

Domestic Violence & Health:

*Understanding the Connections between Domestic Violence,
Public Health and Health Equity*

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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

What is
Domestic
Violence?

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

Violence Against Women

Intimate Partner Violence

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



Criminal Justice

Accountability

- Response/Arrest Policies
- Expanding/Enhancing the criminal code
- Court Advocacy/Court Enhancement
- Prosecution
- Offender Accountability



Human Rights

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
- 2002- World Health Organization publishes first *World Report on Violence and Health*.

SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, and May Complicate Pregnancy.

A Public Health Approach to Domestic Violence

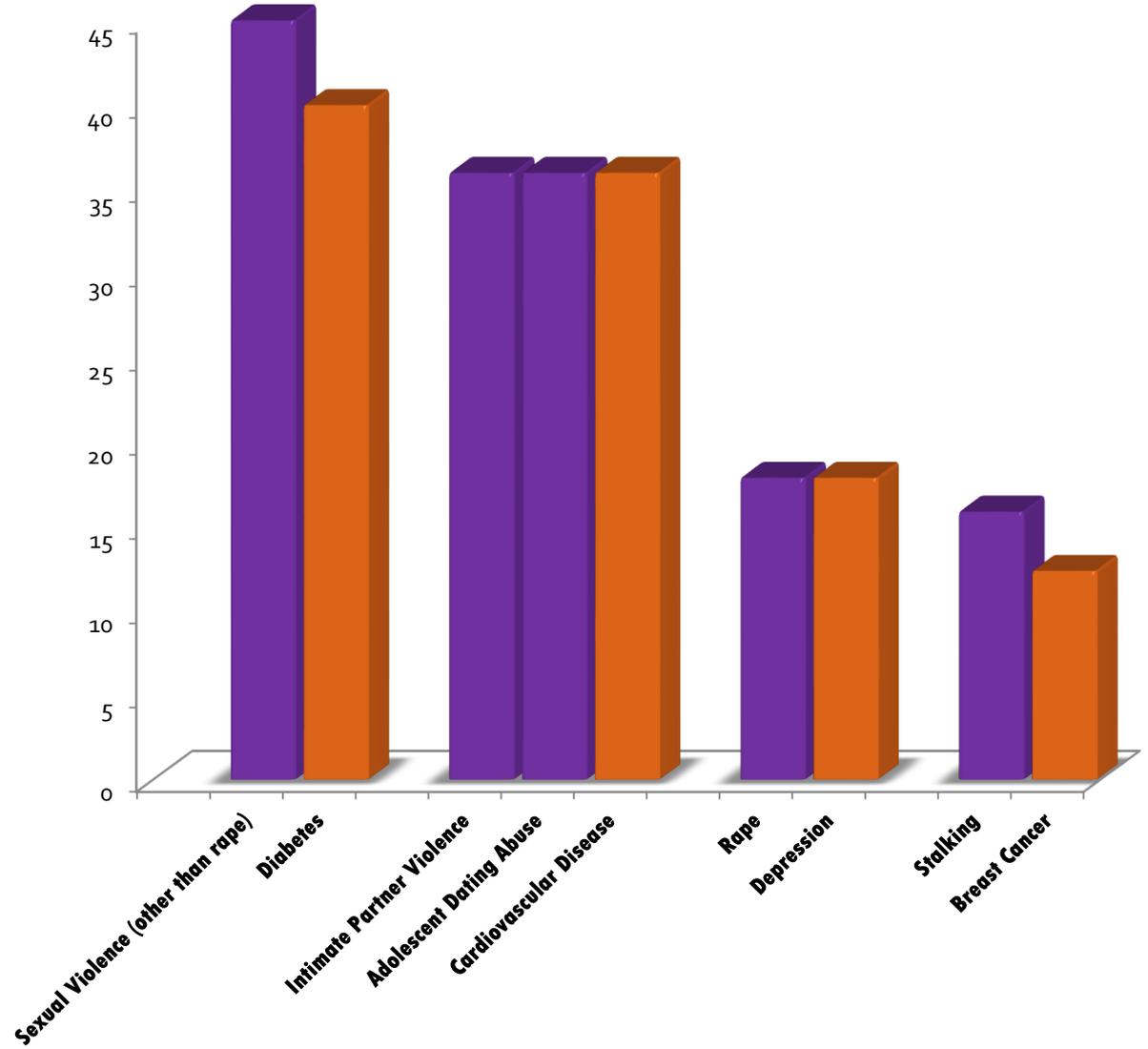
- Frame intimate partner violence as a health issue
 - The impact of violence on physical and mental health of individuals and communities
- Examine the impact of violence on the health and well-being of the public
 - i.e., examining the effects of individual's smoking habits on the health and well-being 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.



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:

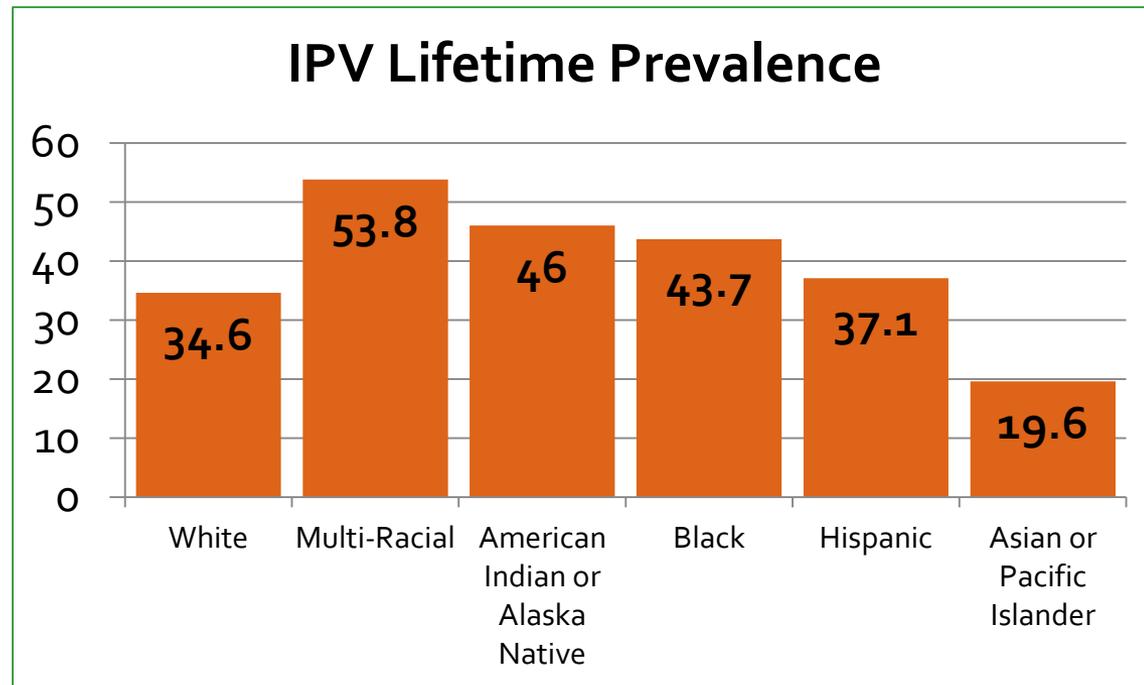
- Women
- Young Women
- Women of Color
- Women who identify as bisexual or lesbian
- Women with Lower Household Incomes
- Women with Food or Shelter Insecurity

IPV and Young Women

- 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

IPV and Women of Color

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



IPV and Lesbian or Bisexual Women

- 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

IPV and Poverty

- 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

IPV and Women with Disabilities

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

IPV and Women

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

IPV and Women

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

IPV and Health



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***

IPV and Children's Health

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

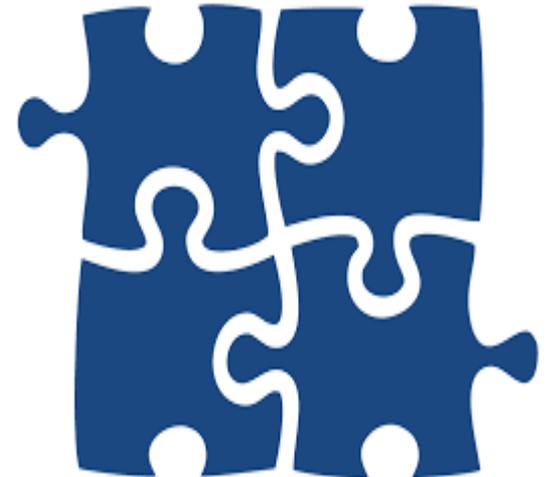
▪ Increased aggression	▪ Hypervigilance/ hyperactivity
▪ Failure to thrive	▪ Eating and sleeping problems
▪ PTSD	▪ Developmental delays
▪ Depression and/or anxiety	

And are at greater risk than their peers of having ***allergies, asthma, gastrointestinal problems, headaches and flu.***

Domestic Violence as a Health Issue

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



Traumatic Brain Injuries

Assaults to the head

Severely shaken

Strangulation/choking

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.

Emotional trauma and mental health issues

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

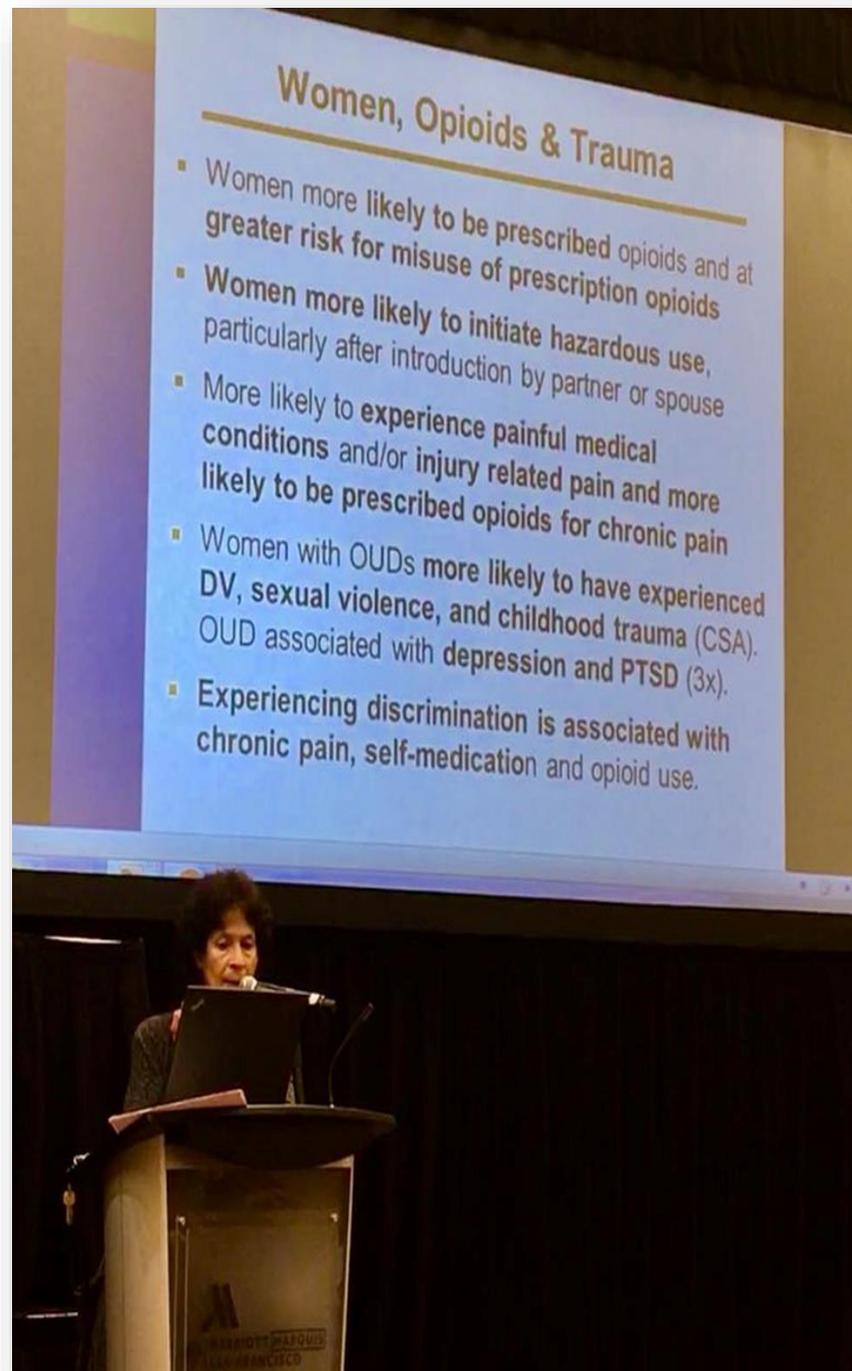
Survivors may also be ***coerced*** into using by an abusive partner

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*



2012 Research Study

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



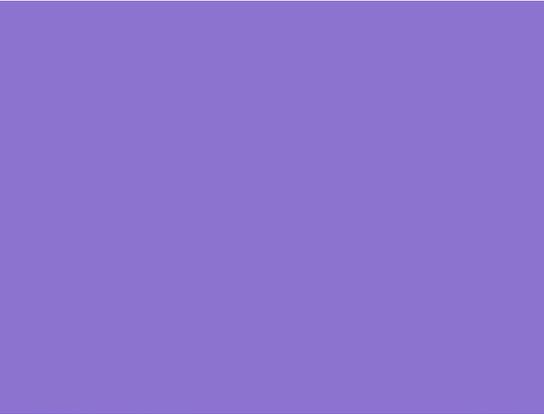
Chronic Health Problems

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.

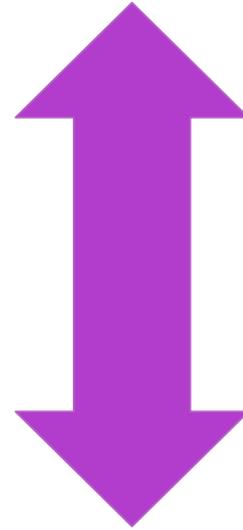
- Are there areas of overlap between DV and your area(s) of focus?
- What are some ways that DV may factor into your ability to improve outcomes?
- What opportunities may there be for considering DV in your work?

Public Health's 'New' Frontier: Health Equity

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.

- The World Health Organization's (WHO) Commission on the Social Determinants of Health report: *Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health*

**HEALTH
EQUITY
FRAMEWORK**



**SOCIAL JUSTICE
FRAMEWORK**

“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

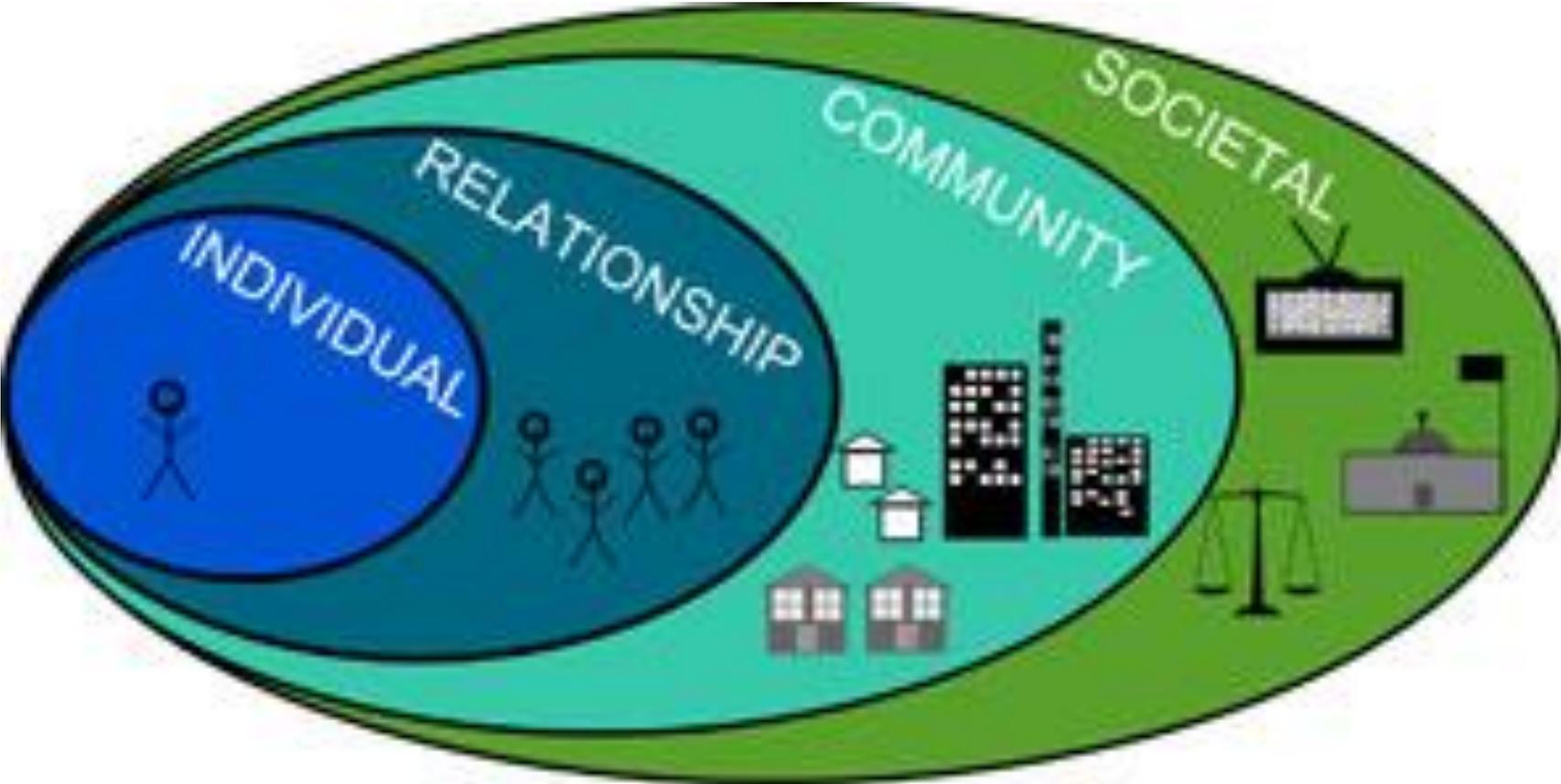
SECONDARY

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

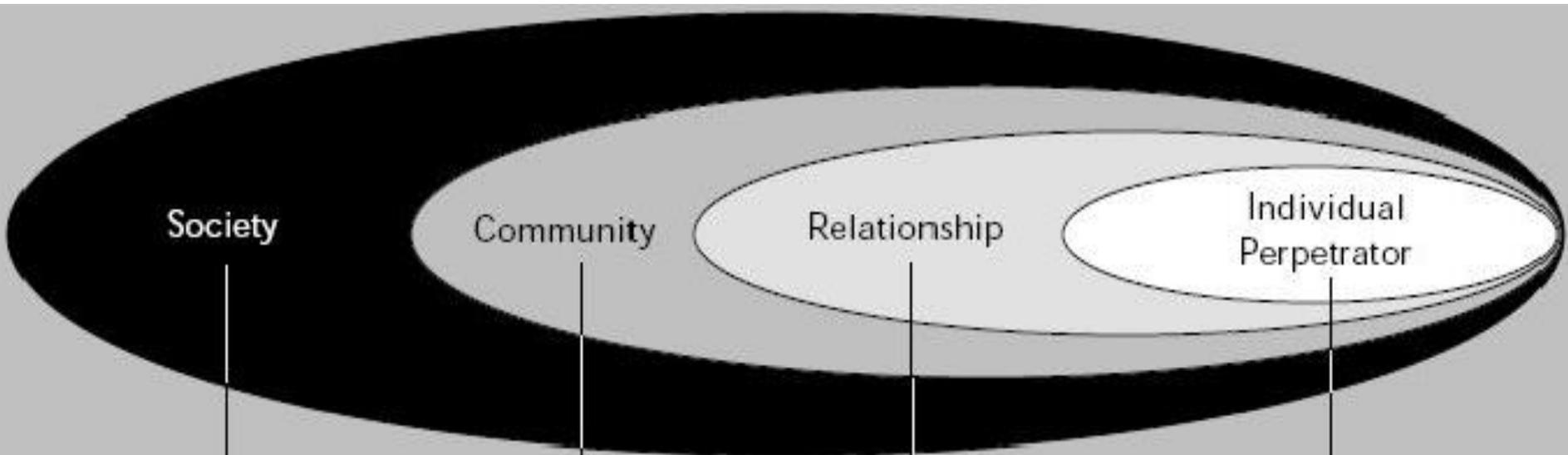
TERTIARY

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



Society

- 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

Community

- Poverty, low socio-economic status, unemployment
- Associating with delinquent peers
- Isolation of women and family

Relationship

- Marital conflict
- Male control of wealth and decision-making in the family

Individual Perpetrator

- 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)

Population Reports/CHANGE

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**

Prepare yourself to

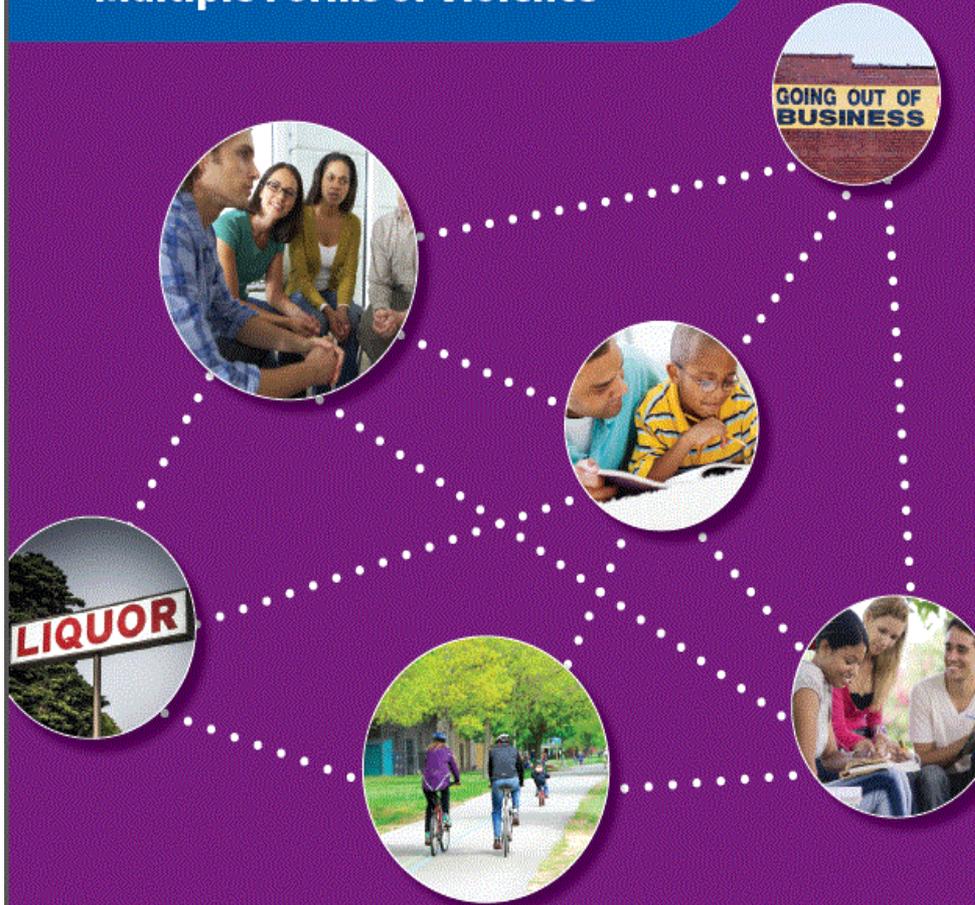
**Change
The
World**

*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)

Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control

Prevention
and equity
Institute
at the center of community well-being

"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



	CM	TDV	IPV	SV	YV	Bullying	Suicide	Elder Abuse
Norms supporting aggression*	X	X	X	X	X			X
Media Violence				X	X	X	X	
Societal income inequality	X		X		X	X		
Weak health, educational, economic, and social policies/laws	X		X	X			X	
Harmful gender norms*	X	X	X	X	X	X		

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

Source: Wilkins, N., Tsao, B., Hertz, M., Davis, R., Klevens, J. (2014). **Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence.** Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute.

Neighborhood/Community Protective Factors

	CM	TDV	IPV	SV	YV	Bullying	Suicide	Elder Abuse
Coordination of services among community agencies	X		X				X	X
Access to mental health and substance abuse services	X						X	
Community support and connectedness*	X		X	X	X		X	X

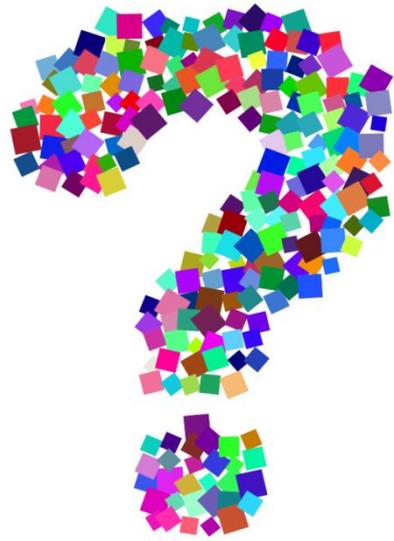
NOTE: CM (Child Maltreatment), TDV (Teen Dating Violence), IPV (Intimate Partner Violence), SV (Sexual Violence), YV (Youth Violence)

*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