Final Action Plan: A Coordinated Community Response to Family Violence

By Sandra L. Bloom, M.D., Chair, Attorney General’s Family Violence Task Force

Each year more than 1,000 women — almost three per day — die as a result of domestic violence.

Historically, the only intervention occurred when law enforcement was called in. And once the abuse rose to that level, it was often too late. Most severe domestic assaults or homicides do not come as surprises to the friends, neighbors, co-workers and others who know the victim or the abuser. In most cases, there are signs that something is wrong. But too often these signs are ignored.

Since 1980, it has also been recognized that domestic violence is a cause for PTSD. That is why a more comprehensive approach to all violence is necessary. The community — individuals who live, work, associate with the victim, the abuser and their children — must get involved.

In 1998, Pennsylvania Attorney General Mike Fisher asked me to chair his Family Violence Task Force. For the past 15 years I have treated thousands of victims of family violence who are haunted by the long-term effects of abuse. An individual approach to understanding violence, specifically domestic violence and its consequences, namely PTSD, is futile. However, if we address violence as a shared social problem we can improve our overall mental, physical and economic health.

Part of the difficulty in creating a coordinated community response to violence is that we all come from different disciplines, have different viewpoints about the problems that face us, share different knowledge bases and have had different experiences.

In his opening challenge to the Task Force, Attorney General Fisher asked:

√ What should Pennsylvania do if it really wanted to end family abuse and violence?
√ How do we design a total community intervention that will bring safety to American homes?

The Task Force began the process of answering these questions in May 1998 by forming Working Groups representing six major social institutions — Employers, Healthcare, Law Enforcement and Judiciary, Neighborhood Groups and Associations, Religious Institutions, Schools and Early Childhood Development.

The Working Groups met regularly, and by October 1999, had prepared individual reports offering:
√ historical perspectives on the problems of family violence as it relates to their particular institution;
√ facts on how their institution is being affected by the problem;
√ surveys of what was already being done in Pennsylvania to address the problem;
√ reviews of existing best practices around the state and throughout the country;
√ lists of community resources; and
√ recommendations for how their institution could best address the problem.

EMPLOYERS

The Employers Working Group Report focused on the enormous impact family violence has on workplace productivity and safety. Statistics show that intimate partners commit approximately 13,000 acts of violence against women in the workplace every year and between 150 and 180 women are murdered at work each year. Moreover, 29 percent of medium and 30 percent of large businesses in Pennsylvania were aware of incidents of family violence that had affected the workplace during 1999. These results clearly indicate that there is a need for employers to educate and train managers, supervisors and employees on identifying and responding to family violence and to develop specific policies focused on addressing the safety needs of victims of family violence.

HEALTHCARE

The Healthcare Working Group Report suggested that the healthcare segment of every community can play an important role in recognizing, screening for and addressing the issue of family violence in healthcare settings.

In a survey of six Pennsylvania hospitals, 12 percent of patients reported suffering from physical or sexual abuse during the previous year and 31 percent reported histories of lifetime abuse. The Healthcare Working Group provided a list of recommendations to the Pennsylvania healthcare system that emphasizes the need to educate all present and future healthcare providers about family violence and urges all Pennsylvania healthcare institutions to develop policies and procedures to effectively address the issue.

LAW ENFORCEMENT AND JUDICIARY

The Law Enforcement and Judiciary Working Group Report presented an overview of the legal and legislative responses to domestic violence that dates back to 1976 when Pennsylvania became the first state
to enact the Protection from Abuse Act. Since then, all levels of the criminal justice system have been involved in creating and enforcing a series of laws and rulings aimed at responding to both victims and perpetrators of family violence. Law enforcement officials from across the state completed a targeted survey that revealed issues that need to be addressed. These included recommended changes in the Protection from Abuse Act, improved uniform police protocols including police training, expanded batterer intervention programs, increased family violence education in all law school curricula, and an ongoing need for increased judicial training.

**NEIGHBORHOOD GROUPS AND ASSOCIATIONS**

The Neighborhood Groups and Associations Working Group Report focused on the need for effective collaboration among all groups and associations within the community. To serve this purpose, the report looked at the relationships between family violence and child abuse, child welfare, homelessness and welfare reform policies. The Working Group surveyed 66 domestic violence programs, all part of the Pennsylvania Coalition Against Domestic Violence, and found that the next step is to involve schools in the effort to prevent family violence, and that the biggest obstacles facing the programs is a lack of funding. Also, the group strongly recommended that Pennsylvania adopt the National Incident-Based Reporting System to help obtain accurate information about family violence incidents for law enforcement and other agencies.

**RELIGIOUS INSTITUTIONS**

The Religious Institutions Working Group Report represented various denominations from around the state. The report urged religious institutions to require premarital counseling on family violence as well as marital counseling programs to help families deal with problems of violence. The report encouraged clergy to use their status and position to provide educational information and instruction about nonviolence in the family.

**SCHOOLS AND EARLY CHILDHOOD DEVELOPMENT**

The Schools and Early Childhood Development Working Group Report provided information on the effects of family violence on children, addressed some of the known causes of family violence and reviewed the current response of the educational system to family violence. The report looked at what we already know about early childhood development and education as far as intervention and prevention of family violence are concerned.

Also, the report emphasized the need to provide continuing education and to incorporate family violence training into every level of teacher training and curricula. It strongly supports a campaign to institute universal early childhood home visitation programs as a proven efficient and cost-effective violence prevention strategy. The report urged every school to develop a safety plan that includes policies for addressing the needs of children who are abused, neglected or witness family violence. Also, it acknowledged the group's support for programs like the anti-bullying programs that lead to a nonviolent climate that fosters conflict resolution.

**A COORDINATED RESPONSE IS NEEDED**

Together, these reports portray a society in crisis, a society that has yet to come to grips with the urgent and sometimes drastic actions needed to rebuild safe homes and communities in which everyone can flourish and reach his or her potential. Further, the reports emphasize the need for a coordinated community response to family violence.

It is important that all institutions share their common concerns, pool their resources and work together to solve the problem of family violence.

Combined, the six Working Group Reports offer a comprehensive plan for the recovery of healthy homes and communities. It is a plan that demands significant changes in the role of state and local government. It is a plan that recognizes safety as the first rung on the ladder of social recovery. Finally, it is a plan that recognizes that an investment in safety now is an investment in our future.

Dr. Bloom is a board certified psychiatrist, founder and executive director of The Sanctuary Programs at the Horsham Clinic in Ambler, Pa. and Hampton Behavioral Health Center in Rancocas, N.J., specializing in the treatment of adults traumatized as children.

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This newsletter is published by the Pennsylvania Department of Public Welfare through the Involved Consumer Action Network in Pennsylvania (I CAN in PA), a project of the Mental Health Association of Southeastern Pennsylvania.

Send correspondence to:

**PEOPLE FIRST**

I CAN in Pennsylvania
1211 Chestnut Street
Suite 1100
Philadelphia, PA 19107
(215) 751-1800, ext. 506
E-mail: jkrasowski@mhasp.org