Chapter 1
An Antioppressive Framework of Interpersonal Violence

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Shanti Kulkarni

Social work is defined by its commitment 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" (National Association of Social Workers, 2021, Preamble). Growing evidence supports what many social workers have long known—that interpersonal violence and associated experiences of trauma injure individuals, families, and communities. These harms can be physical, psychological, spiritual, social, and economic. The effects of interpersonal violence are often long-lasting and have developmental, intergenerational, and historical reverberations. Moreover, research indicates that interpersonal violence affects low-income, socially isolated, and historically oppressed populations disproportionately and with more severity (Ragavan et al., 2020). The social work response to interpersonal violence must account for lived experiences of trauma and intersectional oppression and advance goals of empowerment, safety, and healing. In this chapter, I offer an intersectional trauma-informed framework for interpersonal violence service delivery that supports antioppressive, culturally competent social work practice.

Interpersonal Violence and Trauma

Experiences of trauma and interpersonal violence overlap in ways that have important implications for social work practice. Trauma occurs in response to an event, series of events, or set of circumstances that is physically or emotionally harmful or threatening. These experiences are traumatic because they exceed an individual's ability to cope in the moment, resulting in a profound sense of powerlessness. Traumatic events may have lasting adverse effects on people's functioning; interpersonal relationships; and overall physical, social, emotional, or spiritual well-being (Levenson, 2017). Interpersonal

violence, such as intimate partner violence, sexual assault, and human trafficking, is frequently experienced as a traumatic event.

Trauma is also experienced collectively and across generations when groups of people are oppressed. The term "historical trauma" refers to multigenerational traumas experienced by specific cultural, racial, or ethnic groups. It exists in current-day stories, psyches, and epigenetics of living people (Conching & Thayer, 2019). Indigenous people carry the legacy of the genocidal policies of past centuries, which are expressed in "the chronic, pervasive, and intergenerational experiences of oppression that, over time, may be normalized, imposed, and internalized into the daily lives" of Indigenous individuals, families, and communities (Burnette & Figley, 2016, p. 38). The multigenerational history of chattel slavery and structural racism over the course of 350 years impacts Black people in the present day with persistent traumatic reminders of the past (Leary, 2005; St. Vil et al., 2019).

When facing trauma, people activate a range of physiological, psychological, and social survival responses. These responses may be adaptive or maladaptive in any given environmental context (Levenson, 2017). For example, hardwired survival responses to trauma are often to fight, freeze, or flee danger. Although these automatic responses promote survival when people are confronting an immediate threat, they are often maladaptive for survivors in situations in which learning, reasoning, or communication are needed. Trauma-informed care principles, such as safety, trustworthiness, and trust, were developed to reduce service delivery barriers for and retraumatization of survivors seeking help (Levenson, 2017).

Intersectionality and Interpersonal Violence

Intersectionality, as a framework, draws attention to how social categories, such as race, class, and gender, interact to compound experiences of disadvantage (Crenshaw, 1990). As a result, although interpersonal violence affects all people and communities across the spectrum of race, ethnicities, socioeconomic statuses, abilities, sexual orientations, and genders (Black et al., 2011), survivors from oppressed groups disproportionately experience more severe consequences, up to and including homicide (Bent-Goodley, 2012; Messing et al., 2022). For example, Black or Latinx survivors who identify as lesbian, gay, bisexual, transgender, and/or queer (LGBTQ) may experience exclusion from larger society on the basis of their race and/or ethnicity. At the same time, these survivors may be marginalized within larger society and their racial–ethnic group on the basis of their sexual orientation and/or gender identity (Magwood et al., 2019). Notably, as "disadvantaged societal statuses multiply," so too do "experiences of societal discrimination," which further increases the risk for interpersonal violence (West, 2021, p. 750).

Marginalized communities have historically provided within them the resources, support, and safety withheld by society. Survivors who are socially and economically marginalized often seek strength, understanding, and refuge in their own communities. Immigrant communities often support the resilience of immigrant survivors of interpersonal violence by helping them maintain their connection with their culture, language, and traditions; participate in the labor force; and navigate unfamiliar legal and nongovernmental institutions (Okeke-Ihejirika et al., 2020). Sexual minority communities can validate the identity of and serve as alternative family for LGBTQ youth rejected by their biological families and community (Wirtz et al., 2020). Black communities resist structural racism and challenge race-based stereotypes that undermine Black people's sense of dignity and humanity (Bent-Goodley, 2009, 2012).

Cultural betrayal trauma highlights the complex dilemmas faced by survivors of interpersonal violence experiencing intersecting oppressions (Gómez, 2019). For example, Black women sexually assaulted by Black men may feel even more violated because in addition to experiencing gender-based trauma, they experience cultural betrayal by a member of their own community (Gómez & Gobin, 2020). Black community members may struggle with racial loyalty, which is competing impulses to protect Black men from unfair treatment in the criminal justice system and also stand up for Black women who are victims of violence (Bent-Goodley, 2009).

Intersectionality and Interpersonal Violence Intervention

Intersectionality plays an important role in what interpersonal violence interventions are available and how they are delivered. Mainstream interpersonal violence services have been critiqued as being designed on the basis of White middle-class service assumptions about survivors' needs (Donnelly et al., 2005). Survivors who are LGBTQ, low income, and/or from communities of color are reluctant to seek formal services because services do not either meaningfully reflect needs or increase safety. From an intersectional perspective, these interpersonal violence services tend to fail survivors in three primary ways: (1) not valuing survivors' expertise about their needs; (2) not reflecting survivors' cultural values, identities, and contexts; and (3) not accounting for survivors' non-safety-related needs (Kulkarni, 2018).

Mainstream interpersonal violence service delivery has evolved toward service provision that is more professionalized and more likely to involve the criminal justice system (Richie et al., 2021). Although there are significant variations in interpersonal violence service delivery, the trend has largely been toward legal and therapeutic

interventions that prioritize professional diagnosis and standardized assessments over survivor-directed practice. Survivors from marginalized communities are more distrustful of professional helpers in formal systems than are White survivors for legitimate reasons, including the fact that survivors of color are more likely to experience police violence and have their children removed by child protective services than White women (Bent-Goodley, 2009; Richie et al., 2021).

Survivors from marginalized communities may also experience microaggressions—commonplace verbal or behavioral identity-based indignities that reflect cultural stereotypes—in interpersonal violence service delivery. These stereotypes shape perceptions of the needs, behaviors, and motivations of non-White survivors. These range from White service providers' assumptions that Black and Brown people do not want formal services because of the "close-knit" nature of their communities to perceptions and judgments about Black female survivors being "loud" or having unacceptable child-rearing practices (Bent-Goodley, 2004). A study on microaggressions in domestic violence shelters revealed that Black survivors were treated by staff as though they were lazy or undeserving (Nnawulezi & Sullivan, 2014). Similarly, heteronormative stereotypes are reflected in service providers' reluctance to serve male or LGBTQ survivors of same-sex partner violence (Bermea et al., 2019).

Finally, survivors from marginalized populations have priorities that typically extend beyond their experiences of interpersonal violence and reflect their intersectional circumstances. For example, immigrant survivors may have immediate fears about deportation or isolation from their cultural communities; low-income survivors may be worried about medical expenses, food security, and eviction; and Black survivors may be concerned about child welfare involvement that results in them losing their children (Bent-Goodley, 2004; Bermea et al., 2019; Kiamanesh & Hauge, 2019). Not every survivor has the same collection of concerns, regardless of their identities or circumstances, which makes an intersectional lens even more critical.

Intersectional Trauma-Informed Practice

An intersectional trauma-informed practice framework can help to reduce disparities by enhancing multilevel IPV prevention and intervention strategies. An intersectional lens foregrounds the social power dynamics associated with trauma and oppression, and a trauma-informed approach centers the role of trauma as it relates to what people affected by interpersonal violence need and how they seek and receive help. Social workers inhabit many systems that neglect or even harm oppressed communities when it comes to interpersonal violence and its aftermath. As such, social workers have the opportunity and responsibility to reverse oppressive practices, programs, and policies.

Figure 1.1: Intersectional Trauma-Informed Approach
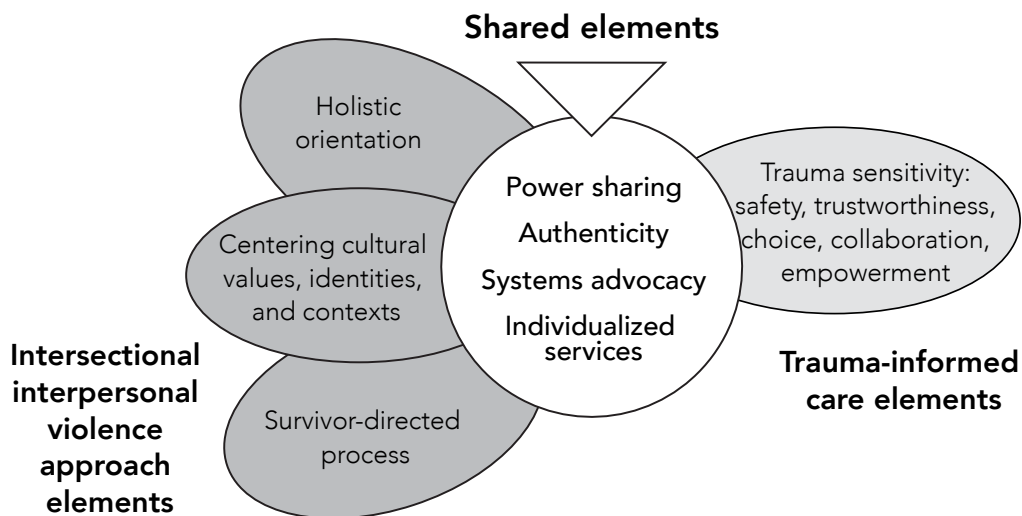
An intersectional trauma-informed framework integrates shared aspects of a survivor-centered, holistic, and trauma-informed care service delivery approach to narrow service gaps experienced by marginalized populations (Figure 1.1).

Intersectional trauma-informed practice is defined by four key elements: (1) power sharing, (2) authenticity, (3) individualized services, and (4) systems advocacy (Kulkarni, 2018). These elements can be reflected at all levels—micro, meso, and macro—of social work practice related to IPV prevention and intervention.

Power Sharing

Both trauma and oppression are fundamentally rooted in relationships that have an unequal power distribution. Equalizing power in unequally structured relationships is an essential process for healing, repairing, and transforming the impacts of interpersonal violence. This is even more the case when violence is experienced by people who have been marginalized in other ways. These social power inequalities are unescapable and exist in the differences in knowledge that clients and service providers have about each other, in the disproportionate resource levels within and between organizations that provide social services, and between well-funded service organizations and the marginalized communities they serve.

Power sharing helps clients to have more autonomy in their healing process and lives. Intersectional trauma-informed practices seek to increase client empowerment

by prioritizing survivor decision making; creating opportunities for survivors to take the lead in framing their narratives, intentions, and concerns; and ensuring as much autonomy as possible in the help-seeking process (Kulkarni, 2019). Many systems utilize some version of the medical model, in which people affected by interpersonal violence are diagnosed, evaluated, and/or assessed to determine their service needs. In such systems, service providers are experts who not only wield significant power over people's access to services and resources but also have the power to label people as disordered or deviant. In contrast, service delivery models with shared power view clients as the experts on their own needs. Service providers support client empowerment by helping them to identify strengths, clarify goals, develop skills, and increase access to social supports and resource networks.

Although some theorists have emphasized the individual implications of empowerment, critics offer a more expansive construction of empowerment connected to restoring collective agency for disenfranchised groups (Cattaneo et al., 2014). *Institutional oppression* refers to how organizations and systems perpetuate inequities in treatment of, policies toward, opportunities for, and impacts on socially marginalized communities. In other words, institutions, such as mainstream organizations that address interpersonal violence, tend to operate, often unconsciously, in ways that support white supremacy as the status quo. For example, vulnerability assessment tools used by many communities to determine housing prioritization are purported to offer objective evaluation to rank community members most urgently in need of housing. In reality, research suggests that these tools have racial biases that result in White people receiving higher vulnerability scores and Black women scoring as least vulnerable and therefore having the lowest priority as a group for housing (Cronley, 2020). Nnawulezi and Young (2021) suggested that prioritization tools in general reflect a White-dominant cultural value to invest in efficiencies rather than choice. Social workers should be aware of how deeply and historically social services have been interwoven with the control, management, and disempowerment of marginalized populations and advocate for changes in practices.

Social workers must begin with an honest inventory of their own positionality. Positionality encompasses all the ways in which a person's unique social position affects their identities and access to power. Intersectionality illustrates how fluid and contextual these experiences are. As such, it is incumbent on each person to examine the evolving constellation of their own privileges in each relationship and situation. For example, an administrator who is a woman of color may have supervisory power over a White male subordinate in a traditional organizational hierarchy. At the same time, this subordinate has social privileges that may allow him to be perceived as having authority and credibility within and outside of the organization that the supervisor may

not have. In this case, both the supervisor and supervisee should be supported in their efforts to equalize power differences in ways that are affirming and mutually beneficial. Flattening an organizational hierarchy or changing organizational culture can help to redistribute power within an organization. However, the organization must also apply an antioppressive lens to equalize unacknowledged power dynamics between coworkers related to social status (Kulkarni et al., 2023).

Social workers should also be committed to sharing power with people, culturally specific grassroots organizations, and communities affected by interpersonal violence so those affected can lead in the creation and implementation of solutions. Social workers can work toward equalizing power within partnerships by providing language access, financial compensation, accessible meeting locations and times, opportunities for colearning, and trauma-informed care (Ghanbarpour et al., 2018). Becoming more inclusive must be also accompanied by power sharing and transformation of internal organizational culture and practices. FreeFrom, an antiviolence organization that prioritizes the hiring of people of color with lived experiences, recognizes the importance of staff enjoying financial stability and wellness to fully share their unique, talents, insights, and passions. As a result, all FreeFrom staff are paid a minimum salary of $80,000, which is slightly above the current living wage for households in Southern California where the organization is based (Doyle et al., 2021). Finally, community-based participatory research methods in which researchers and community partners work closely together are needed to expand the evidence base for equitable interpersonal violence services that reflect community partners' values and priorities (Goodman et al., 2018).

Authenticity

To truly share power, people must transcend their assigned specific roles within the helping process, hierarchical organization, or structured society. They must be willing to be seen with all their complexity and imperfections—to show up as their authentic selves. Authentic connection requires presence, critical reflection, and openness to change (brown, 2017). Authenticity is interwoven with and relies on social work ethical principles to value relationships and affirm the dignity and worth of all people. People who have been traumatized by interpersonal violence need the safety and trust that authentic connections provide to restore their sense of personal power and allow for healing and growth (David et al., 2015).

Intersectional trauma-informed practice creates opportunities for authentic interactions in which people have more choice about how they bring their full selves into spaces that they choose. As previously noted, resource scarcity creates barriers between service providers and clients (Kulkarni et al., 2012). Authentic collaboration

is challenging when service providers control (or are perceived to control) access to needed resources or services that those seeking help desperately need. Under these conditions, help seekers may attempt to present themselves and provide information in a manner that will increase the likelihood that they will receive what they need. For example, Black domestic violence survivors seeking financial assistance have employed strategies such as dressing down, sharing their worst experiences, or forgoing food benefits so that community resource assessors would approve their requests for financial assistance (Nnawulezi & Young, 2021). Survivors have reported that these experiences were degrading and that they resented what they perceived as unnecessary intrusions into their lives for the purpose of receiving limited assistance (Kulkarni & Notario, 2020). Under these conditions, service providers may begin to see their role as assessing the truthfulness or worthiness of help seekers, which prevents them from simultaneously being authentic (Kulkarni et al., 2012). Intersectional trauma-informed practice encourages social workers to understand these dynamics and respond with empathy and compassion and without judgment.

At a beginning level, programs can affirm that people of all identities are welcome by hiring diverse staff; showing respect through use of pronouns and language; and creating inclusive physical spaces signified by art, food, and other forms of culture. At the next level, service providers should identify and examine the assumptions and stereotypes they bring about clients, the helping process, and themselves that hinder authentic communication. Service providers hold conscious and unconscious stereotypes about how people are impacted by interpersonal violence on the basis of their own life experience and cultural norms. Encountering clients or situations that defy these stereotypes may be confusing or disturbing. Social workers may work with perpetrators of domestic violence who are victims of childhood abuse; human trafficking victims who want to return to those who have exploited them; trauma survivors who seem numb or indifferent to their experiences of trauma; and clients who are angry instead of grateful for the assistance they are provided. In these moments, social workers can encourage authenticity by being curious, open, and willing to see beyond what is being presented to them. Service providers might have a different set of expectations for themselves as professionals expected to be efficient, knowledgeable, objective, and infallible. These expectations can be a barrier to authentic engagement with clients and over time may result in burnout (Kulkarni et al., 2013). Organizations have an important role to play in creating a culture in which interpersonal violence service providers can be vulnerable and resilient. Individual and peer supervision can be powerful tools to support, challenge, and nurture service providers so that they can authentically engage in difficult work.

To have relationships that are mutually beneficial rather than transactional, organizations should seek authentic engagement with partners whose values and

mission align with theirs. Organizational leadership should strive for open communication about how partners will work together, manage conflict, and repair issues. Partners should identify unique strengths and create opportunities to learn together and from one another. Social workers should also recognize that some collaborations may move organizations into conflict with communities that the organization seeks to serve (Jacobs et al., 2021). This has been particularly true of collaborations with systems such as law enforcement and child welfare, which have historically surveilled marginalized communities.

Individualized Services

Intersectional trauma-informed care understands that people are multifaceted and experts on their own lives. When social workers respond to those affected by interpersonal violence, they should provide services rooted in each individual survivor's goals, priorities, needs, and preferences. Although some people affected by interpersonal violence need extensive and long-term support and intervention, others may need one-time or time-limited intervention. Being able to individualize services to meet clients' immediate and evolving needs is crucial.

Service providers must be supported with an array of available resources to offer clients for individualized services. Many programs designed for people who have experienced interpersonal violence offer a narrow range of violence or safety-related services. However, actual service needs may be related to clients' children, food security, health, finances, or housing (St. Vil et al., 2016). Victim service providers have become more specialized in addressing safety through emergency shelter, legal services, and counseling. These same providers often lack equivalent expertise in housing, employment, and other topics that reflect the lived experiences of help seekers. Moreover, access to resources, such as affordable housing and living-wage jobs, is limited and even more out of reach for intersectionally oppressed people who experience housing and employment discrimination (Kulkarni & Notario, 2020).

Individualized services should be low barrier and delivered in an antioppressive and culturally competent manner. During the coronavirus disease 2019 pandemic, mainstream interpersonal violence programs were forced to experiment with new practices—such as virtual advocacy and flexible funding—that were previously rejected and deemed to be too risky or impractical to implement. Advocacy delivered virtually increased access to counseling and case management services for many people by reducing transportation or time barriers. Flexible funding, or small direct cash awards, allows people who receive funding to decide how to use funds in ways that best suit their needs. Flexible funding requires that service providers trust help seekers to make

decisions that are best for their lives. It should be noted that although these were new practices for mainstream programs, culturally specific and survivor-led organizations have successfully engaged in flexible funding and virtual advocacy practices for quite some time. Other culturally specific organizations have embraced noncarceral practices, including restorative and transformative justice approaches (Kim, 2018). These grass-roots organizations are innovating adaptive, culturally responsive, survivor-centered practices that can serve as examples for the entire field. More funding should be provided to culturally specific, survivor-led organizations because they are best positioned to respectfully address the needs of marginalized survivors and communities.

Organizations should have diverse leadership and frontline staff to better understand and respond to the needs of all people affected by interpersonal violence. Programs that address interpersonal violence have a singular responsibility to those who have been victimized, and therefore the voices, guidance, and leadership of diverse survivors are paramount. Policies should support these practices, new collaborations, and diverse perspectives that challenge what and how services should be offered. Interpersonal violence programs that receive Family Violence Prevention and Services Act (FVPSA; 2010; P.L. 98–457) funding must utilize a voluntary service model, meaning that clients cannot be required to participate in programming to receive services. As a result, domestic violence and human trafficking survivors staying in FVPSA-funded domestic shelters cannot be mandated to participate in specific services as a condition of being in the shelter.

Systems Advocacy

Systems advocacy is an essential aspect of intersectional trauma-informed practice and of the social work response to interpersonal violence. The social work profession has embraced an ecological systems framework. Social workers who address interpersonal violence advocate on behalf of their clients and oppressed communities. As such, social workers are committed to creating change within the network of systems that serve people affected by interpersonal violence. Systems change can have significant and broad impacts. For example, the Los Angeles Domestic Violence and Homeless Services Coalition embedded domestic violence advocates within their housing coordinated entry system (Kulkarni et al., 2021). The advocates' role was to improve housing access for domestic violence survivors being served by domestic violence programs and increase safety and trauma-informed care for survivors in the homeless services system. Although advocates provided some direct advocacy for individual survivors, their primary function was to provide systems advocacy. Because they worked at the nexus of the domestic violence and homelessness systems, they

were able to leverage their relationships, dual knowledge base, and advocacy skills to improve both systems (Kulkarni et al., 2021).

Interpersonal violence responses have been criticized by marginalized communities as overfocusing on the interpersonal aspects of violence while obscuring the structural and state oppression that contributes to the underlying conditions for the expression of violence. Systems advocacy can shift the emphasis of systems toward structural change while continuing to make more incremental advances within existing systems. Systems advocacy can be aimed at improving the choices of survivors of interpersonal violence within their communities whether these choices concern issues of safety, housing discrimination, racial equality, or reproductive justice. Broader efforts focused on eliminating oppression and reducing poverty, income, and wealth inequity benefit socially marginalized, historically oppressed, and low-income people affected by interpersonal violence in ways that enhance their resilience and improve their lives. Engaging in social action may be necessary to help survivors overcome structural and resource barriers associated with income inequality. Culturally specific interpersonal violence programs are often already involved in systems advocacy to positively affect those policies or community issues that most affect their populations, whether that be affordable housing, economic development, police violence, or immigration policies. Finally, trauma-informed care approaches invest in changing service delivery systems to become less triggering and more responsive to survivor needs.

Conclusion

Interpersonal violence disproportionately harms socially and economically marginalized people and communities. Social workers are uniquely positioned to reimagine interpersonal violence prevention and intervention strategies using an intersectional trauma-informed framework.

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