



You must not lose faith in humanity. Humanity is an ocean; if a few drops of the ocean are dirty, the ocean does not become dirty.

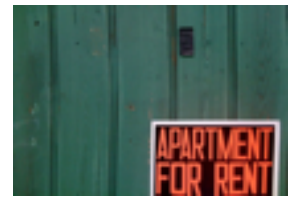
-Mohandas Gandhi



PREGNANCY AND VIOLENCE



BOOK REVIEW:
THE MINDFULNESS COLORING BOOK



HOUSING PROBLEMS OF LOW-INCOME RENTERS

Safety Concerns in our Profession

In light of the recent tragic shooting death of Social Worker Lara Sobel of Vermont in August, we would like to remind our members to continue to exercise caution in our daily work.

According to a 2000 U.S. Bureau of Labor Statistics report, 48% of all non-fatal injuries from assaults and violent acts in an occupational setting took place in health care and social services settings. This report also noted that social workers had an incidence rate of 15 per 10,000 full-time workers for injuries resulting from assaults and acts of violence. Ringstad (2005) reported the results of a national study of 1,029 NASW members, finding that: 62% had been subject to psychological aggression in the past year, with 85.5% experiencing this at some point in their careers. 14.7% had experienced physical assault perpetrated by clients in the past year, with 30.2% having experienced this at some point in their career.

We as a society perpetuate violence, where significant societal problems, such as unemployment, poverty, and lack of health and mental health services support violent reactions to those who may become hopeless and angry.

-As a Social Worker we have significant power over the client especially in situations where we have a job that involves interpreting government regulations and mandates and dispensing resources that clients desperately need and sometimes are not able to provide. The power we have over parental rights or personal rights and making decisions can distress and anger the client.

--There are political issues and policy shifts that have created conditions that increasingly place social workers at risks. For example, as our economy has tanked and our government has cut back on certain types of institutional support that we use to rely on and our clients use to rely on, the number of those needing public assistance and other social services have increased. Budget cuts in our agencies, the ensuing understaffing of social services and rising case loads have also led to increased vulnerability for social workers.

-A number of indicators also suggest that the settings of violence are varied; there still remain some settings that have a higher risk but don't assume that you are safe just because it has not happened in your workplace. We can no longer assume it only occurs outside of the office, in the home or community of the client. We have heard of safety issues from those serving children to the aged, from agency based to community based service providers.

-With our current economy and the significant cuts in resources we are seeing social workers carry significant client loads at a rate where the social worker no longer knows their client. Organizations are limiting supports for workers such as providing panic buttons, safety courses, and the ability to go out as a team in a potential unsafe environment are just a few of the impacts. There are reports nationwide of numerous agencies using male social workers as sort of an informal security force but without providing them with adequate training or hazard pay.

Where to begin to address this issue:

-Start with information such as understanding risk factors for violent behavior.

-Understand that client violence toward social workers is not a rare event

-The risk varies according to where one works

-Male social workers are at a significantly greater risk of experiencing client violence than female social workers

-Experiencing an incident of client violence exacts an emotional toll on the social worker involved

-Take a systems approach; Recognize that violence is not a static individual attribute, rather, violence is an attribute of individuals

within certain situations and environmental contexts, i.e. the person-in-the-environment; Always interpret the client's emotional status and behavior within the context of his/her social/environmental system.

-Demographic Risk Factors

-Young Age

-Male Gender

-Clinical Risk Factors

-High Risk Psychiatric Symptoms (delusions, hallucinations, violent fantasies)

-Personality Features (anger, emotion dysregulation, impulsivity)

-Personality Disorder (antisocial, borderline)

-Substance Abuse (especially alcohol)

-Biological Risk Factors

-Low Intelligence Quotient (IQ)

-Neurological Impairment

-History of violence;

-Social and family history (early exposure to violence)

-Experiencing severe abuse by a parent or other caretaker or being a witness to domestic violence;

-Being severely neglected or rejected by parent/caretaker;

-Parental psychiatric illness and/or drug or alcohol abuse;

-Tacit parental approval of cruelty toward other people or animals.

-Work history (economic instability, unemployment);

-History of psychiatric treatment and/or hospitalization, especially if involuntary;

-Level and quality of social support

-Peer pressure from peers who endorse violence

-Influence of popular culture

-Means for violence

-Accessibility of the potential victim

If you have not had training on how to handle a potentially violent client, seek out that training – which may be in a workshop or through the literature. Utilize your clinical skills to deescalate the situation, remain calm, show respect, and never make promises you cannot keep. Above all listen and seek to understand

NASW Safety standards <https://www.socialworkers.org/practice/naswstandards/safetystandards2013.pdf>

NASW-OH <http://c.ymcdn.com/sites/www.naswoh.org/resource/resmgr/imported/Client%20Violence%20and%20Social%20Worker%20Safety.pdf>

Letter from the President

SEPTEMBER 2015

*Board President
Eddie Mersereau,
LCSW, CSAC*



This letter from the President has been removed by the directive of the National NASW office.

NASW HAWAII
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When Pregnancy Triggers Violence: Facts to know about the danger of abuse during pregnancy

Mamas-to-be average about 12 to 13 prenatal visits from the time they find out they're expecting to when the baby arrives. During these visits, they are routinely screened for high blood pressure, anemia, gestational diabetes, chromosomal disorders and preeclampsia, among others. Yet, there's one condition they're hardly ever screened for but which some research suggests they're more at risk for than anything else—intimate partner violence.

According to the CDC, intimate partner violence (IPV), or domestic violence, affects as many as 324,000 pregnant women every year in the U.S. from every age group, religion, ethnicity, socioeconomic level and educational background. And that number is thought to be significantly higher because most incidents of IPV are never reported, according to CDC research. IPV can come from either current or former spouses or boyfriends/girlfriends and doesn't only include physical abuse, but can also be sexual, psychological or emotional in nature.

Below, some frightening, but important, stats and facts to know about IPV and pregnancy.

*Studies show IPV increases the risk factor for delayed prenatal care, possibly because abusive partners are preventing women from leaving their home, or because a woman is missing appointments because of injuries or fear of abuse being discovered because of evidence of injuries, reports the World Health Organization (WHO).

*IPV increases behavioral risk factors in pregnant women, such as smoking, drug or alcohol abuse, possibly because these are coping mechanisms for survivors.

*IPV during pregnancy has been found to lead to higher rates of preterm labor and low birth weight, as well as higher rates of miscarriage and abortion.

*The National Coalition Against Domestic Violence (NCADV) reports that roughly 25 percent of women who are being physically or sexually abused by their partners also report reproductive coercion, or being forced to become pregnant. Read more about that in this DomesticShelters.org article, "He's Forcing Me to Get Pregnant."

*WHO reports that physical, sexual and psychological violence during pregnancy is associated with higher levels of depression, anxiety and stress in expecting women. Survivors also report more frequent problems bonding with their babies and have lower rates of breastfeeding.

*The majority of women who experience physical violence during pregnancy have been battered by their partner before, according to WHO.

*WHO also reports that IPV during pregnancy is linked to an increased risk of intimate partner homicide. In other words, partners who batter pregnant women are often particularly more dangerous and more likely to kill their partners.

*Homicide was found to be the second-leading cause of injury-related death for pregnant women, after car accidents, in a study by the National Institutes of Health. The NCADV found that between 1990 and 2004, 1,300 pregnant women in the U.S. were murdered, with 56 percent being shot to death (the rest were stabbed or strangled). More than two-thirds were killed during their first trimester.

*The NCADV also found that 26 percent of pregnant teens in the U.S. reported being battered by their boyfriends. Approximately half reported that the abuse began or intensified when the teens found out they were pregnant.

*During one survey, only 18 percent of pregnant women seen at an urgent care triage center were asked by the physician about intimate partner violence.

If you are experiencing abuse or know someone who is, you can reach a domestic violence advocate 24 hours a day, seven days a week, confidentially, at The National Domestic Violence Hotline, 800-799-SAFE



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An evening with Master
Navigator Nainoa Thompson
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Join us for food,
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stories about the
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<https://www.eventbrite.com/e/malama-honua-worldwide-voyage-tickets-18301074005>

Advertise in the NASW newsletter! Reach over 900 social workers in Hawai'i!

Advertising Rates Line classified: \$4.00 per line, approximately 35 characters, with a 5 line minimum.

Display advertisements with borders: business card size = \$30; 1/4 page = \$50; 1/2 page = \$75; full page = \$115.

Deadline for Receipt of articles: Usually the last Friday of the month for the following month. Call the Chapter office to verify the next printing of the newsletter and website posting (rates are per month).

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Subscription Rate for non-members: \$20/year; Mailing labels one time rental= 25 cents per label.

Send information to: NASW Hawai'i Chapter, 677 Ala Moana Blvd. #702, Honolulu, HI 96813, Phone: 521-1787, Fax: 628-6990

NASW reserves the right to accept, reject or edit advertisements, articles and notices of events based on publication schedule, space limitations, and appropriateness. Publication of advertising copy does not constitute endorsement or approval of the contents therein of a book, other publications, points of view,

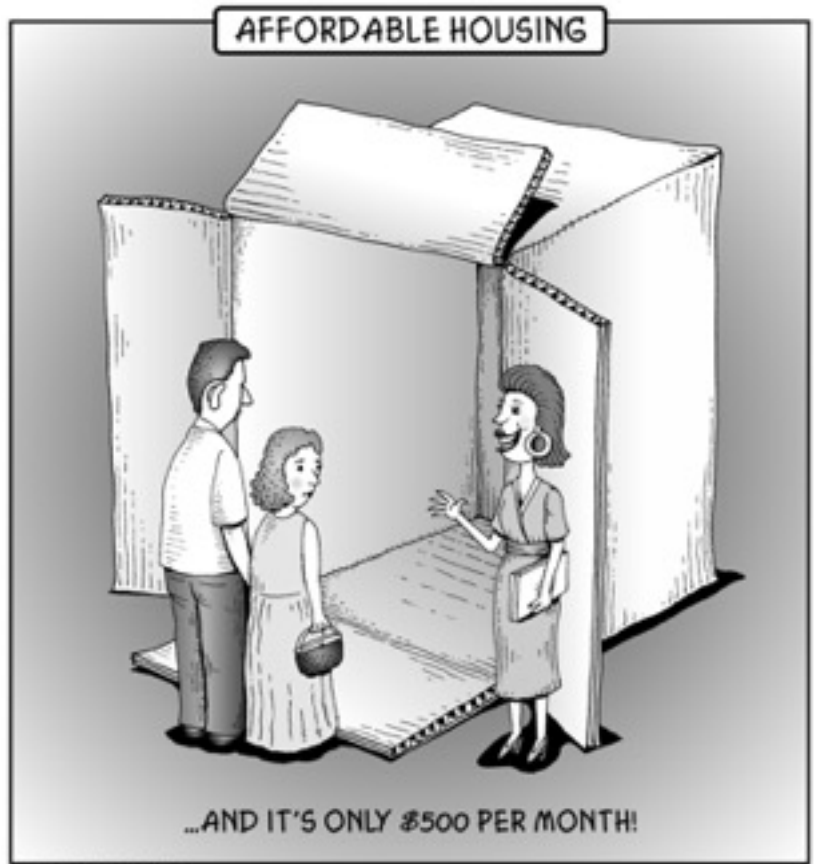
Housing Problems of Very Low-Income Renter Households

HUD's Worst Case Housing Needs: 2015 Report to Congress is a nationwide assessment of severe housing problems facing very low-income renter households in 2013 based on American Housing Survey data. Very low-income renters are those who earn less than 50 percent of the area median income (AMI), and include a significant proportion of extremely low-income renters (who earn less than 30 percent of AMI). Households with worst case needs are defined as very low-income renters who do not receive government housing assistance and who pay more than 50 percent of their income for rent, live in severely inadequate conditions, or both.

This biennial report investigates causes and trends in worst case housing needs, with special emphasis on changes during the 2011 to 2013 period, by examining the extent of these needs as well as the availability of affordable rental housing. An affordable housing unit is defined as one whose total rent (rent plus utilities) does not exceed 30 percent of the household's maximum income. The report describes the prevalence of worst case housing needs by demographic category, assesses the supply of affordable housing by geography and income level, and analyzes the relative influence of demographics, market conditions, and the supply of government-provided housing assistance.

Major Findings

The researchers discovered a modest but significant decline in the number of very low-income rental households experiencing worst case housing needs from 2011 to 2013. In 2013, 7.7 million very low-income renter households, or 41.7 percent of the very low-income renter population, had worst case housing needs. The number represented a 9 percent decline from a record high of 8.5 million in 2011 and the first decline in worst housing needs since the 2005 to 2007 period. Between 2007 and 2011, the economic and foreclosure crises triggered a 43 percent increase in worst case housing needs. Although the decrease during the latest period suggests that economic recovery has benefited low-income renter households, the number of U.S. renters encountering housing problems remains high across population subgroups, household types, and geographies. (households paying more than 50 percent of their income in rent); severely inadequate housing without severe rent burden was responsible for 3 percent of the total.



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The relatively small percentage of worst case needs caused by inadequate housing reflects an overall improvement in the quality of the housing supply in the past few decades. The physical adequacy of rental housing options for extremely low-income renters, however, remains a concern. Researchers apply the concepts of affordability, availability, and adequacy when comparing the number of extremely low-income renters with the number of units available to them. Using these three measurements, researchers found that 12 percent of affordable and available units for extremely low-income renters had severe deficiencies.

The primary cause of worst case housing needs, affecting 97 percent of cases, was severe rent burden. Of four household types, families with children accounted for the largest share (40%) of worst case housing needs in 2013. The number of worst case needs among families with children decreased by 12 percent since 2011, and the proportion of very low-income renter families with children that experienced worst case needs in 2013 decreased by 2.5 percentage points as the proportion with housing assistance increased by 1.5 percentage points. Declines in worst case needs were also evident in terms of race and ethnicity. From 2011 to 2013, worst case housing needs as a proportion of very low-income renters decreased by 1.9 percentage points for non-Hispanic whites, 4.0 points for non-Hispanic blacks, and 1.3 points for Hispanics. In addition, 14 percent of the 7.7 million renters with worst case housing needs were non-elderly people with disabilities; the number of worst case needs among such households was 17 percent less than in 2011 but 10 more than in 2009.

According to the researchers, 70 percent of the reduction in worst case housing needs cases during the time period can be attributed to demographic changes. Increases in the overall number of households and the share of households who are renters contributed to increases in worst case housing needs by adding demand for rental units. But these trends were offset by two other factors: an increase of 7.2 percent in median renter income between 2011 and 2013 and an increase in the proportion of very low-income renters receiving housing assistance. The net effect of these demographic changes reduced the very low-income population susceptible to worst case housing needs while also contributing to a modest decline in the prevalence of worst case housing needs among that population.

Implications

Although the overall decline in worst housing needs between 2011 and 2013 is encouraging, several observations from this report illustrate that worst case housing needs remain a national problem. In assessing rental units nationwide that were available and affordable at rent levels for different income categories, researchers discovered that higher-income renters occupied 40.8 percent of units affordable to extremely low-income renters. Moreover, 65 units were affordable and available per 100 very low-income renters, declining to only 39 affordable and available units per 100 extremely low-income renter households. In addition, the rental vacancy rates in 2013 show that the most affordable units are those least likely to be vacant. Only 5.1 percent of units affordable at income levels between 0 and 30 percent of AMI were vacant compared with 11.6 percent of units at the highest rent levels. To address this variation in vacancy rates, the report notes that housing vouchers can make vacant units with higher rents available to very low-income renters. In addition, of the 18.5 million very low-income renters in 2013, 41.7 percent experienced worst case housing needs and did not receive assistance compared with 25.7 percent of households who did. These findings confirm that a comprehensive housing assistance strategy at the federal, state, and local levels is needed to address the affordable housing gap.

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http://www.huduser.org/portal/pdredge/pdr_edge_research_061515.html

Book Review: The Mindfulness Coloring Book

Yes, you read the heading right, I have chosen a coloring book for this month's book review. I would like to state for the record that I have not gone off the deep end but instead have been drawn to explore this book since I heard about it. "A coloring book?!?", you say. Bear with me, this will be worth it.

This pocket sized tome was designed to be portable art therapy for busy people and a novel way to reduce stress for adults. Like many of you perhaps, I have not colored in a coloring book since childhood, but found myself enjoying the coloring in the whimsical and complex drawings in this book, which remind me of a combination of Scandinavian textile patterns and Japanese wood block prints. It was wonderful to slow down and simply focus on my choice of colors and staying inside the lines in the intricate line drawings. I can envision this little book becoming a staple of my work bag (along with a handful of colored pencils) to use as a healthier alternative to diving into my smart phone when I am waiting or need a little break. This book gives us Social Workers an opportunity to practice the Mindfulness techniques that we so often preach and to take a moment to implement some self-care between clients or meetings and finding a way to carve out a few moments for ourselves.



-Reviewed by Sonja Bigalke-Bannan, MSW, LSW

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<p>Trauma Informed Care</p>	<p>When: September 19, 9a-12p, 3 CEUs Cost: \$35, \$25 for HPU alumni</p>	<p>Place: HPU Windward campus, 45-045 Kamehameha Hwy, Kaneohe, HI 96744</p>	<p>http://www.hpu.edu/CHSS/SocialWork/blocks-home-rightcol/2015CEUsNASWapproved.pdf</p>
<p>The Self-Care Workshop: Caring for yourself & the Ethical Considerations of Burnout, Compassion Fatigue & Secondary Trauma</p>	<p>When: Thursday, October 8, 2015, 9a-4p, 6 CEUs, Cost: \$90 NASW members, \$120 non-members, \$50 students. Cost includes lunch</p>	<p>Where: YWCA Laniakea, 1040 Richard Street, Honolulu</p>	<p>www.naswhi.org</p>
<p>Hawaii Public Health Conference "Health is Everyboby's Kuleana"</p>	<p>When: October 9, 2015, 7 CEUs Cost: HPHA member \$100, non-member \$125, student \$60</p>	<p>Where: Hawaii Convention Center</p>	<p>https://www.regonline.com/builder/site/Default.aspx?EventID=1720586</p>
<p>Ethical Practice & Technology</p>	<p>When: October 9, 9a-12p, 3 CEUs Cost: \$35, \$25 for HPU alumni</p>	<p>Where: TBD</p>	<p>http://www.hpu.edu/CHSS/SocialWork/blocks-home-rightcol/2015-7-29_CEU.pdf</p>
<p>Hawaii Social Worker Ethics Continuing Education Workshop</p>	<p>When: October 10, 9a-12p, 3 CEUs Cost: \$75</p>	<p>Where: Chaminade University, 3140 Waialae Ave, Honolulu</p>	<p>https://www.eventbrite.com/e/hawaii-social-worker-ethics-continuing-education-workshop-tickets-18407173351</p>

Kōkua Kalihi Valley Comprehensive Family Services

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