undertaken. These recommendations and strategies incorporate the action steps that were identified at a special meeting on July 8-9, 2003, which brought together key staff of the CDC’s Injury Center with social work researchers and practitioners and representatives of national organizations to:

♦ To identify 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, and
♦ To identify steps CDC and the social work profession can take to work together.

These recommendations and action steps are being broadly shared within the social work and public health communities and with the CDC, as well as with other key national partners.
SUMMARY OF RECOMMENDATIONS ARTICULATED THROUGH KEY REPORTS AND PREVIOUS STAKEHOLDER MEETINGS

(Drawn from Institute of Medicine, 2002; Conroy & Magen, 1997; Danis, F., 2000; Schechter & Edelson, 1999; and Urban Institute 1996).

RECOMMENDATIONS FOR PROFESSIONAL EDUCATION AND TRAINING

♦ Develop and implement comprehensive and on-going training for child welfare workers regarding domestic violence.
♦ Develop and implement cross-training of professionals who work in domestic violence, child welfare, public health, and juvenile court systems.
♦ Develop curriculum materials within social work education that integrate domestic violence content into the social work foundation curricula.

RECOMMENDATIONS FOR RESEARCH

♦ Conduct additional research on the linkages between domestic violence and child abuse;
♦ Undertake research and evaluation efforts to examine the effectiveness of prevention and intervention programs, including family and community-based strategies to prevent neglect;
♦ Use diverse methods, including detailed case analysis, interviews with families and service providers and community input to evaluate community based efforts that are targeted to better integrate child maltreatment and domestic violence services including feedback from individuals and groups about what worked, how it worked, and why;
♦ Undertake studies to examine the dynamics between domestic violence and child maltreatment on such variables as severity and chronicity of the violence.
♦ Create and evaluate coordinated cross-system community responses that will better integrate child maltreatment and domestic violence prevention and intervention efforts, including coordination among child welfare, courts, domestic violence services and the police.
♦ Undertake studies to examine the individual, interpersonal, and social system dynamics associated with the co-occurrence of child maltreatment and domestic violence, including links of poverty to maltreatment, substance abuse, mental health and domestic violence;
♦ Study the effects of witnessing domestic violence on a child’s development, particularly the long-term effects and potential protective factors;
♦ Study the effectiveness of specific programs for battered women with maltreated children and for child witnesses of domestic violence;
♦ Study the effectiveness of system responses, in particular coordinated responses to families with both forms of violence;
♦ Study the consequences for children and women of reporting domestic violence in child protection and court settings;
♦ Study the process and factors by which women evaluate their safety as well as the safety of their children, particularly in cases involving both domestic violence and child maltreatment;
♦ Study the dynamics involved in cases where adult victims of domestic violence are, in turn, abusive to children in the home (Schechter & Edelson, 1999, p. 47-48).
♦ Test interventions in diverse communities and settings at the individual, family, agency and community levels.

RECOMMENDATIONS FOR IASWR AND OTHER KEY ORGANIZATIONAL AND ACADEMIC STAKEHOLDERS

♦ Develop partnerships among federal funding agencies for initiatives to develop educational materials and research funding on the cross-cutting nature of child abuse and domestic violence;
♦ Promote interdisciplinary approaches to conducting research and practice, particularly strengthening connections between social work researchers and the medical and public health professions.
Advocate for the creation by DHHS of multidisciplinary education and research centers with the goal of advancing scholarship and practice in family violence (IOM, 2002).

Strengthen the connections with social work researchers in addressing primary prevention strategies to prevent child maltreatment, sexual violence and intimate partner violence, especially addressing the unique strengths of diverse ethnic and cultural groups.

Create a resource center/clearinghouse that identifies relevant social work research efforts and their findings and translates and disseminates the research findings for education and practice.

Facilitate on-going collaboration between social work institutions and the Injury Center to address the broader issues of violence and injury prevention, including articulating the social work contributions related to youth violence, suicide, elder abuse.

Facilitate the continuation of the research and education strategies that address global crisis of violence and promote strategies, involving the social work community to encourage cross-national research, education and identification of best practices.

Encourage the broad dissemination of research findings that address co-occurring disorders so that evidence-based practices can be implemented in the community.

Encourage community-based research including community members in the development and implementation of the research design.

ACTION AGENDA DEVELOPED AT IASWR/CDC MEETING JULY 2003

RESEARCH IN VIOLENCE PREVENTION

Provide opportunities for participation of CDC representatives at the Society for Social Work and Research meeting including technical assistance on applying for CDC research grants.

Encourage federal funders to promote cross-disciplinary grant opportunities.

Bring together federal partners that support social work research related to violence prevention through an IASWR sponsored meeting.

TRANSLATION OF RESEARCH INTO PRACTICE

Create faculty development institutes modeled after the CDC Academic Centers of Excellence and encourage research and translation efforts, including connections to prevention research centers supported by CDC.

Encourage researchers to collaborate across disciplines, with national professional organizations, and with a renewed emphasis on the dissemination of research findings and collaboration with national organizations to publish research outcomes, and use of language that both the public and practitioners can understand.

Create a working group on domestic violence, social work, and the CDC with representatives from spheres such as public health, social work faculty, social work professional associations, domestic violence advocacy, and survivors.

Support increased collaboration and communication across service sectors including child welfare, economic support and public health to prevent violence and promote community-based participation.

Encourage specific outreach to the social work community and organize social work response to ensure input into CDC agenda development efforts.

STRATEGIES FOR PROFESSIONAL AND CONTINUING EDUCATION

Increase the capacity of social work education through curriculum models and faculty development, to insure a competent workforce.

Enhance the focus on primary prevention in social work education.
TRANSLATION OF SOCIAL WORK EFFORTS INTO A PUBLIC HEALTH FRAMEWORK

♦ Enhance the engagement of social work researchers in the Injury Center’s funded centers’ activities.
♦ Identify and support public health/social work research efforts.
REFERENCES


Gambrill, E. (2002, October). Presentation at the annual meeting of the Group for the Advancement of Doctoral Education (GADE), Columbus, OH.


McCarthy, M. (2002, June). *Participatory research as a vehicle for program and policy change*. Presentation at the meeting of the University of South Carolina Policy Conference, Charleston, SC.


PART FOUR

APPENDICES

1. Joint MSW/MPH programs

2. Child Welfare Partnerships

3. Social Work Organizations

4. SSWR conference 2003 relevant presentations

5. NIH funded examples

6. Social work research centers focused on violence prevention

7. NIMH Social Work Scientific Meeting, June 2002, Relevant Presentations

8. NIMH funded social work research centers

9. NIDA funded social work research infrastructure programs

10. Principles of Community-Based Research (U of WA)

11. Meeting Summary and Recommendations, July 8/9, 2003
## APPENDIX 1

**SOCIAL WORK EDUCATION PROGRAMS OFFERING JOINT MSW/MPH DEGREES**

<table>
<thead>
<tr>
<th>Schools/ Institutions</th>
<th>Description</th>
<th>Injury/Violence Prevention Research Centers &amp; Initiatives</th>
<th>Contact Information</th>
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<tr>
<td>University of Alabama-Tuscaloosa and University of Alabama Birmingham</td>
<td>The dual degree program is designed to prepare social workers for interdisciplinary practice in public health programs concerned with the promotion and improvement of the health of diverse populations, including women, children, and families. Graduates may pursue careers in a variety of settings related to policy and program development; organization of community services; program administration, planning and evaluation; research and teaching.</td>
<td></td>
<td>MCH Program Coordinator, Ms. Carol Reichle at (205) 934-3939 or e-mail <a href="mailto:creichle@uab.edu">creichle@uab.edu</a></td>
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<tr>
<td>Boston University <a href="http://www.bu.edu/sss/ddfactsheet.pdf">http://www.bu.edu/sss/ddfactsheet.pdf</a></td>
<td>Training social workers in population-based public health skills, health promotion, epidemiology, etc. and training public health professionals to have a deeper understanding of psychosocial determinants of health behavior.</td>
<td>Public Health: BUSPH Prevention Research Center, Injury Epidemiology and Violence Prevention, and Substance Abuse Prevention and Treatment &amp; Mental Health</td>
<td>Sara S. Bachman Betty Ruth Social Work MPH/MSW Co-directors</td>
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<td>Columbia University <a href="http://www.columbia.edu/cu/ssw">www.columbia.edu/cu/ssw</a></td>
<td>With a Master of Science in Social Work and a Master of Public Health from Columbia’s graduates can address social and health problems among entire populations. The joint degree program prepares professionals who can practice effectively within their multidisciplinary framework and function successfully across jurisdictional boundaries.</td>
<td>Social Work: Center for Intervention &amp; Prevention Research on HIV &amp; Drug Abuse Public Health: Center for Violence Research and Prevention</td>
<td>Dr. Deborah Hasin Public Health (212) 933-8862 <a href="mailto:dsh2@columbia.edu">dsh2@columbia.edu</a></td>
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<tr>
<td>Loma Linda University <a href="http://www.llu.edu/llu/grad/socialwork/index.html">www.llu.edu/llu/grad/socialwork/index.html</a></td>
<td>MPH/MSW joint degree program not currently in operation</td>
<td></td>
<td>Dr. Robert Gardner Social Work (909) 558-7255 <a href="mailto:rgardner@univ.llu.edu">rgardner@univ.llu.edu</a></td>
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<tr>
<td>Saint Louis University School of Social Services <a href="http://www.slu.edu/colleges/SOCSVC">www.slu.edu/colleges/SOCSVC</a></td>
<td>To prepare students to work as social work specialists and public health professionals. Graduates will have the skills, competencies and methods necessary for successful public health practice.</td>
<td>Public Health: Prevention Research Center (created by CDC), Obesity prevention Center, Youth Smoking Prevention &amp; Policy (funded by CDC), Family Violence</td>
<td>Gary Behrman School of Social Service 314-977-2722</td>
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<tr>
<td>San Diego State University <a href="http://www.rohan.sdsu.edu/dept/chhs/sw/sw.html">www.rohan.sdsu.edu/dept/chhs/sw/sw.html</a></td>
<td>To offer preparation in the fields of public health (Health Services Administration only) and social work for the purpose of providing the knowledge and skills necessary to promote health, prevent disease, and enhance the delivery of social work and health services in the community.</td>
<td>Social Work: Women, Domestic Violence, &amp; Post-Traumatic Stress Syndrome research, and multiple alcohol and drug abuse prevention projects Public Health: California Center for Injury Prevention and Research</td>
<td>Kate O’Cull Social Work (619) 594-6865 <a href="mailto:kocull@sdsu.edu">kocull@sdsu.edu</a></td>
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<td>Schools/ Institutions</td>
<td>Description</td>
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| Temple University  
www.temple.edu/socialwork | To prepare practitioners for generalist social work practice, with options for advanced concentration in either Advanced Generalist Practice or in Administration and Social Planning. The Department of Health Studies prepares health educators. | Social Work and Public Health: There is no injury/violence prevention research specifically cited. Research also listed under individual faculty members. Public Policy: Center for Public Policy Youth Violence Prevention Program | Alice Hausman, Ph.D., MPH, MPH Program Director, ahausman@nimbus.ocis.temple.edu. |
| Tulane University  
www.tulane.edu/~tssw1/index.html | Social Work & Community Health Sciences—For those wishing to pursue a career that emphasizes family and child health. Social Work & Department of International Health & Development—For those students wishing to pursue careers that combine these two disciplines | Social Work and Public Health: There is no injury/violence prevention research specifically cited. | Kristen K. Broussard  
Public Health: Comm. Health Sciences  
(504) 584-3539  
kbroussa@tulane.edu  
Dr. Leslie Snider  
Public Health: International Health & Development  
(504) 587-7324  
lsnider@tulane.edu |
| University of Connecticut  
www.ssw.uconn.edu | To prepare graduates for practice in health-related agencies and settings in which a combined expertise in social work and public health would enable them to assume leadership positions. | | Barbara A. Dicks, Ph.D.  
Coordination MPH/MSW program |
| University of Maryland, Baltimore with Johns Hopkins Bloomberg School of Hygiene and Public Health  
www.ssw.umaryland.edu | | Jacqueline Lloyd, Ph.D.  
Social Work  
(410) 706-7544  
jlloyd@ssw.umaryland.edu  
Miriam Alexander, MD  
Public Health  
(410) 955-1291  
Jhsph.edu |
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<tr>
<td>University of Michigan, <a href="http://www.ssw.umich.edu">www.ssw.umich.edu</a></td>
<td>To prepare graduates to work with health care professionals in meeting the health care and social support needs of various “at-risk” groups in our society, such as the elderly, persons with AIDS, pregnant teens, substance abusers, and persons with developmental disabilities and to provide specialized training in the area of public health social work in the development, management, implementation, and evaluation of health promotion/disease prevention and health intervention programs in social service agencies</td>
<td>Social Work: The Project for Research on Welfare, Work, and Domestic Violence Public Health (Dept. of Health Behavior &amp; Health Education): Youth Violence Prevention Center</td>
<td>G. Warren Clark Social Work (734) 647-9433 <a href="mailto:clarkw@umich.edu">clarkw@umich.edu</a></td>
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<tr>
<td>University of Minnesota, Twin Cities ssw.che.umn.edu</td>
<td>The program provides exposure to a unique blend of course offerings in biometry, community health education, environmental health, epidemiology, health services administration, maternal and child health, and public health nutrition.</td>
<td>Social Work: There is no injury/violence prevention research specifically cited. Public Health: Center for Violence Prevention &amp; Control, Regional Injury Prevention Research Center</td>
<td>School of Public Health, (612) 626-3500 or 1-800-774-8636 <a href="http://www.sph.umn.edu">http://www.sph.umn.edu</a> School of Social Work, contact Jim Reinardy at 612-624-3673 or <a href="mailto:jreinard@che.umn.edu">jreinard@che.umn.edu</a>.</td>
</tr>
<tr>
<td>University of North Carolina, Chapel Hill ssw.unc.edu</td>
<td>Prepare for program planning, management, and evaluation, policy development, and advocacy in maternal and child health.</td>
<td>Social Work: Many violence/injury prevention projects listed by individual faculty members including the Violence-Related Injury Prevention Research Project (funded by the CDC). Public Health (Maternal &amp; Child Health Dept.): Many violence/injury prevention projects listed by individual faculty members</td>
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<tr>
<td>University of Pittsburgh <a href="http://www.pitt.edu/~pittsw/aca-joint.html">http://www.pitt.edu/~pittsw/aca-joint.html</a></td>
<td>Students in the MPH/PhD program must be admitted to the Graduate School of Public Health, as well as the doctoral program in the School of Social Work. Course requirements for both programs must be fulfilled. Information regarding this program can be obtained from the director of the social work doctoral program or from Dr. Ken Jaros at the School of Public Health. Students in the joint MPH/PhD program generally apply 12 credits from the MPH curriculum toward their elective course work for the PhD. Some students in the joint program complete the MPH degree requirements in the first year, and then continue doctoral studies into the second and third years. Other students complete the MPH course work during a 2-3 year period, while concurrently taking doctoral courses in the School of Social Work.</td>
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<tr>
<td>University of South Carolina <a href="http://www.sc.edu/COSW">www.sc.edu/COSW</a></td>
<td>Prepare to work as hospital/clinic administrators, as well as for insurance companies, health maintenance organizations, &amp; other health service programs.</td>
<td>Social Work: listed by individual faculty members Public Health: Prevention Research Center, to promote physical activity (funded by the CDC)</td>
<td>Dr. Karen Gray Social Work (803) 777-9949 <a href="mailto:kareng@gwm.sc.edu">kareng@gwm.sc.edu</a> Sam Baker Public Health (803) 777-5045 <a href="mailto:sam.baker@sc.edu">sam.baker@sc.edu</a></td>
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<tr>
<td>University of South Florida <a href="http://www.cas.usf.edu">www.cas.usf.edu</a> u.social_work/index.htm</td>
<td>The Department of Community and Family Health seeks to improve the health status of the family through an interdisciplinary approach of providing preventive, curative, and rehabilitative health care services within the community including offering a joint MPH/MSW focused on Maternal and Child Health.</td>
<td>Social Work: There is no injury/violence prevention research specifically cited. Public Health: The James &amp; Jennifer Harrell Center for the Study of Domestic Violence, The Florida Prevention Research Center at the USF funded by CDC, Prevention Science &amp; Methodology Group (PSMG)</td>
<td>Beverly Sánchez, Public Health (813) 974-6609</td>
</tr>
<tr>
<td>University of Washington depts.washington.edu/sswweb</td>
<td>The objective of the concurrent degree program is to prepare professionals who will function at the interface of both fields in practice, research, planning, administration and policy development.</td>
<td>Social Work: Prevention Research Center, and prevention research listed by individual faculty member Public Health: Harborview Injury Prevention &amp; Research Center (collaboration with the CDC)</td>
<td>Gary Olson Social Work (206) 616-5830 <a href="mailto:garyo@u.washington.edu">garyo@u.washington.edu</a> Michelle Bell Public Health (206) 543-0316 <a href="mailto:mbell@u.washington.edu">mbell@u.washington.edu</a></td>
</tr>
</tbody>
</table>
Federal Training Funds. Two federal funding sources—Title IVB Section 426 Training Grants (which go to institutions of higher learning, usually social work education programs), and Title IV-E training funds, have been important sources of funding in recent years to enhance activities in social work education to prepare for child welfare practice. Title IV-E training funds are used to provide degree education for current workers and to educate current students for child welfare careers, in addition to staff in-service and pre-service training. The 426 discretionary training grant program, has been used to develop curriculum for both social work education programs and agencies, including materials focused on domestic violence (see Conroy & Magen) as well as on cross-system issues (e.g. child welfare, mental health, substance abuse and TANF). A recently released General Accounting Office report (requested by Congressmen Stark (D-CA) and Greenwood (R-PA) on staffing issues in child welfare has looked closely at the benefits of these partnerships for improving service delivery, as research suggests that high caseloads, staff turnover and ill-prepared staff have a negative impact on the well-being, safety and permanence of children in the child welfare system (GAO, 2003a).

University-Agency Partnerships. Information about these partnerships was highlighted through Partnerships for Child Welfare (http://www.cswe.org/partnership/partfront.htm), a newsletter that drew from the agency and university partners, providing technical information about the structure and outcomes of such collaborations. In addition, a Child Welfare Symposium, bringing together the partners for a one day meeting at the CSWE Annual Program Meeting (APM) was instituted in 1999. The symposium group, including agency and university participants, also plans conference sessions (http://www.uky.edu/SocialWork/cswe/Abstracts for Presentations in the Child Welfare Category at the 2003 CSWE APM) and maintains an active listserv and website (http://www.uky.edu/SocialWork/cswe/).

The following are a few examples of child welfare university/agency partnerships that are taking place in almost every state, supported through a combination of federal child welfare training dollars, child welfare service dollars, state funds and private foundations.

- The Jordan Institute for Families, University of North Carolina School of Social Work is involved in a range of education, training and program support efforts with the child welfare agencies across North Carolina. One initiative is the publication of a quarterly newsletter, Practice Notes, for the state child welfare staff. It uses research findings in special areas, e.g., child neglect, substance abuse, forensic interviewing to develop information and guidelines for staff. http://ssw.unc.edu/jif/.
- The School of Social Work, University of Illinois, Urbana-Champaign, operates a research center in collaboration with the state Department of Children and Family Services. The research findings are translated into new practice, training and educational curricula as the state seeks to improve child welfare services. The research efforts and the collaboration across DCFS regional offices and social work programs in the state was a major resource as Illinois successfully achieved COA accreditation. http://cfrcwww.social.uiuc.edu.
- The University of Albany is taking the lead in working with the state and county agencies and the MSW programs in New York State to use a participatory action research framework to improve child welfare services and to address the state’s recruitment and retention issues.
- The University of Minnesota has a Center for Advanced Studies in Child Welfare that works collaboratively with the state to undertake studies and to prepare students for child welfare practice. http://ssw.che.umn.edu/cascw/
- The California Social Work Education Center (CALSWEC), directed out of the University of California, Berkeley School of Social Welfare, is a state wide collaboration of 15 MSW programs and the county child welfare agencies that has been geared to developing competency-based education and training, especially trying to increase the number of bi-lingual child welfare staff. (http://calswec.berkeley.edu/)
The University of Louisville is funded by the Children’s Bureau for a National Resource Center on Child Welfare Training Evaluation. The center is looking at the outcomes of training, strategies to evaluate training, and the role of training in service delivery change.

In addition, the Children’s Bureau, Office of Child Abuse and Neglect is funding three Quality Improvement Centers, two of which are housed at social work education programs (University of Kentucky and the University of Washington) to use research based evidence to improve service delivery. These centers also will provide small grants to states: (SEE CHILDREN’S BUREAU Express, February 2003, vol. 4, #1) http://www.calib.com/cbexpress/articles.cfm?issue_id=2003-02&article_id=600).

- Southern Regional QIC for Child Protection (University of Kentucky College of Social Work)
  Region: AL, AR, GA, KY, LA, MO, MS, SC, TN, WV
  Key Contacts: Chris Groeber (859-257-7156) and Crystal Collins (859-257-5476)
  Topic of focus: study supervisory enhancement of worker skill in assessment and the application of that data to case planning and targeted interventions.

- Frontline Connections (University of Washington School of Social Work, Northwest Institute for Children and Families)
  Region: AK, OR, WA
  Key Contacts: Katharine Cahn (206-685-1675) and Indra Trujillo (206-696-3823)
  Topic of focus: implement and evaluate promising culturally appropriate interventions that increase the capacity of the system to engage parents, kin, and communities of Native American or African American families involved with CPS due to child neglect.
APPENDIX 3

SOCIAL WORK ORGANIZATIONS

National Association of Social Workers
750 First Street, NE, Suite 700
Washington, DC 20002-4241
202 408 8600
www.socialworkers.org

The following information is drawn from the NASW website www.socialworkers.org

Purpose: NASW, with 150,000 members is the largest social work organization in the world and works to enhance the professional growth and development of its members, to create and maintain professional standards, and to advance sound social policies.

Professional Standards

NASW Standards for Cultural Competence in Social Work Practice

Standards for the Practice of Social Work with Adolescents (April 1993)

Publications

Produced by the Violence & Development Project

The Global Crisis of Violence: Common Problems, Universal Causes, Shared Solutions
Dorothy Van Soest

Security Risk: Preventing Client Violence against Social Workers Susan Weinger

Peace Power for Adolescents: Strategies for a Culture of Nonviolence
Mark A. Mattaini, DSW, ACSW, and the PEACE POWER! Working Group

Risk and Resilience in Childhood
Mark W. Fraser, Editor

Youth Violence: Current Research and Recent Practice Innovations
Jeffrey M. Jenson and Matthew O. Howard, Editors

Community Building: Renewal, Well-Being, and Shared Responsibility
Patricia L. Ewalt, Edith M. Freeman, and Dennis L. Poole, Editors

Resiliency: An Integrated Approach to Practice, Policy, and Research
Roberta R. Greene, Editor

Brochures and Posters

Stopping Violence Starts with Me

Making a Critical Difference... Social Workers in Child Welfare

School Social Workers: Enhancing School Success for All Students
Videos
Social Workers and the Challenge of Violence Worldwide
Charles Kuralt

NASW Practice Updates
(https://www.socialworkers.org/practice/default.asp)

The Impact of Poverty on Adolescent Health

What Social Workers Should Know about Gender-Based Violence and the Health of Adolescent Girls
http://www.socialworkers.org/practice/adolescent_health/ah0102.asp

Social Work Summit on Violence against Women

Violence and Development Project Bulletin
https://www.socialworkers.org/practice/violence/violproj.asp

Bullying Among School-Age Youth (Part III): Children and Youth as Victims of Bullying

How to Talk to Children about War
https://www.socialworkers.org/pressroom/events/peace/talk.asp

Bullying Among School-Aged Youths (Part II): Understanding Youths Who Bully

Bullying Among School-Aged Youths (Part I)

The Social Context of Creating Safe Schools for Students
https://www.socialworkers.org/practice/school/cfs0203.asp

Council on Social Work Education
1725 Duke Street, Suite 500
Alexandria, VA 22314
(703) 683-8080
www.cswe.org

Information is drawn from the CSWE website: www.cswe.org

Purpose: To preserve and enhance the quality of social work education for practice that promotes the goals of individual and community well-being and social justice. CSWE pursues this mission through setting and maintaining policy and program standards, accrediting bachelor's and master's degree programs in social work, promoting research and faculty development, and advocating for social work education.

There are 153 accredited MSW programs and 438 BSW programs as of February 2003, with 17 BSW programs and 21 MSW programs in candidacy.
Publications

Three times per year CSWE publishes the *Journal of Social Work Education* and the *CSWE Reporter*. CSWE also publishes books and teaches resources.

*Preparing Helping Professionals to Meet Community Needs Generalizing from the Rural Experience*, edited by Shirley Jones and Joan Levy Zlotnik

*Teaching Forensic Social Work, Course Outlines on Criminal Juvenile Justice and Victimology*, Katherine Van Wormer and Albert Roberts

Check [www.cswe.org](http://www.cswe.org) for several relevant forthcoming publications

Conferences

CSWE hosts an Annual Program Meeting in the late winter each year attracting 2000-3000 persons involved in social work education. The 2004 meeting will be in Anaheim, CA and will include the National Gerontological Social Work Conference along with the Social Work Technology Conference.

Commissions

CSWE Commissions address special interests of the social work education community, including an active international commission.


SSWR, with over 1100 members, is a national association committed to fostering social work research, to recognize significant contributions by social workers to research, to advocate for increased research funding and research training programs, and to encourage the betterment of human welfare through research-based advances in the social work knowledge base. SSWR hosts an annual meeting of researchers and publishes *Research on Social Work Practice* and a newsletter.

**Association of Baccalaureate Social Work Program Directors (BPD) - [www.bpdonline.org](http://www.bpdonline.org)**

BPD is dedicated to the promotion of excellence in baccalaureate social work education through providing leadership and opportunities for the development and support of baccalaureate social work programs through promoting innovative educational approaches to address evolving needs and requirements; engaging in advocacy and collaboration that advances baccalaureate level social work education and practice; promoting research to enhance social work education and practice; and promote the respect and value of diversity in all aspects of baccalaureate social work education and practice. BPD holds an annual fall conference and publishes the *Journal of Baccalaureate Social Work* and the *BPD Update*

**Group for the Advancement of Doctoral Education (GADE) - [http://www.socwk.utah.edu/gade/index.html](http://www.socwk.utah.edu/gade/index.html)**

The purposes of GADE are to promote the interest and concern of social work/social welfare doctoral programs; provide a structure of the exchange of specialized information on curriculum development, educational administration, research, and related matters; to stimulate the development of more effective educational and research efforts; to provide resources for new or
developing doctoral programs; to identify and publicize existing or potential funding resources for
doctoral education; and to represent the interests of doctoral education with constituent groups
and funding sources.

National Association of Deans and Directors of Schools of Social Work (NADD)
http://www.cosw.sc.edu/nadd/

The purpose of NADD is to advance the excellence and interests of social work education;
encourage research for the advancement of social work education; represent the interests of the
members to the Council on Social Work Education; provide a forum for its members to discuss
problems and opportunities for the advancement of social work education and research; and
engage in activities in the furtherance of social work education.

Association for Community Organization and Social Administration (ACOSA) -
http://www.acosa.org/

The Association for Community Organization and Social Administration, formed in 1987, is a
membership organization for community organizers, planners, activists, administrators, policy
practice specialists, students, and professors. ACOSA members represent a variety of disciplines
and professional fields, which strive to strengthen community organization and social
administration in social work practice and education. ACOSA publishes the Journal of
Community Practice.

ACOSA offers teaching resources including a “Community Assessment Assignment” which can
be accessed at http://www.acosa.org/index1.htm
### APPENDIX 4

**SOCIETY FOR SOCIAL WORK AND RESEARCH CONFERENCE CHILD MALTREATMENT AND DOMESTIC VIOLENCE PRESENTATIONS**

Washington, DC - January 2003

Abstracts of these presentations and from previous conferences can be viewed at www.sswr.org

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<tr>
<th>Researcher(s)</th>
<th>Organization/University</th>
<th>Title of Research</th>
<th>CDC Research Agenda Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gino Aisenberg</td>
<td>University of Washington</td>
<td>Exposure to community violence among Latino young adolescents and their families.</td>
<td>E, N</td>
</tr>
<tr>
<td>Holly Bell</td>
<td>Center for Social Work Research, School of Social Work, University of Texas - Austin</td>
<td>Setting the research agenda on violence against women: A researcher-practitioner collaborative process.</td>
<td>H</td>
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<tr>
<td>Noel Busch</td>
<td>School of Social Work, University of Texas – Austin</td>
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<tr>
<td>Scottye J. Cash, Dina J. Wilke</td>
<td>Ohio State University, College of Social Work, Florida State University, School of Social Work</td>
<td>An ecological model of maternal substance abuse and child neglect: Issues, analyses, and recommendations</td>
<td>E, K, M</td>
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<tr>
<td>Carlton D. Craig, Richard P. Barth</td>
<td>School of Social Work, University of North Carolina at Chapel Hill</td>
<td>Measuring parental discipline and maltreatment of children: A psychometric study of the parent child conflict tactics scales</td>
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<tr>
<td>Diane DePanfilis</td>
<td>School of Social Work, University of Maryland</td>
<td>Increasing safety and well being for families at risk for child neglect: Preliminary results from a five-year demonstration project</td>
<td>A, I, J</td>
</tr>
<tr>
<td>Antoinette Farmer</td>
<td>Rutgers, The State University of New Jersey</td>
<td>Understanding the effects of childhood sexual abuse on parenting behavior using the ecological perspective and trauma theory</td>
<td>A, E</td>
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<tr>
<td>Louisa Gilbert, Nabila El-Bassel, Miriam Schiff</td>
<td>Social Intervention Group, Columbia University, Hebrew University, Jerusalem</td>
<td>Funded by NIDA. Sticks and stones may break bones, but words may hurt even more: the effect of different types of intimate partner violence among women on methadone</td>
<td>M</td>
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<tr>
<td>Shawna Lee, Richard Tolman</td>
<td>University of Michigan, Center for Research on</td>
<td>The Relationship of childhood sexual abuse to adulthood mental health and work outcomes: A mediational</td>
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<td>Researcher(s)</td>
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<td>Mary Corcoran</td>
<td>Poverty, Risk &amp; Mental Health</td>
<td>model</td>
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<td>University of Michigan, School of Public Policy</td>
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<tr>
<td>Taryn Lindhorst</td>
<td>School of Social Work, University of Washington</td>
<td>Employment Outcomes for Battered Women Receiving TANF</td>
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<tr>
<td>Rebecca Macy</td>
<td>School of Social Work, University of North Carolina at Chapel Hill</td>
<td>Profiles of risk and vulnerability: Factors explaining sexual assault resistance</td>
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<tr>
<td>Paula Nurius</td>
<td>School of Social Work, University of Washington</td>
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<tr>
<td>Jeanette Norris</td>
<td>Alcohol and Drug Abuse Institute, University of Washington</td>
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<tr>
<td>Emily Mann, Arthur Reynolds</td>
<td>School of Social Work &amp; The Waisman Center, Madison, WI</td>
<td>Child maltreatment and delinquency: Evidence from the Chicago longitudinal study.</td>
<td>E, K</td>
</tr>
<tr>
<td>Julie Miller-Cribbs, Naomi Farber</td>
<td>University of South Carolina College of Social Work, DeSaussure College</td>
<td>Stacking vulnerabilities: Domestic violence among rural, southern, poor and white women.</td>
<td>B, E, M</td>
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<tr>
<td>Subadra Panchanadeswaran, Diane DePanfilis, Dr. Laura McCloskey</td>
<td>University of Maryland School of Social Work, Harvard School of Public Health</td>
<td>Woman abuse and the factors associated with leaving abusive relationships.</td>
<td>M, O</td>
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</tbody>
</table>
APPENDIX 5

ADDITIONAL EXAMPLES OF NIH FUNDED RELEVANT PROJECTS

Fraser, Mark, University of North Carolina, NIDA, 5R21DA013874-03
Making Choices: A Social Development Program
A youth violence prevention program for 3rd grade children in a high-risk rural community

Glisson, Charles, University of Tennessee, NIMH, 5RO1MH056563-05
Technology and Structure in Children’s Services Systems

McKay, Mary, Columbia University, 5RO1MH063662-03
Community Partnership to Prevent Urban Youth HIV Risk

McMillen, J. Curtis, Washington University, NIMH, 5RO1MH061404-02
Mental Health Services Use of Youth Leaving Foster Care

Stiffman, Arlene, Washington University, NIMH, 5K02MH001797-03
Youths’ Access to Mental Health Services: A Career Award
Examines the role of social workers and non-specialty mental health professionals in the provision of mental health services.

Stiffman, Arlene, Washington University, NIDA, 5RO1DA013227-03
Adolescent American Indian Multi-sector Help Inquiry
Service and drug use of urban and reservation adolescence over a 4 year period.

Trickett, Penelope, University of Southern California, NICHD, RO1HD039129-02
Impact of Neglect on Adolescent Development
APPENDIX 6

EXAMPLES OF RESEARCH CENTERS IN SOCIAL WORK EDUCATION PROGRAMS WITH VIOLENCE PREVENTION/DOMESTIC VIOLENCE/CHILD MALTREATMENT RESEARCH FOCUS

The Dr. Semi J. and Ruth W. Begun Center for Violence Prevention Research and Education, Mandell School for Applied Social Sciences, Case Western Reserve University, http://msass.cwru.edu/begun/

This center is dedicated to the multidisciplinary study of violence that leads to scientifically based violence prevention programs and widely applicable violence prevention policy. The Begun Center's activities focus on violence prevention research, the development and evaluation of violence prevention initiatives, and education on violence and its cause and consequences in a wide range of social and cultural settings. The Begun Series in Violence Prevention and Policy will publish the latest research and effective strategies for violence prevention and well-reasoned, data-based policy recommendations applicable in settings, such as juvenile and/or adult community re-entry programs, community-based addiction/violence programs, prison violence reduction programs with application in community settings, school culture and climate studies with recommendations for organizational approaches to school-violence reduction.

Additional information on the Begun Center is available by contacting the Begun Center Director, Dr. Mark S. Fleisher, 216-398-2329, or msf10@po.cwru.edu.

Columbia University
Social Intervention Group
http://www.columbia.edu/cu/ssw/sig/

The Social Intervention Group carries out federally and privately funded research to develop innovative, contextually appropriate interventions that address HIV/AIDS, substance abuse, intimate partner violence, mental health and contemporary social problems in low-income communities.

Columbia University
Center for the Study of Social Work Practice
(in conjunction with the Jewish Board of Child and Family Services)
http://www.columbia.edu/cu/csswp/centerde.html

This collaborative center’s studies have included: children and adolescents receiving outpatient mental health services, residential treatment services, school-based counseling services, and services for trauma; women who have suffered from domestic violence, with studies focusing on HIV-positive battered Latino women, Asian immigrant women and Jewish women; elderly Japanese men and women in need of social support and mental health services; and multicultural competence among social work practitioners and students. Past studies have examined: suicidality among preadolescents; group interventions for grandparents raising grandchildren; and, the effectiveness of early prevention programs for parents who are likely to engage in child abuse. Other studies have examined service system issues such as the impact of managed care on services and utilization of outcomes measurement.
University of Maryland School of Social Work and School of Medicine Department of Pediatrics
Center For Families
http://www.family.umaryland.edu/

Mission - To promote safety, health, and well-being for children, families, and communities through education, community and clinical services, research, and advocacy.

University of Texas - Austin School of Social Work
Center for Social Work Research
http://www.utexas.edu/research/cswr/info.html

Begun in 1974, the mission of this center is to build knowledge about the human condition, social issues, and service delivery systems in order to enhance learning and practice, advance theory, and promote social welfare and social justice.

Institute on Violence Against Women and their Children

Mission - To advance knowledge about and practice with survivors of interpersonal violence by developing practice-based research projects and training undergraduate and graduate students to provide competent services to survivors.

University of Illinois at Urbana-Champaign School of Social Work
Children and Family Research Center
http://cfrcwww.social.uiuc.edu/

This collaboration between the School of Social Work and the Illinois Department of Children and Family Services, begun in 1996, is to report and interpret outcomes for children who are the responsibility of the Illinois Department of Children and Family Services, identify research needs and support research that is policy and practice relevant, and encourage public child welfare research activities through collaborative relationships and grant opportunities.

University of Denver Graduate School of Social Work at the
Institute for Families
http://www.du.edu/gssw/

The Institute seeks to enhance the well being of children, youth and families through research, education, training and consultation. The Institute is a resource for building professionalism and discovering effective practices and policies for child and family programs.

University of Minnesota School of Social Work
Institute on Domestic Violence in the African American Community
http://www.dvinstitute.org/

The Institute provides an interdisciplinary vehicle and forum for scholars, practitioners, and observers of family violence in the African American community. The Institute sponsors research that examines service delivery and intervention mechanisms that address this problem. The Institute also identifies appropriate and effective responses to prevent and reduce family violence in the African American community.
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### University of Minnesota School of Social Work
**Minnesota Center Against Violence and Abuse (MINCAVA)**  
http://www.mincava.umn.edu/

MINCAVA’s mission is to support research, education, and access to information related to violence. MINCAVA is directed by Jeffrey L. Edelson, PhD and coordinates the following projects: MINCAVA Electronic Clearinghouse website, The Link Research Project, Violence Against Women Online Resources website, and the applied research section of the VAWnet website.

### University of Washington School of Social Work  
**Social Development Research Group**  
http://depts.washington.edu/sdrg/

The research of the Social Development Research Group seeks to promote achievement and success as well as prevent and treat health and behavior problems among young people. Drug abuse, delinquency, risky sexual behavior, violence, and school dropout are among the problems addressed. J. David Hawkins, director, and Richard F. Catalano, associate director, began in 1979 to develop the Social Development Strategy, which provides the theoretical basis for risk- and protective-focused prevention that underlies much of the group’s research.

### Portland State University Graduate School of Social Work  
**Regional Research Institute**  
**Research and Training Center on Family Support and Children’s Mental Health**  
http://www.rtc.pdx.edu/

The Center is dedicated to promoting effective community-based, culturally competent, family-centered services for families and their children who are or may be affected by mental, emotional, or behavioral disorders. This goal is accomplished through collaborative research partnerships with family members, service providers, policy makers, and other concerned persons.

### Florida State University School of Social Work  
**Institute for Family Violence Studies**  
http://ssw.fsu.edu/centers.html

The endowed Institute for Family Violence has been established within the School of Social Work to examine the effects of family violence across the life span for a wide range of populations. Recognizing the legacy of violence on the subsequent development of victim survivors, the institute is concerned with the contextual and developmental aspects of family violence. The institute maintains the ecological perspective of social work supporting analyses of societal institutions, policies, and practices that impact the incidence of interpersonal violence and trauma. The mission of this institute is to:
- Research family violence as it occurs in all age groups, including children, adults and the elderly;
- Distribute the findings of this research at the local, state, national and international levels;
- Evaluate the effectiveness of family violence interventions, such as programs for batterers and family preservation programs;
- Develop innovative programs for reducing family violence;
- Analyze legislation addressing family violence issues;
- Develop curricula that strengthens social work studies on family violence;
- Provide in-service training on those working in agencies providing interventions to individuals, couples, and families experiencing family violence;
- Serve as a regional clearinghouse on resources related to family violence; and
- Collaborate with community organizations and agencies on family violence concerns (Maxwell, M.S. & O’Rourke, K.S., 1999).
APPENDIX 7

MOVING FORWARD: SOCIAL WORK’S CONTRIBUTION TO MENTAL HEALTH RESEARCH

June 2002 NIMH Conference
Rockville, MD

(For more information contact Denise Juliano-Bult, Branch Chief, NIMH
djuliano@mail.nih.gov or 301-443-1638)

Relevant Presentations

- Anderson, Carol, Cahalane, H., Greeno, C., Navratil, B., University of Pittsburgh and Robins, C.
  Westat, Low Income Distressed Mothers: Perceived Needs and Mental Health Services Barriers
  (NIMH funded)

- Corcoran, M., Siefert, K., Danzinger, S., Tolman, R, University of Michigan, Predictors of Work among
  African-American and White TANF Recipients: Do Health, Mental Health, and Domestic Violence
  Problems Limit Employment, (NIMH, ASPE, Joyce Fdn., Mott Fdn. Funded)

- Hollingsworth, L., University of Michigan, Child Custody Loss Among Women with Severe Mental
  Illness (NIMH funded)

- Marcenko, M., Almgren, G., University of Washington, Children in Foster Care: Predictors of Mental
  Health Diagnoses, Medication and Treatment.

- Potter, C., Jenson, J., University of Denver, Mental Health Problem Symptoms, Substance Abuse and
  Anti-Social Behavior: Profiles of Delinquent Youth (Colorado Division of Youth Corrections funded)

- Ruffolo, M., University of Michigan, Study of Delinquent, Diverted and High Risk Adolescent Females:
  Implications for the Mental Health Service System (OJJDP funded)

- Stiffman, A., Striley, C., Brown, E., Ostman, B, Limb, G., Washington University, Southwestern
  American Indian Urban and Reservation Youth’s Need for and Use of Service Providers (NIDA and
  NIMH funded)

- Yoshihama, Mieko, Emotional Numbing Symptoms Among Four Generations of Women of Japanese
  Descent: Variations by Generational Positions (NIMH)
APPENDIX 8

NIMH FUNDED SOCIAL WORK RESEARCH DEVELOPMENT CENTERS - 1993 THROUGH 2005
(Information adapted from Center websites and CRISP retrieval [www.nih.gov])

I. Currently Funded Centers

Center for Mental Health Services Research
http://gwbweb.wustl.edu/users/cmhsr/
1993-2003

Enola Proctor, PhD
George Warren Brown School of Social Work
Washington University
One Brookings Drive Box 1093
St Louis, MO 63130
Phone: 314-935-6660 Fax: 314-935-7508 cmhsr@gwbmail.wustl.edu

Focus of the Center: Mental Health Services Research

The Center for Mental Health Services Research, located at the George Warren Brown School of Social Work, supports research and research development in mental health services. In 1993, GWB was awarded the nation's first social work research development center through a grant from the National Institute of Mental Health and continued its funding for another five years in 1999.

The Center aims to support multi-disciplinary faculty study teams in addressing scientific knowledge gaps around mental health services. The Center also supports research and research development on client, organizational and policy levels. The Center also provides research support services for the development of proposals for mental health services research and scholarly writings on mental health topics. Also, the Center's mission and agenda include addressing key issues in mental health service delivery.

Three core research areas:

- Need for care in human service sectors. Building on research findings that persons with mental disorder often depend on whatever source of care is readily accessible, the Center focuses on developing knowledge about the prevalence and cost of unrecognized mental disorder among social service clients and on documenting co-existing psychosocial and functional problems.

- The role of provider, client, and system factors in linking persons with need to mental health services. Primary health care research shows that mental disorder is often unrecognized or that care is less adequate in non-specialty sectors. Our studies focus on provider identification and response to mental disorder in the human service sectors, including effective referrals and reducing barriers to specialty mental health care.

- Effectiveness of interventions for mental disorder in human service sectors. Frontline providers—primarily social workers—have tremendous, but untapped, potential to respond effectively to mental disorder. CMHSR prepares investigators to contribute to knowledge about effective interventions that will be useful in human service sectors of care. The Center also facilitates faculty evaluation of the effectiveness, including cost-effectiveness, of treatment in human service sectors of care.
Center on Poverty, Risk & Mental Health
http://www.ssw.umich.edu/nimhcenter/
1995-2005

Carol Mowbray, PhD
University of Michigan
Social Work Research Development Center on Poverty, Risk, and Mental Health
540 E. Liberty, Suite 202
Ann Arbor, MI 48104-2210
Phone: 313-998-8505 Fax: 313-998-8516 cmowbray@umich.edu

Focus of the Center: Poverty, risk and mental health
The NIMH Center for Research on Poverty, Risk, and Mental Health became part of the School of Social Work in July 1995 due to a five-year grant from the National Institute of Mental Health. Projects receive additional support from national and local foundations and other government agencies.

Currently, more than 10 projects comprise the activities of the Center. The theme of poverty and mental health is pursued in these core areas:

1. Epidemiological studies of the relationships between social class and mental illness,
2. Developmental studies of the effects of high-risk environments on the mental health of infants and children,
3. The design and pilot testing of preventive interventions with low-income, high-risk populations,
4. The evaluation and delivery of appropriate mental health services to the impoverished, and
5. Assessment of the role of economic factors in the functioning and recovery of persons with serious mental illness.

The Center maintains collaborative relationships with other University of Michigan units. Project teams include members from the Psychology department, the School of Public Policy, the Center on Human Growth and Development, the Michigan Prevention Research Center, The Program for Research on Black Americans and other centers at the Institute for Social Research. Center faculty also consults with accomplished researchers on other university campuses.

Social Work Mental Health Research Center
CENTER FOR INTERVENTION RESEARCH ON ADULTS WITH Serious Mental Illness
http://www.ssw.upenn.edu/SWMHRC/index
1998-2004

Phyllis Solomon, PhD
School of Social Work
University of Pennsylvania
3701 Locust Walk
Philadelphia, PA 19104
Phone: 215-898-5533 Fax: 215-573-2099 solomonp@ss.upenn.edu

Focus of the Center: Intervention research on adults with severe mental illness

The SWMHRC is dedicated to intervention research focusing on three core areas:

♦ Legal Interventions
♦ Examines the use of the courts or law to change behavior for adults with SMI, such as Outpatient Commitment. The intent of this research is to examine the outcomes of mandated outpatient treatments in terms of improved clinical status & improved quality of life.
♦ Mental Health Managed Care Interventions
♦ Focuses on various managed care issues related to the delivery and quality of mental health, substance abuse, & health services for SMI individuals.
♦ Mental Health & Supportive Service Interventions
   Investigates the service elements commonly found in a community support system for SMI individuals.

Center for Mental Health Service Research
http://www.pitt.edu/~pittssw/cmhsr/index.html
1998-2004
Carol Anderson PhD
School of Social Work
University of Pittsburgh
2209 Cathedral of Learning
Pittsburgh, PA 15260
Phone: 412-624-3709 Fax: 412-624-1159 cmhsr@pitt.edu

Focus of the Center: Problems of access and adherence to mental health treatments

Center for Mental Health Services Research is dedicated to conducting research that will improve access to services and quality of care for underserved populations. Center faculty work collaboratively with faculty from other University Departments, Schools, and Programs (such as Psychiatry, Public Health, Women's Studies), to generate projects which increase understanding of individual, community and service systems factors that facilitate or discourage the use of treatment resources; to identify barriers and modify pathways to mental health care; and to adapt, design and test interventions for low income, minority, and other community populations.

The Center also provides learning opportunities, including research training and individual mentoring for Social Work graduate students, post-doctoral students, and junior faculty.

Specifically the Center supports:

♦ Collaborative studies with community agencies on such topics as the identification of client need, access to care, service satisfaction, and assessment of service effectiveness.
♦ The development of innovative interdisciplinary research projects and initiatives.
♦ The development of individual mental health research careers of social workers, including Social Work faculty, students, and those in direct practice.
♦ Conferences for community practitioners to disseminate research findings of relevance to direct practice.

II. Previously Funded Centers

Children’s Mental Health Services Research Center
http://utcmhsrc.csw.utk.edu/
1995-2001
Charles Glisson, PhD
University of Tennessee
128 Henson Hall
Knoxville, TN 37996-3332
Phone: 423-974-3176 Fax: 423-974-4803 cglisson@utk.edu
**Focus of Center:** Mental Health services to children at risk

The **Children’s Mental Health Services Research Center** conducts research that advances knowledge about children and families with a variety of behavioral and mental health problems. This includes research on significant social problems such as child abuse, neglect, unruly behavior and delinquency. Much of the Center’s research focuses on understanding and improving the state and community organizations that address these problems. The Center’s work has identified a variety of organizational and service system characteristics that affect the quality and outcomes of services provided to high-risk children and families. Funded by the National Institutes of Health (NIH), private foundations and other sources, the Center’s ground-breaking and award-winning work is frequently cited by other scholars and NIH publications and has been recognized in reports by the U.S. Surgeon General. For over a decade, the Center has been one of the largest recipients of NIH funding on the UT Knoxville campus.

**The Prevention Research Center**
http://depts.washington.edu/swprc/
1996-2002

Lewayne Gilchrist, PhD
Director
University of Washington School of Social Work
4101 15th Avenue NE
Seattle, WA 98105-6299
(206) 543-4175
lewlew@u.washington.edu

**Focus of the Center:** Established in 1997 to develop new approaches to preventing mental health problems and mental disorders, particularly conduct and behavior disorders, depression and other mood disorders, and violence and traumatic stress-related disorders

The Center supports new research on basic processes underlying risk to healthy mental and emotional development and functioning; translates findings from basic social science theory and research into viable intervention activities that effectively enhance development and reduce risk of future problems in populations and groups often encountered in social service settings and social polices; collaborates with other National Institute of Mental Health-supported Centers and investigators to contribute to a national network for dissemination of prevention theories, models, and findings; and recruits and trains graduate students and new faculty to conduct rigorous prevention-related research.

**Center for the Study of Mental Health Policy and Services**
http://www.rri.pdx.edu/pgCSMHPS.shtml
1996-2002

Nancy M. Koroloff, PhD
Regional Research Institute
Portland State University
PO Box 751
Portland, OR 97207-0751
Phone: 503-725-5195 Fax: 503-725-4180 korolon@rri.pdx.edu

**Focus of the Center:** Public mental health research and policy

The Center for the Study of Mental Health Policy and Services (CSMHPS) is one of seven Social Work Research Development Centers nationwide. Funded by the National Institute on Mental Health
(NIMH), the Center’s purpose was to develop a cadre of high quality social work mental health researchers and to conduct an active program of public mental health research. This was a five-year grant, ending in 2001. In total, over the five years, the center was funded $2.24 million dollars. Some of CSMHPS activities included:

♦ an organized program of faculty development,
♦ recruitment, support and mentorship of Doctoral students in mental health research, and
♦ efforts to strengthen the relationships with other disciplines, universities, state and local agencies as research collaborators.

In its final stages CSMHPS is focused on three work groups all focused on the theme of transition:

1. Early Childhood Transition to Kindergarten,
2. Transition from Adolescence to Adult Mental Health System, and
3. Transition of persons with serious mental illness into the Older Adult Service System.

Center for Hispanic Mental Health Studies
June 1999 – June 2002

Graduate School of Social Service
Fordham University
113 W. 60th St.
New York, NY 10023

**Focus of Center:** Identify the mental health needs of diverse Hispanic populations and develop psychosocial interventions for these populations.
APPENDIX 9

**NIDA FUNDED SOCIAL WORK INFRASTRUCTURE DEVELOPMENT PROGRAMS**
(Information adapted from Center websites and CRISP retrieval [www.nih.gov])

**The Comorbidity and Addictions Center**
http://gwbweb.wustl.edu/users/cac/

Arlene Rubin Stiffman, PhD  
CAC  
Campus Box 1196  
Washington University  
One Brookings Dr.  
St. Louis, MO 63130  
Phone: 314-935-8386  Fax: 314-935-7508  arstiff@gwbmail.wustl.edu

**Focus of the Center:** Multi-sector addiction interventions for underserved populations with comorbid mental health and HIV risk problems.

The mission of the Comorbidity and Addictions Center (CAC) is to increase knowledge related to multisector addiction interventions for underserved populations with comorbid mental health and HIV risk problems. The CAC, housed at the GWB School of Social Work, is the first social work research development center funded by the National Institute on Drug Abuse (NIDA). The research agenda of the center includes: 1) The delivery or coordination of multisector addiction services to underserved populations with comorbid mental health and HIV risk problems. 2) The evaluation of addiction prevention and treatment programs in underserved populations with comorbid mental health and HIV risk problems. 3) The costs and burdens of addiction and comorbidity services from different sectors (alcohol and drug, mental health, primary care, social services, juvenile justice education, and informal) and their relationships to service use and outcomes.

**Center for Intervention and Prevention Research on HIV and Drug Abuse**
http://www.columbia.edu/cu/ssw/projects/ciprhda/

Nabila El-Bassel, DSW  
Columbia University School of Social Work  
The Interchurch Center, Suite 184  
275 Riverside Dr. New York, NY 10114  
Phone: (212) 870-2047  Fax: (212) 870-2930  ciprhda@columbia.edu

**Focus of Center:** Drug abuse and HIV/AIDS intervention and prevention research

The Center's mission is to advance intervention and prevention research on HIV/AIDS and drug abuse by training the next cadre of social work researchers in the development, testing, and dissemination of empirically-validated intervention and prevention approaches that address contemporary social problems. While focusing on HIV/AIDS and drug use, the center's research program also recognizes and addresses a range of co-morbid issues found in urban communities. Currently, scientific activities are examining: HIV/AIDS, Drug Abuse, Violence, Health & Mental Health.
**Substance Abuse Research Development Program for Underserved Populations**

http://www.utexas.edu/research/cswr/nida/rdp.html

James Alan Neff, PhD MPH  
Center for Social Work Research  
School of Social Work  
University of Texas at Austin  
1925 San Jacinto Blvd.  
Austin, TX 78712-1203  
Phone: 512-471-8627 Fax: 512-471-9514  
JNeff@mail.utexas.edu

**Focus of the Center:** Substance abuse among underserved populations and factors at the individual, family, organizational, societal, and cultural level that influence substance abuse and treatment.

The Substance Abuse Research Development Program is the third program in the country to be funded as part of a NIDA initiative to stimulate the development of federally funded Social Work research on substance abuse. The Research Program focuses specifically upon substance abuse among underserved populations (particularly African-Americans and Mexican-Americans) and emphasizes factors at the individual, family, organizational, societal, and cultural level that influence substance abuse and substance abuse treatment. Two pilot projects have already been approved as part of the Program.

- examining factors related to adherence to anti-retroviral therapy between HIV+ African-American and Mexican American substance abusers.
- examining treatment retention among Anglo, African American and Mexican American substance abusing juvenile offenders.
- pilot projects involving spirituality in faith-based substance abuse treatment, substance abuse among gays and lesbians, and brief interventions for minority substance abusers are being developed.

**Southwest Interdisciplinary Research Consortium**

http://sirc.asu.edu/

Flavio Marsiglia, PhD  
Southwest Interdisciplinary Research Consortium  
School of Social Work, College of Public Programs  
Arizona State University  
PO Box 873711,  
Tempe, Arizona 85287-3711  
Phone: 480-965-4699 Fax: 480-727-6058  
sirc@asu.edu

**Focus of the Center:** Multi-disciplinary, community-based social work research on drug use prevention and services for families and youth.

The purpose of the Southwest Interdisciplinary Research Consortium (SIRC) is to conduct multi-disciplinary community-based social work research on family and youth drug use prevention and services under two priority areas:

1) culturally-grounded drug use prevention, and  
2) culturally responsive and resiliency-focused drug abuse services research.

The Center is to study the relationship between drug use and the strengths, competencies, and other protective factors buffering against drug use and risk processes of families and youth. It is developed to be inclusive of and responsive to the research needs and priorities identified by community-based social workers, and to work in partnership with them throughout the research, dissemination, and skill building processes in a reciprocal manner. The consortium strengthens the institutional infrastructure of the School of Social Work by enhancing the capacity of its faculty members and social workers in the community to design, develop and implement drug abuse prevention and services research in partnership with the social work community outside the university and with colleagues from other disciplines within the University.
Dual Disorders Research Program

Center on Substance Abuse and Mental Illness
Mandel School of Applied Social Sciences
Case Western Reserve University
10900 Euclid Avenue
Cleveland, OH 44106-7164
mxs12@po.cwru.edu

Focus of Center: The Dual Disorders Research Program will support a multidisciplinary study team to address the theme of facilitators and barriers to treatment in individuals with dual diagnoses (co-existing drug abuse and mental disorders).

The Program, part of the Center on Substance Abuse and Mental Illness at the Mandel School of Applied Social Sciences, will link Mandel School’s and the School of Medicine’s faculty with national experts to establish research on treatment barriers/facilitators in dual diagnosed individuals and their families;
- generate pilot research and ensuing RO1 proposals in the identified core areas
- to promote educational experiences for faculty,
- produce a special issue of the Journal of Social Work Practice in the Addictions on the topic of dual diagnoses.

Jane Addams Substance Abuse Research Collaboration

Larry Bennett
Jane Addams College of Social Work
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M/C 309
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Chicago, IL 60607-7134
312-996-4577 lwbenn@uic.edu
http://www.uic.edu/jaddams/college/

Focus of the Center: Funded in 2003, this new program at the U of Illinois Chicago will study the impact of drugs and the societal response to drugs on women and their children to provide a fuller understanding of the link between substance abuse, criminal justice, and women

The specific aims of this are: (1) Develop a community-based, multidisciplinary substance abuse research program focused on the confluence of substance abuse, criminal justice, and women; (2) Provide an organizational focus which will support multi-disciplinary teams pairing senior faculty, junior faculty, and research assistants in pilot research efforts in the core area (3) Increase active collaboration with Treatment Alternatives for Safe Communities (TASC), BRASS/HRDI, and other substance abuse providers to enhance the generation of practitioner-useful research, consistent with the mission of the Jane Addams College of Social Work; (4) Promote culturally competent and practice-useful substance abuse research through a Minority Researcher Development Program and a Community Scholar Program; (5) Utilize an Advisory Panel consisting of providers, consumers, and senior researchers to provide conceptual guidance and specific expertise, critique research proposals, and identify applications for research; and, (6) Support professional development plans, including multidisciplinary research seminars, conferences, technical assistance, and broad exposure to substance abuse research culture in order to prepare social work faculty to become fully collaborative and independent substance abuse researchers, and make pragmatic and distinguished contributions to the substance abuse field.
APPENDIX 10

PRINCIPLES OF COMMUNITY-BASED RESEARCH UNIVERSITY OF WASHINGTON SCHOOL OF SOCIAL WORK
http://depts.washington.edu/sswweb/commweb.html

Community-based research takes place in community settings and involves community members in the design and implementation of research projects. Such activities should demonstrate respect for the contributions of success which are made by community partners as well as respect for the principle of "doing no harm" to the communities involved.

In order to achieve these goals, the following principles should guide the development of research projects involving collaboration between researchers and community partners, whether the community partners are formally structured community-based organizations or informal groups of individual community members.

In order to avoid confusion and potential misunderstandings, faculty and community partners alike are encouraged to explicitly review and discuss these principles as they apply to specific projects.

Principles

- Community partners should be involved at the earliest stages of the project, helping to define research objectives and having input into how the project will be organized.
- Community partners should have real influence on project direction—that is, enough leverage to ensure that the original goals, mission, and methods of the project are adhered to.
- Research processes and outcomes should benefit the community. Community members should be hired and trained whenever possible and appropriate, and the research should help build and enhance community assets.
- Community members should be part of the analysis and interpretation of the data, and should have input into how the results are distributed. This does not imply censorship of data or of publication, but rather the opportunity to make clear the community’s views about the interpretation prior to final publication.
- Productive partnerships between researchers and community members should be encouraged to last beyond the life of the project. This will make it more likely that research findings will be incorporated into ongoing community programs and therefore provide the greatest possible benefit to the community from research.
- Community members should be empowered to initiate their own research projects that address needs they themselves identify.
APPENDIX 11

MEETING SUMMARY: SOCIAL WORK CONTRIBUTIONS TO PUBLIC HEALTH: BRIDGING RESEARCH AND PRACTICE IN VIOLENCE PREVENTION – LESSONS FROM CHILD MALTREATMENT AND DOMESTIC VIOLENCE

Atlanta, GA, July 8-9, 2003

PURPOSE OF MEETING

Social Work Contributions to Public Health: Bridging Research and Practice in Violence Prevention – Lessons from Child Maltreatment and Domestic Violence, held on July 8-9, 2003, was a meeting of over 30 professionals from the Centers for Disease Control and Prevention (CDC) /National Center for Injury Prevention and Control (Injury Center), and leading researchers, practitioners, and educators from social work education programs and national organizations. (A list of participants appears below.) The event was a collaborative effort organized by the Institute for the Advancement of Social Work Research (IASWR), and supported by the CDC’s Injury Center.

The goals of the meeting, jointly developed by IASWR and the CDC’s Injury Center were:

- To investigate how social work researchers and organizations representing the social work profession 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.
- To communicate efforts that CDC can undertake to support the endeavors of social work researchers.

Joining staff of the CDC (see organizational chart below) were representatives from the social work profession including the Department of Human Services Director for El Paso County Colorado, and leaders from professional organizations including the Child Welfare League of America (CWLA), Council on Social Work Education (CSWE), the National Association of Public Child Welfare Administrators (NAPCWA), the National Association of Social Workers (NASW), and the National Funding Collaborative on Violence Prevention (NFCVP), as well as educators from Georgia State University, University of Georgia, University of Maryland, University of Michigan, University of Missouri-Columbia, University of North Alabama, University of North Carolina, University of Texas, University of Washington, and Washington University.

CDC OVERVIEW

CDC and Violence Prevention: A Brief Introduction

W. Rodney Hammond, Director of the Division of Violence Prevention in CDC’s Injury Center presented an overview of the CDC’s efforts regarding violence prevention. Dr. Hammond emphasized CDC’s role and history in violence prevention, and described CDC’s mission in regard to violence prevention: the prevention of “injuries and deaths caused by violence through the widespread adoption of effective programs and policies.” Dr. Hammond highlighted the priorities for violence prevention research at CDC (including areas such as intimate partner violence, sexual violence, child maltreatment, youth violence, and suicide), as well as the primary ways in which the CDC addresses violence prevention (through the creation of programs and activities; by funding prevention research through cooperative agreements and demonstration projects; and, by establishing resource centers such as the National Academic Centers of Excellence on Youth Violence). In reviewing CDC’s grant programs, Dr. Hammond suggested “next steps” for social work involvement:

- The demonstration of effective strategies to prevent injury and death from violence,
- The creation of a partnership with public health to support widespread adoption of these programs and policies.
Dr. Hammond noted that this meeting is creating relationships to further the dialogue about issues in which the CDC is interested. In closing, Dr. Hammond remarked “that by working through interdisciplinary partnerships and encouraging research that is rigorous, relevant, and with a practical end rooted in violence prevention, CDC hopes to address violence prevention in a more comprehensive and effective manner. This cannot be achieved by the efforts of single fields working separately, and the profession of social work is well-positioned to join in this effort.”

**CDC/Injury Center Priorities and Activities**

Lynda S. Doll, Associate Director for Science of CDC’s Injury Center, addressed the Injury Center priorities and activities. Dr. Doll provided an overview of the structure of the CDC, and the three major areas of focus of the CDC’s Injury Center (violence prevention, unintentional injury and acute care, disability and rehabilitation). Dr. Doll reviewed the various injury prevention programs, including surveillance systems, investigator-initiated research grants, research centers, and intramural research program, and the criteria for injury research priorities at the CDC. Dr. Doll listed seven areas in which the CDC is currently working in injury prevention to disseminate effective interventions, evaluate interventions, formulate evidence-based policy, develop new programs, or conduct foundational research, including:

- Home and Community Safety
- Sports, Recreation & Exercise Safety
- Transportation Safety
- Intimate Partner & Sexual Violence and Child Maltreatment
- Suicidal Behavior
- Youth Violence
- Acute Care, Disability, & Rehabilitation

Dr. Doll described the Injury Center’s research agenda and opportunities for funding (which can be found at www.cdc.gov/ncipc under “What’s new” and “Grants and Funding”) as well as outlining the annual research announcements within the areas of research priority for the CDC’s Injury Center. Lastly, Dr. Doll highlighted recent trends at the CDC, a few of which are: the increase in number of behavioral/social scientists; the movement of CDC beyond social psychological theories; the trend toward increased community participatory research, community-based research, community-level and multi-level intervention research; increased study of social/community level determinants of health; increased awareness of the interconnection between physical and mental health and injuries; and, emphasis on research synthesis, translation of research to practice, program evaluation, and placement of researchers in the field.

**Social Work Contributions**

Joan Levy Zlotnik gave a brief overview of the connections between social work and the CDC priorities in the domain of violence prevention. Dr. Zlotnik outlined the need to pursue opportunities for more formal linkages, as well as to articulate social work contributions to the public health agenda. She identified social work research programs and training efforts in violence prevention, highlighting the common contexts, goals and missions of social work and public health in regards to violence prevention. Dr. Zlotnik gave an overview of the profession’s mission and values of social work and a description of current initiatives related to child maltreatment and domestic violence that fit within the ten essential public health services including:

- Monitoring Health Status
- Diagnosis and Investigation of Health Problems and Health Hazards
Dr. Zlotnik affirmed that there are levels of shared connection between public health and social work (e.g. joint MSW/MPH degree programs, which exemplify common missions at the institutional level). “Yet, there is no overarching framework to facilitate larger scale collaborations,” Dr. Zlotnik noted, adding that we need to do a better job of organizing information and making it useful for practitioners, policy-makers, and other researchers who are wishing to collaborate.

Following the general overview, five experts highlighted current social work contributions to CDC priorities in injury prevention.

GLOBAL PERSPECTIVES ON VIOLENCE: COMMUNITY BUILDING AND GLOBAL LEARNING AS A RESPONSE TO VIOLENCE

Dorothy Van Soest

Dorothy Van Soest, Dean of the School of Social Work, University of Washington, began with a summary of underlying assumptions about violence:

- Global interdependence is a fact of life that cannot be ignored.
- Violence is a global phenomenon.
- Violence must be conceptualized in systemic and not just individual terms.
- Preventive investments that shore up social infrastructures are more responsible than crisis management or punishment-oriented approaches to problems of violence.
- Breaking the cycle of violence requires development strategies that are holistic, multidimensional, community-based and directed, and ultimately, sustainable by local people.
- Homegrown strategies to address violence must be retrieved and exchanged and new methods must be devised to share learning and tell stories about what works and why.

Dr. Van Soest compared two complementary definitions of violence, that of the Social Work Model, which states that “violence is any act or situation that injures the health and well-being of others and any condition that inhibits or blocks actualization of one’s innate potential (Bulhan 1985; Gil 1999), and that of the World Health Organization (WHO) that defines violence as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation (WHO, 2002).”

Using a framework of the multilevel nature of violence, violence can be viewed at all levels of society, including the individual, institutional, and structural/cultural levels. The most visible forms of violence, such as murder, rape, battery, and others are “only the tip of the iceberg” and that the other forms of violence such as those occurring at the institutional, and structural/cultural levels are submerged from view, and in the case of the latter type, have even become a normative worldview that is ingrained in ideas of race and gender and inherent to society’s solutions to social problems and forms of social control. Dr. Van Soest demonstrated the ways in which these levels of violence are linked in a “cycle of violence.” This cycle of violence begins with structural violence, which gives rise to institutional violence, and eventually leads to violence at the individual level, where the cycle perpetuates itself by the use of institutionalized violence as punishment, which then feeds into normative ideas of violence, and acceptance of violence as solutions to social problems. Dr. Van Soest summarized the WHO research on
violence in which it was proposed “that addressing risk factors across the various levels of the ecological model may contribute to decreases in more than one type of violence (WHO, 2002, p. 15).”

Dr. Van Soest concluded her presentation with a summary of the types of violence (including interpersonal violence, self-directed (intrapersonal), and collective (social, political, and economic), indicators by which violence at the institutional and structural/cultural level can be monitored (including social negligence indicators and criminal justice indicators), and recommendations for ways to “address the larger cultural, social, structural, and economic factors that contribute” to the cycle of violence.

**POLICY AND ORGANIZATIONAL CHANGE STRATEGIES TO PREVENT FAMILY VIOLENCE**

_David Berns_

David Berns, Director, Department of Human Services, El Paso County, Colorado initiated his presentation with the accomplishments that have been made by restructuring the child welfare and economic security administrations to improve services and outcomes for children and families in El Paso County:

- Reductions of children in institutions
- Elimination of backlogs that has resulted in a quadrupled number of successful adoptions
- 100% rate of sibling group maintenance in adoptions of sibling groups
- Improvement of all safety indicators

Mr. Berns highlighted the structural changes that were implemented to improve care and case management, e.g., the creation of teams (with at least one developmental specialist) that intervene to ensure that the needs of each child are met for access to quality care and programs. Mr. Berns noted that the 1990 American Public Welfare Association’s report from the National Commission on Child Welfare and Family Preservation provided the framework that his administration used to structure their programs.

Mr. Berns described the systemic challenges that his administration attempted to address in linking together their poverty and child welfare programs:

- The need to create a more universal program to help people more effectively.
- The need to help families with issues of mental health and domestic violence, without the consequence of labeling of families in order to gain access to services.
- The recognition that funding is not structured to promote prevention and early intervention.
- The recognition that the number of cases of children was increasing by 10% each year, but that their funding was not increasing.
- The need to live within the available resources.
- Mr. Berns noted that with limited resources one could cut services, staff, and rates to providers. Instead, in El Paso County the child welfare system was redefined to be for those who were in poverty. This allowed for a restructuring that provided flexibility to use funding in different ways. Mr. Berns noted a change in the service delivery mind-set; instead of continuing to provide services using an eligibility mentality, they have reformatted services into the assistance payments programs, and funded domestic violence counselors with existing Temporary Assistance to Needy Families (TANF) funds, so that the El Paso County Department of Human Services is not merely intervening in issues of child welfare, but addressing holistic issues in the lives of the families they serve.
Family Intervention Strategies to Prevent Child Maltreatment in High Risk Communities

Diane DePanfilis

Diane DePanfilis, Assistant Dean for Research, University of Maryland School of Social Work reported the results of a community-based prevention program called Family Connections, designed to respond to the epidemiology of child maltreatment recurrences in Baltimore. The program promotes the safety and well-being of children and families through family and community services, professional education and training, and research and evaluation. Dr. DePanfilis stated that the research shows that many families struggle to meet the basic needs of their children, and that the consequences of neglect are equally, if not more damaging than other forms of child maltreatment. Most importantly, research has demonstrated that our mandated systems often get involved too late, and records of repeated Child Protective Services (CPS) investigations for neglect within the same families have shown that that neglect is much more likely to occur and reoccur. A better understanding needs to be developed of what models are most successful to reach families early to prevent neglect. Thus, the goal of the study was to try and find families at risk of neglect, to target them before the neglect becomes so severe as to be investigated by CPS, and to explore the relationship between length of service (three month interventions versus nine month interventions) and outcome results. Dr. DePanfilis, along with Howard Dubowitz, and Esta Glazer-Semmel, undertook this five-year study that was funded by a grant from the U.S. Department of Health and Human Services, Children’s Bureau.

Dr. DePanfilis highlighted findings of the study that suggested that the interventions might have had an effect on:

♦ Reducing risk factors such as depressive symptoms, parenting stress and life stress
♦ Increasing protective factors such as parenting attitudes and satisfactions, and social support.

In addition, improvements were found for targeted outcomes such as:

Child Safety
♦ Decreased CPS involvement
♦ Fewer housing problems
♦ Improved mental health care
♦ Enhanced parental teaching of children

Child Well-being
♦ Decreased externalizing behavior and internalizing behavior

Dr. DePanfilis closed by summarizing the limitations of the study, and some recommendations for further study, including the suggestion that the study be replicated in different geographic locations, using different target populations.

Cross-System and Co-occurring Issues: Prevention and Early Intervention

James Herbert Williams

James H. Williams, Associate Dean for Academic Affairs, George Warren Brown School of Social Work, Washington University, reported findings from his longitudinal work concerning violence. He acknowledged his collaboration with colleagues, Melissa Jonson-Reid, and Richard Van Dorn and began by a general overview of statistics on violence.

Even though violent crime rates have decreased for many populations, for the last five years, US residents age 12+ experienced approximately 28.8 violent crimes, and between 1992-96, approximately one million incidents of non-lethal family violence occurred. Dr. Williams noted that family violence has declined most in victims and less in perpetrators, but there still is a substantial rate of family violence. Dr. Williams studies found that violence tends to be suffered more by men, especially African-American men,
and that youth arrest rates have decreased from earlier findings, but that there are still over 2 million arrested annually. Dr. Williams noted that in general, those under 35 tend to suffer from violence more than other age groups, and that violence and mental and physical illnesses have a high rate of co-occurrence (e.g., the intersection of depression with many health concerns such as late onset diabetes among African American women, and the high co-occurrence of substance use/abuse, mental illness, and violence).

Dr. Williams noted that in the over 7,000 children he and his colleagues studied, many in their sample had histories of violence and were delinquent, and suffering from illnesses, and/or home instability. The study examined a sample of children with violent histories in families receiving Aid to Families with Dependent Children (AFDC) from 1984-1994.

Dr. Williams summarized recommendations that from their study, including:
- The need to focus on prevention
- The need for culturally specific, racially and ethnically sensitive programs that work

In closing, Dr. Williams noted that social work researchers “do good work, but...don’t do great work”, and that as a result of financial “hard times,” many organizations are hurting, and thus only begin to conduct research on things for which funding is available, and for which possibly they are not the most qualified or prepared. Dr. Williams stated that as social workers, “we must get out of our “silos” and see that issues are all multi-faceted, and we must use collaborative efforts in order to effectively address them.”

VIOLENCE AGAINST WOMEN AND THEIR CHILDREN - SOCIAL WORK RESPONSES: ARE THEY SUFFICIENT?

Fran Danis

Dr. Fran Danis, Assistant Professor, School of Social Work, University of Missouri-Columbia spoke about the multiple ways that social work practice is connected to addressing family violence at multiple levels and the need for culturally competent practice. She noted the need for identification through safe universal screening, risk assessment, and intervention, including referral to domestic violence substance abuse programs, emotional support, and appropriate crisis response.

Dr. Danis’ findings suggest that the social work profession is still struggling with adequately addressing domestic violence. Academic gaps identified include the absence of professional standards, the few elective courses being taught, inaccurate information in texts and few articles in journals (e.g., only 2 in 20 years). Indicators of gaps in continuing education include the absence of licensing requirements related to domestic violence content and the absence of continuing education workshops and conferences.

Dr. Danis highlighted current initiatives and future steps involving research, evaluation, and workforce development. A first step would be increasing professional capacity to prevent violence against women through development of consensus standards, continuing education and academic preparation, including inserting domestic violence content into Title IV-E Child Welfare Training Programs. Secondly, when viewing “our clients and ourselves,” Dr. Danis suggested that practitioner’s own experiences as violence survivors need further examination, to better understand the role of shame, and resistance and resiliency in shaping interventions. Finally, Dr. Danis noted that development and evaluation of culturally competent interventions needs to be community-focused, having an emphasis on populations that are oppressed and/or at risk, that more learning needs to take place from global efforts, and that practice opportunities at universities need to involve more work with diverse communities. Dr. Danis recommended that quality training should have both an affective and cognitive approach.

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\(^2\) Title IV-E is the foster care entitlement funding, for which the training provision can be used to educate BSW and MSW students working in the area of child welfare and train workers (Zlotnik, July 9, 2003).
NATIONAL ORGANIZATIONAL EFFORTS

Following the presentations and discussions, participants representing national organizations shared information relevant to the meeting goals.

♦ Caren Kaplan, Program Manager, Child Welfare League of America (CWLA) described the recently developed strategic priorities and framework to make the well being of children a national priority, Making Children a National Priority: A Framework for Community Action.
♦ Nancy Rawlings, Chair, Training and Workforce Committee, National Association of Public Child Welfare Administrators (NAPCWA) highlighted on-going collaborations regarding work force and child welfare/family violence issues, including the NAPCWA/National Association of Deans and Directors Workgroup and Symposium Report and NAPCWA’s involvement with the Green Book implementation.
♦ James Herbert Williams, Board member, Society of Social Work and Research (SSWR) discussed overlapping issues of importance to social work researchers and the CDC including HIV/AIDS and death and dying; and issued an invitation to those at the CDC to come to the SSWR conference to further collaborations between social work researchers and the CDC.
♦ Richard M. Tolman, Associate Dean, School of Social Work, University of Michigan discussed the cross-system research that he and his colleagues are involved in including the upcoming ‘Trapped by Violence, Trapped by Abuse’ conference in Austin, TX.
♦ Linda Bowen, Executive Director, National Funding Collaborative on Violence Prevention (now the Institute for Community Peace) highlighted information on community-based strategies and training to promote competencies that prevent violence.

ACTION PLANNING

Information sharing and work on the creation of action steps took place in a breakout sessions in which participants were assigned to one of three small groups to discuss different aspects of violence prevention on which both social workers and the CDC would be able to collaborate including research in violence prevention, translation of research into practice, strategies for professional and continuing education, and translation of social work efforts into a public health framework. Groups were asked to hone their ensuing discussion into three recommendations or “action steps” for future work between the CDC and social work profession. A recorder from each of the groups reported the resulting action steps back to the main group following the breakout session.

ACTION STEPS

Research in Violence Prevention

♦ Provide opportunities for participation of CDC representatives at the Society for Social Work and Research meeting including technical assistance on applying for CDC research grants.
♦ Encourage federal funders to promote cross-disciplinary grant opportunities.
♦ Bring together federal partners that support social work research related to violence prevention through an IASWR sponsored meeting.

Translation of Research into Practice

♦ Create faculty development institutes modeled after the CDC Academic Centers of Excellence and encourage research and translation efforts, including connections to prevention research centers supported by CDC.
♦ Encourage researchers to collaborate across disciplines, with national professional organizations, and with a renewed emphasis on the dissemination of research findings and collaboration with national organizations to publish research outcomes, and use of language that both the public and practitioners can understand.
♦ Create a working group on domestic violence, social work, and the CDC with representatives from spheres such as public health, social work faculty, social work professional associations, domestic violence advocacy, and survivors.
♦ Support increased collaboration and communication across service sectors including child welfare, economic support and public health to prevent violence and promote community-based participation.
♦ Encourage specific outreach to the social work community and organize social work response to ensure input into CDC agenda development efforts.

Strategies for Professional and Continuing Education

♦ Increase the capacity of social work education through curriculum models and faculty development, to insure a competent workforce.
♦ Enhance the focus on primary prevention in social work education.

Translation of Social Work Efforts into a Public Health Framework:

♦ Enhance the engagement of social work researchers in the Injury Center’s funded centers’ activities.
♦ Identify and support public health/social work research efforts.

In closing, Joan Levy Zlotnik provided a summary of the goals of the meeting, the tasks accomplished during the meeting, the areas for future collaboration as defined in the action steps created by each small group, and then opened the floor for questions and comments by the attendees. New relationships were established and the participants left the meeting with a high level of energy and commitment to facilitate further collaborations.
Social Work Contributions to Public Health: Bridging Research and Practice in Violence Prevention – Lessons from Child Maltreatment and Domestic Violence

Atlanta, GA, July 8-9, 2003

Agenda

Tuesday, July 8, 2003

5:30 PM Registration
6:00 PM Dinner Meeting
  • Welcome
    Rodney W. Hammond, CDC
    Joan Levy Zlotnik, IASWR
  • Goals of the Meeting
  • Self-introductions
  • Overview of the report prepared for CDC
    o Social Work Contributions to Public Health: Lessons Learned from Child Maltreatment and Domestic Violence

9:00 PM Adjourn

Wednesday, July 9, 2003

8:30 AM Continental Breakfast

9:00 to 9:30 AM Review of goals for the meeting

• CDC’s Injury Center Priorities and Activities – Lynda S. Doll

9:30 to 12:30 Presentations and discussions

• Global perspectives on violence – Individual needs – Community strategies to promote resiliency
  Dorothy Van Soest, University of Washington

• Policy and organizational change strategies to prevent family violence and promote child and family well-being
  David Berns, Human Services Director, El Paso County, Colorado

• Family intervention strategies in high risk communities to prevent child maltreatment
  Diane DePanfilis, University of Maryland

• Cross-system issues and co-occurring conditions – prevention and early intervention
  James Herbert Williams, Washington University

• Violence against women and children – social work responses – are they sufficient?
Fran Danis, University of Missouri-Columbia

12:30 to 1:30 Working Lunch

- Linking, education, practice and research – organizational activities and responses, professional and continuing education
  
  NASW, SSWR, CSWE, IASWR, CWLA, NAPCWA

1:45 to 3:00 Small group strategy sessions to address violence prevention and promoting opportunities for CDC/social work linkages

- Developing a social work violence prevention research agenda
- Translating research into practice – strategies for professional education and continuing education
- Translating social work efforts into a public health framework – strategies for interdisciplinary, inter-organizational and intersystem collaborations

3:00 to 4:00 Goals and Action Agenda

Next Steps to Strengthening the Linkages between CDC and Social Work

4:00 ADJOURN
## LIST OF MEETING ATTENDEES

### PRESENTERS

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<tr>
<th>Name</th>
<th>Title and Institution</th>
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<tr>
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<td>Director, Department of Human Services, El Paso County</td>
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<tr>
<td>Fran Danis</td>
<td>Assistant Professor, School of Social Work, University of Missouri-Columbia</td>
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<tr>
<td>Diane DePanfilis</td>
<td>Assistant Dean for Research, School of Social Work, University of Maryland</td>
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<tr>
<td>Lynda Doll, Ph.D.</td>
<td>Associate Director for Science, CDC/National Center for Injury Prevention and Control</td>
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<tr>
<td>W. Rodney Hammond, Ph.D.</td>
<td>Director, Division of Violence Prevention, CDC/National Center for Injury Prevention and Control</td>
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<td>Dorothy Van Soest</td>
<td>Dean, School of Social Work, University of Washington</td>
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<td>James Herbert Williams</td>
<td>Associate Dean for Academic Affairs, George Warren Brown School of Social Work, Washington University</td>
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### PARTICIPANTS

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<td>Linda Bowen</td>
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