

# Final Action Plan: A Coordinated Community Response to Family Violence



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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

