

Migrant Health Issues

Domestic Violence Series
by

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DOMESTIC VIOLENCE SERIES

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In recent years, domestic violence among migrant farmworker women has begun to receive national attention. From national not-for-profit agencies such as the Family Violence Prevention Fund and NOW's Legal Defense and Education Fund to federal agencies such as the Violence Against Women Office, battered migrant farmworker women's voices are finally being heard. Examples include farmworker women's representation on national-level committees, such as the National Network on Battered Immigrant Women, and presentations at national and international conferences, including the Fourth International Women's Conference in Beijing, China.

Despite these advances, research on domestic violence among this population continues to progress at a slow pace, and much is still unknown. While our understanding of domestic violence in the general population grew considerably during the 1970's and 1980's, it was not until the mid-1990's that migrant and seasonal farmworker (MSFW) women were included as subjects of, and participants in, research in this area. Until then, "mainstream" domestic violence programs and researchers were unfamiliar with migrant farmworker women and the unique challenges of their lives.

Within the small body of research that does exist today, most studies have focused on documenting the problems facing these women. In general, prevalence studies (e.g., Rodriguez, 1998), using non-random samples of MSFW

women, have reported that 20% of women experienced physical abuse and 10% reported forced sexual activity in one year.

The California Agricultural Worker Health Survey found that overall, 5% of female farmworkers had been the victims of violence in the previous twelve months of the survey. In one particular site, 14% of women reported being physically abused in the previous year. The high variability demonstrated across sites is a likely indication of underreporting.

More recently, Van Hightower, Gorton, and DeMoss (2000) examined the prevalence and predictors of domestic violence in a large nationwide sample of migrant farmworker women. They found that 19% of the women reported being physically abused in the past year. Within these 19%, one-fourth of the women reported also being sexually abused. In terms of predictors, they found that migrant farmworker women were 47% more likely to be abused than seasonal farmworker women; that women whose partners used drugs and/or alcohol were six times more likely to be abused; and that pregnancy decreased the probability of abuse by 65%.

Contrary to this last study, Van Hightower and Gordon (1998) examined rates of domestic violence in Latina women from two rural health clinics in Texas. They found that level of abuse and migrant status were not related.

Lifetime abuse, abuse during pregnancy, risk for homicide, and health effects of sexual

abuse are only a few of the problems that have yet to be investigated with this group of women. Large, population-based studies are needed to continue to document the prevalence and associated consequences of domestic violence for this population.

Other research in the area has included the evaluation of the development *Lideres Campesinas*, a grassroots model created to provide outreach and education to farmworker women in California. The project was developed in 1995 and continues today. From 1995-1998, this research was funded by the Centers for Disease Control, the Office of Migrant Health, and the Migrant Clinicians Network (Rodriguez, 1999). Current research includes a project funded by the National Institute of Justice to evaluate the impact of two community-based models (in California and Wisconsin) for outreach and education with MSFW and their access to the criminal justice system (Rodriguez, research in progress).

It is reported worldwide that one in three women have experienced some form of abuse by an intimate partner or family member at some point in their lives (Population Reports, 1999). In addition, a recent study of women in the U.S. by the Commonwealth Fund indicated that 31% of women reported being kicked, hit, punched, choked, or otherwise physically abused by an intimate partner during their lifetime. More than 3 million women (3%) reported experiencing domestic violence within the past year (Commonwealth Fund, 1998). Although Latina battered women have been the focus of research on topics such as battering during pregnancy (Campbell et al., 1999; McFarlane, Wiist, & Watson, 1998; McFarlane et al., 1999), sexual abuse (El-Bassel, et al., 1998; Lira, et al., 1999; Davila and Brackley, 1999), and barriers to use of services (Bauer, et al., 2000; West, et al., 1998), migrant farmworker women have not been identified in the samples of these studies.

In addition to the acute effects of injury on battered migrant farmworker women there are other health consequences that must be considered. These include: arthritis, chronic neck or back pain, migraine and other frequent headaches, stammering, problems seeing, STDs, chronic pelvic pain, stomach ulcers, spastic colon, frequent indigestion, diarrhea, or constipation (Coker, et al., 2000). Furthermore, the mental health consequences of domestic violence cannot be overlooked. Studies have shown that 29% of women who were battered attempted suicide, 37% had symptoms of depression, 46% had symptoms of anxiety disorder, and 45% experienced post-traumatic stress disorder (Danielson, et al., 1998; Stark & Flitcraft, 1995; Housekamp and Foy, 1991; Gelles and Harrop, 1989). Therefore, it is important to note that since these studies have not specifically identified or included migrant farmworker women, the specific health effects of domestic violence on MSFW women are unknown.

Unfortunately, health care providers have often been slow to respond to the needs of battered women in their practice. Research has shown that attitudes of health care providers around the issue of screening for Intimate Partner Violence have revealed stereotypes, myths, and fears about the need for screening with all of their female patients (Sugg and Inui, 1992; Population Reports, 1999). Currently, work is being conducted by the Migrant Clinicians Network to train migrant health care providers in screening and assessing battered MSFW women.

Recommendations in the area of policy to promote positive change in this area include the establishment of protocols at a national level to address the need for screening, assessment, and referral of battered migrant farmworker women. Domestic violence should be identified as a public health problem with serious physical, emotional, and psychological consequences that are caused by the violence, and should not be melded into the general category of mental health as it is currently defined

within the Office of Migrant Health. Practice-based recommendations include training for migrant health providers on the identification, assessment, and care of battered migrant farm-worker women. Migrant health providers should also be encouraged and trained to include domestic violence assessments of all female patients in their practice.

Funding for more research in domestic violence should be provided at adequate levels to conduct population-based studies that can identify the health consequences of domestic violence, as well as identify the current prevalence of domestic violence among MSFW women in this country. Research should also be conducted to identify access to services, the perceived needs of battered women, and the specific areas of risk for battered MSFW women, including but not limited to the risk for homicide.

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Copies may be obtained through the following sources:

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