



## Domestic Violence and Health: A Vital Focus

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The herstory of the battered women's movement has been intertwined with the legal system for most of the past thirty years. Initial strategies for ending violence against women determined that domestic violence should be a crime. We organized to write new laws, train law enforcement and judges. We educated and advocated for enforcement of existing laws.

We learned in the process that some battered women were being arrested under the laws that were written to help them. We wrote new laws like the primary aggressor law we have in Florida. Especially battered women of color and lesbians told us they would never call the police. Historic racism and homophobia in the US made some women justifiably afraid that laws would not be enforced fairly. Having to "come out" in order to receive assistance from law enforcement was too dangerous. In shelters less than half of the women who fled for safety had interactions with the legal system.

What other ways could we reach battered women that would be more accessible and less dangerous for all? We began to explore the health effects of violence against women and children. In FL we recognized the value of educating doctors and nurses who had opportunities to observe battered women over a period of time. Battered women went to emergency rooms for help. Their injuries were treated but no one seemed to have the time or training to ask what was happening to her. Nurses and doctors had their suspicions but they did not know what to do. They did not feel equipped to help beyond treatment of her injuries. In Florida we passed legislation that requires medical personnel to take an hour of domestic violence education in order to renew their licenses. We hoped to educate them to recognize the problem and refer to local domestic violence centers.

Nationally, The Family Violence Prevention Fund ([www.endabuse.org](http://www.endabuse.org) or toll free 1-888-Rx-ABUSE or 1-888-792-2873) has been the leader in connecting between domestic violence and health. In October a major conference, "Health Consequences of Abuse over the Lifespan" was held in Boston with over 900 people attending. Many presenters were health care professionals from around the nation doing important research on the health effects of domestic violence on women, children and men. The conference was a skillful blending of the stories of survivors with academic research and advocacy. Keynotes described the links between obesity and women who have been rape and domestic survivors; strategies for advancing and integrating violence with professional health education; improving health care for abuse survivors with co-occurring addiction and mental health issues; strengthening the global response to violence prevention; promoting resiliency and prevention to reduce the impact of family violence; and shaping the direction of family violence research.

The conference provided workshops in 12 tracks, including children and adolescents; culture, communities and health care's response; assessment, intervention and program evaluation; co-occurring issues; role of public health; educating and engaging providers; economic, legal, ethical and delivery issues for health care; international response; responding in specific settings; special topics; survivor perspectives and community based advocacy.

Wendy Loomas Violence Prevention Coordinator for the Pinellas County, FL Health Department and Linda Osmundson, CASA, presented along with four others on a panel on "Model Statewide Public Health Responses to Domestic Violence. The other teams that presented began their public health responses from the statewide level with collaboration between the state coalition and the state health department. Florida's initiative began from the grassroots with the efforts of Ms. Loomas from the Health Department and The Haven of RCS and CASA. In, our local initiative we worked together to create and test a new screening form and corresponding policy, then trained nearly 600 Health Department staff to routinely screen all female clients age 14 and older for domestic violence. She also successfully advocated for this initiative to become statewide. Regional meetings were held around the state with local health department domestic violence center staff to encourage working together to provide training, resources and referrals. Ms. Loomas and Ms. Osmundson both advocate for more involvement and better collaboration between FCADV and the Florida Department of Health as modeled by the other presenters. For more information you may e-mail [Wendy\\_Loomas@doh.state.fl.us](mailto:Wendy_Loomas@doh.state.fl.us).

Ms. Loomas and Robin Hassler Thompson, JD, from Tallahassee and consultant for FCADV presented on Human Trafficking of Women and Girls, Domestic Violence and the Role of Health Care providers. The workshop began with a short trafficking presentation and then focused on how health care providers can look for trafficking victims, how they can help, and current health issues for victims.

A fascinating workshop addressed linked the faith community with health and domestic violence. This was a panel representing three communities. Presenters from Connecticut spoke about how they work in the mental health field with victims and survivors, and how they always include a faith/spirituality component in their therapy. Dr Sweets Wilson discussed how most of her patients dealing with abuse had a spiritual connection but it was often ignored when they were provided support services. She handed out a list of Bible references related to domestic violence and stated she had the same information from the Koran and the Torah.

Two nurses from Tacoma, Washington shared their clergy survey about domestic violence that showed 50% of pastors believed this was not a problem in their congregation, including one who stated it couldn't possibly be a problem because his congregation was all military and retired people! Two presenters from Knoxville, Tennessee shared information from their two local clergy conferences on domestic violence and how to successfully engage clergy and parish nurses. A member of the audience described anonymously surveying congregants about domestic violence in their own lives. The results were shared with pastors to help them understand that domestic violence was a problem in their congregation.

For the mental health track, Carol Warshaw, MD, spoke about building collaborative models between the mental health and the domestic violence advocacy communities. The challenge is to develop common language and common respect for our respective

expertise in order to be able to really help the women and children we serve who need us both. Advocates describe philosophical concerns when the mental health community diagnoses survival strategies as disorders; prescribes medications without links to other services; recommends couples counseling and fails to recognize the importance of domestic violence advocacy. The mental health community frequently lacks resources; faces a diagnosis driven reimbursement system and discriminatory insurance practices and the abuser's control of the health insurance.

Advocates indicate that 30% to 50% of women we serve have some mental health symptoms with depression as the most common. Other common symptoms include post traumatic stress disorder, anxiety, panic attacks, and substance abuse. However, most symptoms resolve once a woman is safe. Dr. Warshaw teaches that with the emergence of trauma theory, symptoms women experience can be destigmatized. The trauma model is closer to the domestic violence advocacy model but the assessment process must be depathologized; we must counter the abuser's ability to undermine and control and assist in establishing a sense of safety, connection, trust and choice and help the survivor to develop skills and access resources for support. Dr. Warshaw went on to emphasize the need to link progressive agenda to address the social roots of the problem.

Attorney and survivor, Olga Trujillo, spoke eloquently about the trauma of violence on her life and developing trusting partnerships with her doctors to enable her to be proactive about her own health care. Domestic violence researcher, Jacquelyn Campbell, PhD, RN spoke about listening to patients who can tell us what works to protect patients from harm and to prevent violence for future generation.

Several nurse practitioners spoke about successfully operating health clinics in shelter. They addressed practical issues such as equipping the clinic and space needs, raising money to cover costs as well as working with the women's schedule and being available to the women in the evenings.

Dozens more workshops, panel presentations and poster sessions were filled with data on small and large issues related to domestic violence. Making the connections between domestic violence and health was clearly a compelling agenda for conference attendees. Health initiative can help us figure out how to connect with survivors who may not contact the legal system

In Florida, we already have a good start with the Pinellas County Health Department and the FL Department of Health initiatives. Finding funding for a staff person at the Florida Coalition could help to further the relationship with the Department as well as advocate for greater involvement and leadership from the vast hospital systems in Florida.

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