

## Delaware SHIP At-A-Glance: Gender-based Violence and Chronic Disease

Patient-Centered Culturally Sensitive Health Care Models Can Address Gender-Based Violence and Chronic Disease

Gender-based violence and its resulting trauma cause severe and potentially lifethreatening health outcomes. Research and clinical experience have identified a broad range of chronic illnesses that are either brought on by exposure to violence or are in some ways exacerbated as a consequence (Prevention Institute, 2011). In fact, women who have experienced gender-based violence have increasing rates of chronic illnesses such as heart disease, hypertension, cancers, and lung disease including asthma, and obstructive pulmonary disease (Prevention Institute, 2011). Moreover, studies show that women who experience structural violence such as economic, gender, and racial disparities are more susceptible to chronic illnesses (Lee et al., 2019). For example, African American women who report physical abuse in adulthood have a slightly increased risk of breast cancer compared to their white female counterparts (Wise et al., 2011). Access to health-protective resources prevents chronic illnesses; still, it is essential to note that trauma history creates barriers to preventive care procedures (AAFP, 2017). For example, patients who have experienced sexual violence may decline specific procedures, preventative screenings, or oral health care that simulate traumatic circumstances, such as gynecologic and rectal examinations, or procedures in which the patient's mouth must remain open for extended periods (AAFP, 2017).

Gender-based violence refers to damaging acts directed at an individual based on their gender identity or their biological sex. It is rooted in gender inequality, the dynamics of power and control, and harmful gender norms.

Gender-based violence includes sexual, physical, psychological and economic harm inflicted in public or in private. Threats of violence, coercion and manipulation are also manifestations of gender-based violence.

Source: Center for the Study and Prevention of Gender-Based Violence, University of Delaware



## Strategies

A key strategy for addressing gender-based violence in Delaware will require incorporating trauma-informed care into practice as a universal precaution to optimally address patients' health care needs while decreasing the risk of retraumatization (AAFP, 2017). In other words, SHIP stakeholders must implement strategies that emphasize a patientcentered culturally sensitive health care model. The implementation of this care model will create a health care that is reflective of culturally diverse patients' perceptions. This model will ensure health care characteristics that enable patients to feel comfortable with, trusting of, and respected by providers and systems during the health care process (Tucker et al., 2013). Likewise, adopting trauma-informed practices can potentially improve patients engagement, treatment adherence, and health outcomes, as well as provider and staff wellness (CHCS, 2016). It can also reduce avoidable care and excess costs for the healthcare and social service sectors (CHCS, 2016). This is because the traumainformed approach to care acknowledges that health care organizations and care teams need to have a complete picture of a patient's life situation — past and present — to provide adequate health care services with a healing orientation (CHCS, 2021). This is important because it increases care delivery effectiveness, and ultimately, engagement, retention, and outcomes. To incorporate a trauma-informed approach in healthcare settings, Delaware must implement strategies such as training staff in trauma-specific treatment approaches, involving patients in the treatment process, and engaging referral sources and partnering organizations (CHCS, 2016). Ultimately, a trauma-informed, culturally sensitive approach can help strengthen Delaware's efforts to make health and health care, including prevention, treatment, and management of chronic disease, more accessible to all Delawareans.



The Delaware State Health Improvement Plan recognizes the need to connect clinical services with community programs and resources and included this as a SHIP recommendation for improving chronic disease, while also highlighting the evidence for addressing and reducing trauma (Delaware SHIP Report, 2020). Fortunately, stakeholder groups have been working to advance gender-based violence programs that seek to meet these recommendations, such as the <u>Domestic Violence Community Health Worker</u> project operated by the Delaware Coalition Against Domestic Violence and <u>Trauma-informed Delaware</u> (Delaware SHIP Report, 2020). Stakeholders can utilize these programs and help leverage support to extend their capacity. Doing so can create a robust public health and healthcare system that will deliver health benefits to everyone, especially the most vulnerable.

## References:

SBandy X. LeeSearch for more papers by this author, Lee, B., Search for more papers by this author, Book Author(s): Bandy X. LeeSearch for more papers by this author, Alesina, Perotti, . . . Wright. (2019, March 01). Structural violence. Retrieved February 10, 2021, from https://onlinelibrary.wiley.com/doi/10.1002/9781119240716.ch7#:~:text=Examples%20of%20structural%20violence%20include,%2C%20 mass%20murders%2C%20and%20war.

Childhood adversity disproportionately affects minority groups. (2018, September 21). Retrieved February 06, 2021, from https://www.hsph.harvard.edu/news/hsph-in-the-news/childhood-adversity-disproportionately-affects-minority-groups/

Fact sheets: Links between violence and chronic diseases, mental illness and poor learning. (2011, May 01). Retrieved February 06, 2021, from https://www.preventioninstitute.org/publications/fact-sheets-links-between-violence-and-chronic-diseases-mental-illness-and-poor-learning

Jocelyn Frye, S. (n.d.). Transforming the culture of power. Retrieved February 06, 2021, from ttps://www.americanprogress.org/issues/women/reports/2019/10/31/476588/transforming-culture-power/

Key ingredients for trauma-informed care implementation. (2020, April 20). Retrieved February 06, 2021, from https://www.chcs.org/resource/key-ingredients-for-successful-trauma-informed-care-implementation/

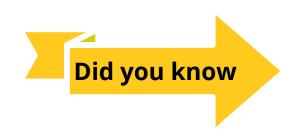
Monique Tello, M. (2020, November 11). Trauma-informed care: What it is, and why it's important. Retrieved February 06, 2021, from https://www.health.harvard.edu/blog/trauma-informed-care-what-it-is-and-why-its-important-2018101613562

Ravi, A., & Little, V. (2017, May 15). Providing trauma-informed care. Retrieved February 06, 2021, from https://www.aafp.org/afp/2017/0515/p655.html

Tucker, C., Marsiske, M., Rice, K., Nielson, J., & Erman, K. (2011, May). Patient-centered culturally sensitive health care: Model testing and refinement. Retrieved February 10, 2021, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3092156/

What is Trauma-Informed care? - TRAUMA-INFORMED CARE Implementation Resource Center. (2020, April 13). Retrieved February 06, 2021, from https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/

Wise, L. A., Palmer, J. R., Boggs, D. A., Adams-Campbell, L. L., & Rosenberg, L. (2011). Abuse victimization and risk of breast cancer in the Black Women's Health Study. Cancer Causes & Control, 22(4), 659-669. doi:10.1007/s10552-011-9738-3



A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.

Source: Substance Abuse and Mental Health Services Administration

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