Domestic Violence & Health: Understanding the Connections between Domestic Violence, Public Health and Health Equity

Lauren Camphausen, DVS
DELTA & Prevention Coordinator

Marcey Rezac, LCSW, DVS
Policy Specialist

DELAWARE COALITION AGAINST DOMESTIC VIOLENCE
Founded in 1994, DCADV is Delaware’s federally recognized state domestic violence coalition.

- Training and technical assistance to service providers and community organizations
- Public Policy and System Advocacy
- Domestic/dating violence and stalking
- Trauma, Disabilities & Mental Illness
- Violence as a Health Issue
- Engaging Men and Healthy Masculinity
- Prevention and Social Norms
- Social Justice, Anti-Oppression, and Intersectionality
- Coalition Building
- Evaluation and Evidence-Based Programming
Domestic Violence is a pattern of coercive control used by one partner over the other in an intimate relationship.
Terms & Definitions

Domestic Violence

Gender-Based Violence

- Power, Dominance, Control
- Systematic
- Physical, Emotional, Sexual, Financial, Structural

Relationship Violence

Intimate Partner Violence

Violence Against Women
History of Domestic Violence Frameworks & Perspectives

- Battered Women’s Movement
- Criminal Justice Response
- Human Rights
Battered Women’s Movement

- Breaking the Silence
  - Consciousness Raising
- Need for Safety
  - Safe Homes and Shelters
- Calls for System Reform
Accountability

- Response/Arrest Policies
- Expanding/Enhancing the criminal code
- Court Advocacy/Court Enhancement
- Prosecution
- Offender Accountability
Freedom from violence is a fundamental human right.

The right to protection from violence and to security and liberty of person is recognized in major international human rights agreements:

- *International Covenant on Civil and Political Rights*
- *Convention on the Rights of the Child*
- *Convention on the Elimination of all Forms of Discrimination against Women*
- *Convention on the Elimination of All Forms of Racial Discrimination*
- *Convention on the Rights of Persons with Disabilities*
- *Declaration on the Rights of Indigenous Peoples.*

History of Violence & Public Health

- **1979** - Surgeon General spells out violence as a public health problem in a “Healthy People” report

- **1992** - Surgeon General Report stated that violence was a major cause of injury and death among women

- **1993** - CDC establishes the Division of Violence Prevention within the newly created National Center for Injury Prevention and Control. The Division leads CDC’s efforts to prevent injuries and deaths caused by violence.

- **1996** - World Health Assembly, Resolution WHA 49.25, DECLARED violence a leading worldwide public health problem

A Public Health Approach to Domestic Violence

- Frame intimate partner violence as a health issue
  - The impact of violence on physical and mental health of individuals and communities
- Examine the impact of violence on the health and well-being of the public
  - i.e., examining the effects of individual’s smoking habits on the health and well-being of others (second hand smoke) or calculating the economic burden (costs) of the disease
- Seek to understand the role society plays in contributing to the violence
- Focus efforts on preventing the violence from occurring in the first place
Domestic Violence and Public Health

"The consequences of interpersonal violence impacts health far beyond the direct impact of abuse. As the state director for Public Health, I want to be clear: domestic violence is a public health issue as much as newborn screenings, immunizations, healthy lifestyles, disease prevention, and safe drinking water."

- Dr. Karyl Rattay, DE Division of Public Health
Gender Violence: A Major Health Issue
The number of adults in Delaware (243,000) who have experienced rape, physical violence, and/or stalking by an intimate partner would fill the capacity of TWO DOVER INTERNATIONAL SPEEDWAYS.
Intimate partner violence is widespread.

1 in 4 women

1 in 9 men
IPV can happen to anyone...

"Domestic Violence is what we call an Equal-Opportunity Employer.

It can and does happen to anyone regardless of socio-economic status, religion, gender, race, or sexual orientation. If you want to see the ‘face of domestic violence’, all you need to do is look around you."

-Nancy Salomone, Founder and CEO The Business of Me

But... there are INEQUITIES.
IPV as a Health Disparity

Greatest burden to:

- Women
- Young Women
- Women of Color
- Women who identify as bisexual or lesbian
- Women with Lower Household Incomes
- Women with Food or Shelter Insecurity

For women who’ve ever experienced IPV, **7 out of 10** (69.5%) first experienced abuse **before the age of 25**.

Nearly half (47%) of women were between **ages 18-24** when the abuse first occurred.

Women who identify as Multi-Racial or Black have a significantly higher lifetime prevalence of IPV.

Women who identify as lesbian or bisexual report a higher lifetime prevalence of IPV.

6 out of 10 bisexual women have experienced IPV in their lifetime.

The 12-month prevalence of IPV is significantly higher among women who also report experiencing **food insecurity** or **housing insecurity** during those 12 months.

The 12-month prevalence of IPV is likewise significantly higher among women with **lower household incomes**.

Women with disabilities are 40% more likely to experience IPV (especially severe IPV) than women without disabilities.

Women are **significantly** more likely than men to experience:

- Rape by an intimate partner
- Sexual Violence by an intimate partner
- Physical Violence by an intimate partner
- **Most Significantly** - Severe Physical Violence
- Stalking by an intimate partner

Women who’ve experienced IPV are significantly more likely than men to report negative impacts from the abuse such as:

- Being Fearful and/or Concerned for Safety
- PTSD Symptoms
- Injury
- Missing work/school
- Needing medical care

Women who experience IPV during their lifetime are significantly more likely to report that they *consider their own physical or mental health to be poor*, and report significantly higher incidences of:

- **Asthma**
- **Diabetes**
- **Difficulty Sleeping**
- **Frequent Headaches**
- **Chronic Pain**
- **Activity Limitations**
- **Irritable Bowel Syndrome**

Children exposed to adult violence in their homes may have short and long term **physical**, **emotional** and **learning** problems, including:

- Increased aggression
- Hypervigilance/hyperactivity
- Failure to thrive
- Eating and sleeping problems
- PTSD
- Developmental delays
- Depression and/or anxiety
- Allergies, asthma, gastrointestinal problems, headaches and flu.

An extensive body of research reveals that victims of IPV often suffer lifelong health consequences:

- Physical injuries from assaults
- Lasting physical impairment
- Emotional trauma and mental health
- Substance use and abuse
- Chronic health problems
Physical Injury

- Not all injuries are treated
- Healing vs. lasting damage
- Medical screening for abuse
- Abuse identified?
- Safety concerns
- Referrals for services
On the horizon...national efforts to identify and treat TBI among domestic violence survivors:

- Sojourner Brain Program, Sojourner Center, AZ
- Local data
- Obstacles to identification and treatment

Need systematic changes that support easier access to assessments, treatment and follow-up care for victims who may have a traumatic brain injury.
Domestic violence survivors face a greater risk of experiencing a range of mental health conditions including:

- Depression
- Anxiety
- PTSD
- Low self esteem
- Inability to trust others, especially in intimate relationships
- Emotional detachment
- Sleep disturbances
- Flashbacks
Substance Use and Abuse

Survivors may use substances to *cope* with emotional trauma and chronic pain.

Survivors may also be *coerced* into using by an abusive partner.

Attempts to access treatment and recovery services are often sabotaged by an abusive partner.
Dr. Carole Warshaw recently speaking at the Futures Without Violence National Health Conference.
National DV Hotline
& National Center on DV, Trauma and Health

Research study to investigate tactics of coercion by abusive partners specifically targeting their partner’s mental health and/or substance use

- Almost 6000 survivors were surveyed
Mental Health Coercion Survey (2,741 participants)

• **85.6 percent** said a partner or ex-partner had called them “crazy” or accused them of being “crazy.”

• **73.8 percent** said a partner or ex-partner had deliberately done things to make them feel like they were going crazy or losing their mind.

• **53.5 percent** said that in the last few years, they had gone to see someone such as a counselor, social worker, therapist or doctor to get help with feeling upset or depressed, and of those, **49.8 percent** said that a partner or ex-partner tried to prevent or discourage them from getting that help or taking medication they were prescribed for their feelings.

• **50.2 percent** said that a partner or ex-partner threatened to report to authorities that they are “crazy” to keep them from getting something they wanted or needed (e.g., custody of their children, medication or a protective order).
Substance Use Coercion Survey (3,248 participants)

- **26 percent** reported using alcohol or other drugs as a way to reduce the pain of their partner or ex-partner’s abuse.

- **27 percent** said a partner or ex-partner had pressured or forced them to use alcohol or other drugs or made them use more than they wanted.

- **15.2 percent** reported that in the last few years, they had tried to get help for their use of alcohol or other drugs. Of those individuals, 60.1 percent said that a partner or ex-partner had tried to prevent or discourage them from getting that help.

- **37.5 percent** said a partner or ex-partner had threatened to report their alcohol or drug use to someone in authority to keep them from getting something they wanted or needed (e.g., custody of their children, a job, benefits or a protective order).
Implication of survey results

- Importance of assuring that mental health and substance abuse workforce are trained to recognize and respond to the ways that IPV is involved

- Importance of recognizing the ways that abusive behavior impacts survivor’s attempts to access and stay in treatment

- Importance of using interventions that are inclusive of survivor’s experiences
While some health conditions are a direct manifestation of a physical injury, others result from the known **biological impacts of stress on nearly all body systems** (e.g., nervous, cardiovascular, gastrointestinal, reproductive, and immune).
According to the CDC, health conditions associated with IPV include:

- Asthma
- Bladder and kidney infections
- Circulatory conditions
- Cardiovascular disease
- Fibromyalgia
- Irritable bowel syndrome
- Chronic pain syndromes
- Central nervous system disorders
- Gastrointestinal disorders
- Joint disease
- Migraines and headaches
Women who have experienced domestic violence are:

- 80 percent more likely to have a stroke
- 70 percent more likely to have heart disease
- 60 percent more likely to have asthma and
- 70 percent more likely to drink heavily than women who have not experienced IPV

ACTIVITY!

Take a moment to think about how domestic violence may intersect with your area of work.

- Are there areas of overlap between DV and your area(s) of focus?
- What are some ways that DV may factor into your ability to improve outcomes?
- What opportunities may there be for considering DV in your work?
Social justice is a matter of life and death.... These inequities in health, avoidable health inequalities, arise because of the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by the political, social, and economic forces.

“Attempting to work on domestic violence without working on other oppressions is like attempting to move a rug one is standing on.”

-Mary Allen, National Resource Center on Domestic Violence, 2007
Public Health Framework: Levels of Prevention

**PRIMARY**

Stopping violence from ever occurring

**SECONDARY**

Targeting early signs of violence or providing immediate response to the violence once it has occurred

**TERTIARY**

Reducing the long-term adverse effects of the abuse and trying to protect the victim from future harm
Socio-Ecological Perspective
Risk Factors for Perpetration

- Norms granting men control over female behavior
- Acceptance of violence as a way to resolve conflict
- Notion of masculinity linked to dominance, honor, or aggression
- Rigid gender roles
- Poverty, low socioeconomic status, unemployment
- Associating with delinquent peers
- Isolation of women and family
- Marital conflict
- Male control of wealth and decision-making in the family
- Being male
- Witnessing marital violence as a child
- Absent or rejecting father
- Being abused as a child
- Alcohol use

Source: Adapted from Heise 1998 (210)
Broadening the Public Health Approach

• Previously, “solutions” focused on persuading individuals to change unhealthy behaviors/make healthier lifestyle decisions

• Placed the burden on the individual

• Does not challenge community/societal structures that shape and support individual choices, decisions, and behaviors and the unequal/unjust experiences of individuals
Primary prevention requires true social change.

It is the process of changing the attitudes, beliefs, community norms and social conditions that lead to and support intimate partner violence.
What does prevention look like?

- Education on healthy relationships, norms that contribute to violence (gender norms, media messaging, oppression), bystander skills (standing up/speaking out)
- Programs/Events to connect communities and build relationships
- Policy Advocacy – policies that promote equitable opportunities (pay equity policies, workplace non-discrimination policies, reproductive choice policies, etc.)
- Promoting positive societal norms and attitudes through education, messaging campaigns, organizational/institutional cultural change (organizational values and practices)
- Social Justice – challenging systemic oppressions of marginalized individuals and communities and working toward full inclusion and equity for all (dismantling power and privilege)
“Gang violence is connected to bullying is connected to school violence is connected to intimate partner violence is connected to child abuse is connected to elder abuse. It’s all connected.”

-Dr. Deborah Prothrow-Stith, Adjunct Professor, Harvard School of Public Health

## Societal Risk Factors

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<tr>
<th></th>
<th>CM</th>
<th>TDV</th>
<th>IPV</th>
<th>SV</th>
<th>YV</th>
<th>Bullying</th>
<th>Suicide</th>
<th>Elder Abuse</th>
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<tr>
<td><strong>Norms supporting aggression</strong>*</td>
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<td>Weak health, educational, economic, and social policies/laws</td>
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<td><strong>Harmful gender norms</strong>*</td>
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</tbody>
</table>

**NOTE:** CM (Child Maltreatment), TDV (Teen Dating Violence), IPV (Intimate Partner Violence), SV (Sexual Violence), YV (Youth Violence)

*Norms are generally measured at the individual level

# Neighborhood/Community Protective Factors

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<th>Bullying</th>
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<tr>
<td>Coordination of services among community agencies</td>
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<td>Access to mental health and substance abuse services</td>
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<td>Community support and connectedness*</td>
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NOTE: CM (Child Maltreatment), TDV (Teen Dating Violence), IPV (Intimate Partner Violence), SV (Sexual Violence), YV (Youth Violence)

*Community support and connectedness typically measured at the individual level.

Why work on shared impact?

- People don’t live in “vacuums,” they live within families, schools, neighborhoods, and a broader community where they could be experiencing multiple risk or protective factors, and/or multiple forms of violence.
- Acknowledges the complex reality in which violence takes place

Focuses on the broader shared ‘social injustices’ and provides opportunity for collective action across issues
QUESTIONS