

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

A Bidirectional Relationship: Gender-based Violence and Substance Use Disorders

The drug-related death rate in the state of Delaware is currently more than double the national rate of the United States (KFF, 2021). Research shows that 1 in 10 Delawareans has struggled with a substance use disorder (SUD) at some point in their life (KFF, 2021). Substance use disorders are one of many factors that contribute to increasing rates of gender-based violence (GBV), particularly intimate partner violence (IPV), in our communities today (Delaware SHIP Report, 2020). Delaware SHIP recognizes substance use as one of several risk factors for GBV (Delaware SHIP Report, 2020). One study revealed that individuals with SUDs and a history of sexual violence presented higher rates of psychiatric symptoms, suicide attempts, legal problems, and financial and family problems than those who suffer from only SUDs (Schäfer et al., 2014). From a gendered perspective, it is important to note that “the relationship between substance use and IPV is bidirectional in women: while substance use places individuals at increased risk of IPV, the reverse is also true” (Choo et al., 2014). Research has proven that those who abuse substances are more likely to commit acts of GBV (Basile et al., 2016). We must all recognize the consequential role that substance use disorders play in the perpetuation of gender-based violence.

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

Disrupting upward trends of substance use in our communities is vital to ending GBV (Delaware SHIP Report, 2020). In order to do so, we must both educate ourselves on the two subjects and their relationship, and initiate partnerships between substance abuse systems and domestic violence or sexual assault programs (Bennet & Bland, 2008).

Unfortunately only 19% of state SUD treatment systems have solid partnerships with domestic violence agencies (Bennet & Bland, 2008).

Substance abuse often plays a fundamental role in cases of IPV (Delaware SHIP Report, 2020). From a gendered perspective, researchers have found that “the role substance abuse plays in men’s IPV is much more prominent than the role it plays in women’s victimization (Bennet & Bland, 2008). Despite these findings, “the relationship between substance abuse and IPV is complex and should not be reduced to ideas about one causing the other (Bennet & Bland, 2008). Having understood that, communities should collaborate in order to lower rates of both substance use disorders and IPV alike.

We must particularly shift our focus to “substance use coercion,” which is a “form of abuse targeted toward a partner’s use of substances” (National Center on Domestic Violence, Trauma, and Mental Health, 2019). This form of abuse is a clear example of how substance use disorders are both perpetuated by and perpetuate GBV. A survey by the National Center on Domestic Violence, Trauma, and Mental Health shows that “more than 60% of those who sought help for substance use said their abusive partners had tried to prevent them from accessing treatment (National Center on Domestic Violence, Trauma, and Mental Health, 2019). This is clearly a pattern that should be stopped in order to protect both survivors of GBV and those with addictions.



Call to action

All members of our communities have a vital role to play in advocating for prevention policies and programs, and recognizing the inherent place that substance use has in the perpetuation of gender-based violence. In addressing SUDs, the National Center on Domestic Violence, Trauma, and Mental Health recommends increasing cross-sector collaboration and training on substance use and IPV (National Center on Domestic Violence, Trauma, and Mental Health, 2019). Increasing access to coordinated, co-located, and integrated models by decreasing barriers to accessing services (including transportation and childcare) is also an important recommendation for community partners to note (National Center on Domestic Violence, Trauma, and Mental Health, 2019). The center points out that “coordinated and integrated services uniquely benefit survivors and are associated with decreased substance abuse or decreased experiences of violence” (National Center on Domestic Violence, Trauma, and Mental Health, 2019). If you believe these initiatives are necessary in your own community, contact your local government officials to advocate for them. If you work in either the public or private sector, recognize that you have the power to impact the lives of those affected by substance use disorders and GBV. Those who struggle with addiction and/or GBV deserve our help in ending these patterns.

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Did you know

In 2017, CDC scientists estimated the economic burden of rape in the United States. The results showed a staggering lifetime cost to society of \$122,461 per victim for a total lifetime cost to society of nearly \$3.1 trillion (in 2014 dollars).

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

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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.