

## At-A-Glance: Gender-Based Violence and Public Health

### Recognizing Gender Based Violence as a Public Health Issue

According to the National Intimate Partner and Sexual Violence Survey, approximately 43.6% of women and 24.8% of men have experienced a form of sexual violence in their lifetime (NISVS, 2020). These numbers represent almost 80 million Americans who have experienced sexual violence (Smith et al., 2018). Although one quarter of Americans have experienced sexual violence, these issues continue to be prevalent.

Violence such as sexual violence and domestic abuse are part of a larger overarching term called gender-based violence (GBV) (CDC, 2020). This term is defined as any form of violence against an individual based on biological sex, gender identity, or expression (CDC, 2020). This includes physical, psychological, and sexual abuse such as female genital mutilation, coercion, or sexual exploitation (CDC, 2020). This violence has serious short- and long-term consequences on a person's physical, sexual, reproductive, and mental health as well as on personal and social well-being (NISVS, 2020).

**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

In order to put an end to GBV, we must strengthen our knowledge on this subject and how it relates to public health. GBV intersects with many of the leading public health priorities, such as maternal and child health, mental health disorders, chronic disease, and substance abuse disorders (Delaware SHIP Report, 2020). To leverage resources and maximize impact, education and community-engaged development and implementation of prevention policies, programs and practices addressing the root causes of health inequities like GBV can have a shared impact on population health (Wilkins et al., 2014). Understanding community and societal-level risk and protective factors for gender-based violence can also be beneficial to public health practitioners in their overall prevention and recognition of many types of violence as public health issues (Wilkins et al., 2014).

As a public health professional, it is equally important to receive education that focuses on the recognition and practices of helping victims of GBV. Those working in community health may be the first to come in contact with victims or those at risk of GBV, and therefore have a unique role to play in helping people safely receive information and access to GBV services and resources (DCADV, 2020). Likewise, recognizing how GBV can impact a person's sense of safety when accessing health care may help identify important barriers to success in community health programs or services (Wadsworth, Krahe, Searing, 2019).

Providing education to young adults is also an important strategy in GBV prevention. The CDC plays an integral role in outlining evidence-based education and resources for adolescents to promote safe dating, healthy sexuality, and training to help reduce the likelihood of victimization and perpetration of GBV (Basile et al., 2016). Safe Dates is one example of an evidence-based program for young adults that teaches “attitudes and behaviors associated with dating abuse and violence (Basile et al., 2016). Safe Dates includes important student-led components in schools and the community to change social norms and gender stereotypes (Basile et al., 2016). Modifying practices in schools, workplaces, neighborhoods, and social environments can help to promote healthy relationships in our communities (Niolon et al., 2017).

These evidence-based programs, if scaled up and part of a comprehensive prevention strategy, have the potential to be as successful as well-known public health accomplishments such as changing norms around wearing seatbelts, not smoking, and not drinking and driving.



### Call to action

Providing a comprehensive education for students as well as adults will be pivotal in reducing the rate of GBV in our communities. Education is a powerful driver of gender-based violence prevention because it empowers individuals and enables them to challenge discriminatory gender norms and power imbalances in society that create conditions for violence (UNICEF, 2016). However, harmful and entrenched norms and discriminatory practices in schools and in wider society can undermine educational efforts (UNICEF, 2016). Public health practitioners can aid in the success of these programs by advocating for their importance in schools and communities, while also making sure that multi-level, complimentary public health strategies help reinforce program goals (Delaware SHIP Report, 2020). Education and promotion of change in community norms and population-based policies for gender equity is key to reducing gender based violence (Basile et al. 2016). To learn more about public health efforts in Delaware and how to get involved, such as the Centers for Disease Control and Prevention funded programs and initiatives to prevent intimate partner and sexual violence, contact the [Delaware Coalition Against Domestic Violence](#).



### Did you know

In 1993, a special issue of Health Affairs addressed violence as a public health issue – the first special issue to examine violence as a public health problem. That same year, the CDC established the Division of Violence Prevention, one of three 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.

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

## References

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