

At-A-Glance: Gender Based Violence and SHIP Priority Areas

Maternal and Child Health and Gender-Based Violence

In Delaware, the African-American infant mortality rate is about 3 times higher than the rate among whites (DHSS, 2018). Not only are negative health outcomes more common for African American infants, but African American mothers have a greater maternal mortality rate as well (CDC, 2020). This is an issue concerning racial inequity and maternal and child health. All mothers and babies have the right to live free from discrimination and oppression, and with equitable access to proper care and services.

Women who experience intimate partner violence during pregnancy are more likely to experience harmful pregnancy outcomes such as preterm birth and having a baby with a low birth weight (Hart et al., 2013). Additionally, non-Hispanic African-American, American Indian, Alaska Native, Hispanic and multi-racial women experience disproportionate rates of gender-based violence (GBV) compared to non-Hispanic white women (NISVS, 2017). It is important to look at the intersectionality between race and gender in order to provide a multi-sector solution for GBV and health. This would address gaps in maternal and child health outcomes and help decrease violence against all women of color (NICHQ, 2017). Strategies to increase the welfare of African-American mothers and children will also work toward lowering the violence people of color disproportionately experience (NICHQ, 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

The Delaware State Health Improvement Plan (SHIP) 2020 Annual Report provides several evidence-based strategies to improve maternal and child health (Delaware SHIP Report, 2020). These programs reduce some risk factors of GBV by increasing support for women of color and women of lower economic status, incorporating policies to increase access to prenatal care, and decreasing social stratification with approaches such as reforming the criminal justice system (Delaware SHIP Report, 2020). Reducing the exposure of marginalized communities, namely women of color, to damaging health factors can lower rates of GBV and improve the health of mothers and children of color (NICHQ, 2017).

Strategies provided by the CDC for GBV include teaching healthy relationship skills, strengthening economic support for families, and disrupting developmental pathways that lead to partner violence (Niolon et al., 2017). The strategies mentioned for lowering GBV and improving maternal and child health overlap as they both create a safer and more protective environment (Niolon et al., 2017). This shows that working with similar programs can have a shared impact across GBV, poor maternal and child health, and the women who experience both.



Call to action

SHIP stakeholders can work to create protective environments for preventing gender-based violence that also can help address persistent racial inequities in Delaware's maternal and child health outcomes. For instance, the Delaware SHIP 2020 Annual Report highlights activities implemented by Black Mothers in Power, a Black women-centered and grassroots Delaware initiative led by a group of dedicated Black mothers, aspiring Black mothers, and change agents (Black Mothers in Power, 2020). Formed in 2019, the group's mission is to drive the statewide campaign to build awareness, create community programming, and create regulations and policies to improve Black maternal care in Delaware (Black Mothers in Power, 2020). These strategies aim to create protective, affirming environments, such as culturally-specific, community-relevant, and trauma-informed programs, ally training, advocacy for implicit bias training in healthcare and other settings, and the creation and promotion of policies to better support women who are a part of marginalized communities (Black Mothers in Power, 2020). Black Mothers in Power uses an intersectional framework by examining and working to improve maternal health outcomes of Black Women who may also identify as being an immigrant; being a person with a disability, living with an addiction or mental illness; being a person experiencing homelessness, living with HIV/AIDS, being a teen mom, being a victim or survivor of domestic violence, identifying as LGBTQ, and/or having experienced incarceration (Black Mothers in Power, 2020). To learn more or get involved, visit [Black Mothers in Power](#).



Did you know

Intersectionality is a way of thinking about power, privilege, and oppression that takes into account how the intersection or combination of a person's social identities (like gender, race, class, sexuality, ability, religion, etc.) operate together and can exacerbate each other. An intersectional lens calls for public health efforts to account for how these social categories overlap and are mutually converging rather than isolated and distinct.

Source: Crenshaw, K., 1991. Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color. *Stanford Law Review*, 43(6), p.1241.

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