

GENDER-BASED VIOLENCE AND HEALTH

Sexual assault and intimate partner violence (IPV) bear long-term implications for women's mental, emotional, physical and reproductive health. The health impacts of gender-based violence may be acute or chronic,ⁱ and those impacts may be seen and felt long after the violence has stopped. The effects of violence are often compounded by poverty, racism, and access to comprehensive health services, making the help-seeking and healing process much harder for some survivors.

YWCA is the largest network of domestic violence service providers in the United States, helping over 530,000 survivors each year. As such, YWCA supports policies that protect victims, hold perpetrators accountable, work to eradicate violence, and maintain safety nets for survivors. Specifically, we support the continuance and full funding for the Violence Against Women Act (VAWA), the Victims of Crime Act (VOCA), the Family Violence Prevention Act (FVPSA), and other legislation that is inclusive of the needs of all victims of violence, particularly those who often experience higher risks of violence, such as native women, immigrants, communities of color, and LGBTQ/TGNC survivors. YWCA also supports the strong and viable health care infrastructure currently provided by the Affordable Care Act (ACA), Medicaid, Medicare, state health insurance programs, and reproductive health service providers.

- Gender-based violence is a persistent reality in the lives of women: 1 in 4 women will experience domestic violence and, on average, more than 3 women are murdered by their partners in the U.S. every day.ⁱⁱ
- Women of color experience domestic violence and sexual assault at higher rates than the general population yet, due to many cultural and systemic factors, they are also less likely to report, utilize human services, domestic violence programs, or go to the hospital.
- Approximately 27.3 percent of women and 11.5 percent of men in the U.S. have experienced sexual violence, physical violence, or stalking by an intimate partner and reported at least one measured impact related to these or other forms of violence in that relationship.ⁱⁱⁱ
- Gender-based violence is a major cause of disability and death among women worldwide.^{iv} It causes health consequences ranging from physical injury, chronic pain, and anxiety and depression to deadly outcomes such as suicide and homicide.^v It is a risk factor for many physical, mental, and sexual and reproductive health problems.^{vi}
- Significantly more women and men with a history of sexual violence or stalking by any perpetrator, or physical violence by an intimate partner, report asthma, irritable bowel syndrome, frequent headaches, chronic pain, difficulty sleeping, and limitations in their activities compared to women and men without a history of these forms of violence.^{vii}
- Studies estimate that one-third of women who are raped contemplate suicide, and 13 percent of rape victims actually attempt suicide. In addition, almost one-third of all rape victims develop PTSD sometime during their lives.^{viii} Survivors of sexual assault also experience heightened instances of eating disorders, self-harming behaviors, addiction and sleep disorders.^{ix}

- Children who have witnessed domestic violence may experience PTSD, anxiety, nightmares, physical, behavioral, psychological, and cognitive effects as well as lowered school performance.^x
- Some studies have shown that the more severe and persistent the abuse, the more extreme the negative health outcomes will be.^{xi} Additionally, women who experience intimate partner violence have more health needs and seek health services more frequently than the general population, and their use of these services rises as the frequency and severity of violence increases.^{xii}
- Much like other forms of domestic violence, abusers use sexual assault as a tool of control and power. Intimate Partner Sexual Violence (IPSV) can be defined as any unwanted sexual contact or activity by an intimate partner with the purpose of controlling an individual through fear, threats or violence,^{xiii} and leads to increased risk of HIV through forced sex, restricting access to condoms or intentional condom sabotage (taking condoms off in the middle of sex, intentionally damaging condoms), forcing pregnancy and denying victims access to healthcare.
- More than half (51.1 percent) of female victims of rape reported being raped by an intimate partner.^{xiv} Further, survivors of child sexual abuse are also more likely to experience rape and intimate partner violence in adulthood.^{xv}
- Evidence links physical and sexual violence during pregnancy to many complications,^{xvi} including: low maternal weight gain, miscarriage and stillbirth and low-birth-weight babies.^{xvii}
- In primary care settings, physical or sexual abuse in childhood is reported by approximately 20 to 50 percent of adults; among patients with depression, irritable bowel, chronic pain, or substance abuse, prevalence of reported childhood physical or sexual abuse runs as high as 70 percent.^{xviii}
- Women experiencing domestic violence are three times more likely to report HIV/AIDS diagnosis. And women who were abused by their partners are 48 percent more likely to become infected with HIV. Across a number of studies, the rate of IPV among HIV-positive women (55 percent) was double the national rate, and HIV-positive women experienced more frequent abuse and a higher severity of abuse.^{xix}
- Note that domestic violence can be both a risk factor for and consequence of HIV/AIDS. One study showed that 45 percent of women living with HIV experienced physical abuse as a direct consequence of disclosing their HIV status.^{xx,xxi} Disclosure may escalate serious verbal threats to physical violence or may increase the severity of preexisting abuse.^{xxii} Other outcomes that may put the survivor in danger include threats of harm or outing HIV status to children or family or job/social network, loss of housing, restricting medications and even criminalization of HIV/AIDS in some states. These things put the survivor's health in jeopardy, and make leaving an abusive relationship more difficult.
- Trauma and intimate partner violence have negative health consequences on survivors with HIV. In fact, studies indicate that women living with HIV who have experienced gender-based violence:

- Take longer to be linked to HIV/AIDS care after being diagnosed^{xxiii}
- Are more likely to fall out of care^{xxiv}
- Are less likely to take antiretroviral therapy (ART)^{xxv}
- Are more likely to experience treatment failure^{xxvi}

Compounded with the devastating health and safety costs to survivors themselves, gender-based violence costs our health care systems, criminal justice systems, child welfare and other safety net systems billions of dollars, in addition to the losses of time and employment that survivors experience as a result of violence.^{xxvii} Based on estimates of the cost of intimate partner violence, studies have calculated that this type of violence costs about \$4.9 billion in the U.S. annually.^{xxviii} Further, survivors of violence miss 8 million paid work days per year in the U.S., leading to losses in health care, housing, and employment. Women who experience domestic violence are more likely to have been unemployed in the past, have health problems, experience homelessness and be receiving public assistance.^{xxix}

Since the Affordable Care Act was enacted, many survivors of domestic and sexual violence and childhood trauma—who need health care immediately after an assault and may also need longer-term care to address physical and mental health issues caused by an attack, abuse in childhood, or by a partner’s ongoing violence—have been able to get the care they need, when they need it. YWCA supports the maintenance of the ACA and opposes repeal of this legislation without a comprehensive replacement that preserves protections for women and families. YWCA also opposes changes to Medicaid, Medicare, and CHIP that would weaken benefits or reduce the number of people eligible for coverage.

Moreover, YWCA opposes efforts to limit the ability of reproductive health service providers to provide accessible, safe, and comprehensive services to patients. YWCA continues to maintain that any health care legislation must uphold—and states must not be allowed to waive—key provisions of the ACA, including protections for survivors of domestic violence so that they are not penalized if their abusers block their access to health coverage or penalized because of violence-related pre-existing conditions.

ⁱ Strengthening Health System Responses to Gender-based Violence in Eastern Europe and Central Asia, available at <http://www.health-genderviolence.org/guidance-for-health-care-professionals-in-strengthening-health-system-responses-to-gender-based-vi-4>.

ⁱⁱ Centers for Disease Control and Prevention. Preventing Intimate Partner Violence, 2017.

ⁱⁱⁱ National Center for Injury Prevention and Control, Division of Violence Prevention, Findings from the National Intimate Partner and Sexual Violence Survey 2010-2012 State Report, 2015.

^{iv} Krug et al., eds., World Report on Violence and Health, 2002.

^v S. Bott et al., Improving the Health Sector Response to Gender -Based Violence: A Resource Manual for Health Care Professionals in Developing Countries, New York.

^{vi} International Planned Parenthood Federation, Western Hemisphere Region, 2004.

^{vii} National Center for Injury Prevention and Control, Division of Violence Prevention April, 2017.

^{viii} National Violence Against Women Prevention Research Center. (2000). The Mental Health Impact of Rape. Charleston, SC: Medical University of South Carolina.

^{ix} Effects of Sexual Violence, RAINN 2017, available at <https://www.rainn.org/effects-sexual-violence>.

^x National Child Traumatic Stress Network, available at <http://www.nctsn.org/content/children-and-domestic-violence>

^{xi} WHO multi-country study on women’s health and domestic violence against women: initial results on prevalence, health outcomes and women’s responses, available at http://www.who.int/gender/violence/who_multicountry_study/en/

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- ^{xii} Black MC. Intimate partner violence and adverse health consequences: implications for clinicians. *American Journal of Lifestyle Medicine*, 2011, 5:428–39
- ^{xiii} Washington Coalition of Sexual Assault Programs, 2017, Retrieved From: <http://www.wcsap.org/intimate-partner-sexual-violence>
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- ^{xv} Id.
- ^{xvi} National Domestic Violence Hotline, “Pregnancy and Abuse: How to Stay Safe for Your 9 Months”, 2013, available at <http://www.thehotline.org/2013/07/pregnancy-and-abuse-how-to-stay-safe-for-your-9-months/>.
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- ^{xix} The Facts on Violence Against Women and HIV/AIDS, Futures Without Violence, 2017, available at <https://www.futureswithoutviolence.org/userfiles/file/HealthCare/The%20Facts%20on%20Violence%20Against%20Women%20and%20HIVAIDS.pdf>
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- ^{xxi} The Intersection of Women, Violence, Trauma, and HIV, AIDS United, available at https://www.aidsunited.org/data/files/Site_18/IntersectionofWomenViolenceTrauma3.pdf
- ^{xxii} Guidelines for Integrating Domestic Violence Screening into HIV Counseling, Testing, Referral & Partner Notification, New York state Department of Health, Revised 2013, available at <https://www.health.ny.gov/diseases/aids/providers/regulations/domesticviolence/guide.htm>
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