Migrant Health Issues

Domestic Violence Series
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n 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 womens' 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

within the Office of Migrant Health. Practice-based recommendations include training for migrant health providers on the identification, assessment, and care of battered migrant farmworker 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:

National Center for Farmworker Health, Inc., Buda TX Phone: (512) 312-2700 http://www.ncfh.org

Migrant Health Branch, Bethesada, MD Bureau of Primary Health Care Phone: (301) 594-4300 http://bphc.hrsa.gov/migrant/