

At-A-Glance: Gender Based Violence as a Public Health Issue

Shifting Perspectives: Gender-based Violence as a Public Health Issue

A third of women in the U.S. today report experiencing some form of contact sexual violence during their lifetime (NISVS, 2020). Studies show that 1 in 4 women and 1 in 7 men also report experiencing severe physical violence by an intimate partner (Niolon et. al, 2017). Notably, 1 in 14 men has either attempted or completed rape in their lifetime (NISVS, 2020). Intimate partner violence (IPV) is just one form of gender-based violence (CDC, 2015). Gender-based violence (GBV) refers to damaging acts directed at an individual based on their gender identity or their biological sex (Hattery & Smith, 2020). This includes sexual, physical, psychological and economic harm inflicted in public or in private (Hattery & Smith, 2020). GBV is rooted in gender inequality, the dynamics of power and control, and harmful gender norms (Hattery & Smith, 2020). Threats of violence, coercion and manipulation are also manifestations of GBV (Hattery & Smith, 2020). Public health professionals have noted how GBV is inherently connected with priority health areas, including chronic disease, maternal and child health, substance use disorders, and mental health issues (Delaware SHIP Report, 2020). With this consequential information in mind, we must as a community come together to recognize gender-based violence as a public health problem.

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

Strategies

As a member of our community, your most effective role in ending GBV is through advocacy within your personal and professional life. Teaching safe and healthy relationship skills, disrupting risk factors of GBV, and strengthening economic support for victims can all significantly impact our community's public health (Niolon et. al., 2017). The first step to making a difference is identifying the risk factors of IPV present in your community (Wilkins et al., 2014). Some risk factors include harmful norms around gender, neighborhood poverty, poor neighborhood support, poor parent-child relationships, economic stress, and substance abuse (Wilkins et al., 2014). Recognizing these conditions will help you understand what resources your community requires in addressing IPV.

Dating and sexual violence is notably common among young people in high school and college (Niolon et. al., 2017). You may advocate for programs such as Safe Dates, which promotes healthy relationships and the prevention of IPV (Delaware SHIP Report, 2020). Another interventional program called Coaching Boys into Men (CBIM) teaches young male athletes between grades 9-12 tools to model and promote respectful, non-violent, healthy relationships (Niolon et. al, 2017; DCADV, 2021). Training programs for adults are also proven to be highly effective in preventing GBV (Niolon et. al., 2017). Public health professionals champion programs such as the Premarital Relationship Enhancement Program (PREP), and the IPV and the Workplace Training as some of the most effective (Niolon et. al., 2017). PREP courses essentially teach couples healthy relationship skills prior to marriage. IPV and the Workplace Trainings are fundamental courses that ensure safe, healthy, and equal workplace environments (Niolon et. al., 2017).

It is vital that as a community we advocate for funding towards all victim-centered services as well. Counseling, health coverage, and all other expenses that come with being a survivor of GBV must be prioritized. Therefore, victims need your help in bringing awareness towards GBV as a public health issue.

Some concessions to these strategies might include opposing debates to health programs in public schools or budgeting concerns. These strategies and interventions can help impact other health concerns and forms of violence or injury that affect our teens and young people (Wilkins et al.,2014). This includes bullying, sexual violence, suicide, youth violence, and more (Wilkins et. al, 2014). Overall, a public health approach to these problems is an efficient use of funding as it can leverage limited resources to maximize results and shared health outcomes.



Call to action

Delaware's community needs a thorough understanding of what gender-based violence is and how this public health problem is truly impacting our communities. The strategies listed above can help decrease risk for GBV (Niolon et. al., 2017). Advocates can play a major role in ensuring that funding for these programs is received. Contact your local Board of Education to recommend these programs in your school system, or visit the "Schools & Organizations" section of safeandrespectful.org to learn more about prevention programs and resources. If PREP courses aren't available in your area, find out how you might be able to get a program started near you. Make sure that your own workplace has solid policies in place and requires IPV and the Workplace Training, and advocate for this offering if it does not. To learn more about model policies and training available to state agencies related to domestic violence, sexual offense and stalking in the workplace, contact the [Delaware Domestic Violence Coordinating Council](#). Survivors of GBV deserve to have their experiences recognized as part of a serious public health problem. With your help, survivors will no longer feel left behind.

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Did you know

In 2009, the CDC launched the VetoViolence website – a free, online, interactive, and engaging site with violence prevention tools, trainings, and resources. Later, the Facebook page launched and became the fifth largest CDC Facebook page. As of 2021, the site has over 50,000 fans.

Source: National Center for Injury Prevention and Control, Division of Violence Prevention

www.delawareship.org

Prepared by Jennifer Conklin with the Center for the Study and Prevention of Gender-Based Violence at the University of Delaware for the Delaware State Health Improvement Plan (SHIP) process managed by the Partnership for Health Communities at the University of Delaware in collaboration with the Division of Public Health, Delaware Department of Health and Social Services

This publication was supported by the Grant Number CDC-RFA-CE19-1902, Rape Prevention and Education: Using The Best Available Evidence for Sexual Violence Prevention, funded by the National Center for Injury Prevention and Control (NCIPC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.