

At-A-Glance: Gender-Based Violence and SHIP System-Wide Recommendations

The Role of Social Determinants of Health in Gender-based Violence

Our approach to population health is instrumental to the prevention of gender-based violence (GBV). Efforts to address GBV can too often be confined to individual-level approaches to violence and do not adequately consider how social determinants of health can either lay the groundwork for conditions that are dangerous, unhealthy, and ripe for GBV to occur, or conversely can help ensure optimal health and safety for all (McGibbon, 2012). Healthy People 2030 refers to social determinants of health (SDOH) as “the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life” (HP2030, 2020). Delaware’s State Health Improvement Plan (SHIP) lists neighborhood and built environments, education, economic stability, social and community contexts, and health and health care access as the five core SDOH (DHSS, 2020). These determinants lay the groundwork for structural forms of violence which are built into the fabric of society and maintain inequalities within different social groups, genders, and ethnic-cultural groups (Montesanti & Thurston, 2015).

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 decrease GBV within the state of Delaware, health officials and community members alike must seek to understand and address how social determinants of health works to create conditions for GBV. Delaware SHIP recommends that stakeholders use a SDOH approach across systems to improve population health.

Education is a critical SDOH. Looking solely at life expectancy rates, education often means a longer life for both men and women, and college graduates can expect to live five years longer than individuals who have not finished high school (Knight et. al, 2015). A parent’s education is also a determinant for their children’s health. Children whose parents have not finished high school are over six times as likely to be in poor or fair health as children whose parents are college graduates (Knight et. al, 2015). However, when examining the impact of education as it relates to GBV, research suggests a paradox may exist for women in certain contexts around whether or not educational attainment protects them from GBV or puts them at greater risk (Montesanti & Thurston, 2015). Research suggests that this is related to other SDOH, such as structural oppression and power dynamics, as women’s educational attainment can threaten existing power structures in both women’s personal relationships with men and broader society (Montesanti & Thurston, 2015). Addressing the impacts of structural oppression can inform the public health sector on how to partner with the education sector and others to strategically cultivate gender and health equity.

Especially in light of COVID-19 impacts, stabilizing the state’s economy can be extremely difficult. In response to the pandemic, more women than men have dropped out of the workforce, reduced work hours, left work to care for children, and spent more time on household tasks and at-home schooling (Kashen, Glynn, Novello, 2020). The CDC points out that poverty and low-income status have been directly linked to sexual violence (Basile et. al, 2016). Women and children who struggle with income inequality are forced into situations such as walking home alone, living in unstable and unsafe housing, limiting the time and opportunities parents have to supervise their children, or engaging in sex work out of financial necessity (Kashen, Glynn, Novello, 2020). State leaders should recognize how increases in economic insecurity could put more Delawareans at risk for GBV, and the financial dependability and extremely concerning conditions that victims may face as COVID-19 continues to impact society.



Call to action

Delaware SHIP's emphasis on the SDOH as a key priority area is based on the state health needs assessment and evidence on the effectiveness of this approach. Likewise, SHIP stakeholders applying a SDOH approach can ensure that the determinants of GBV are recognized and addressed in their efforts and that they have the best available evidence and data on GBV prevention to guide and inform their strategies. Delaware-based groups such as the Center for the Prevention & Study of Gender-Based Violence at the University of Delaware, the Delaware Coalition Against Domestic Violence, and the Delaware Alliance Against Sexual Violence may be key resources and partners.

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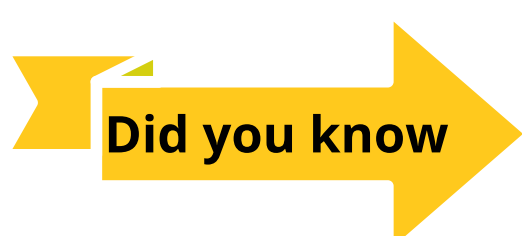
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Did you know

Studies show that social determinants drive more than 80 percent of health outcomes, with medical care closer to 10-20 percent.

Source: Manatt, Phelps & Phillips, LLP. (2019). *Medicaid's Role in Addressing Social Determinants of Health*. Robert Wood Johnson Foundation. Briefing Series: Key Medicaid Issues for New State State Policymakers, Issue 5.

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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

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