GENDER-BASED VIOLENCE & 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 restricted access to comprehensive health services, which make seeking help and healing much harder for some survivors.

It is critical to support policies that protect victims, hold perpetrators accountable, work to eradicate violence, and maintain safety nets for survivors., particularly the continuance and full funding for the Violence Against Women Act (VAWA), the Victims of Crime Act (VOCA), the Family Violence Prevention and Services 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+ survivors. We must also support 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.

FACTS

- Gender-based violence is a persistent reality in the lives of women: 1 in 4 women will experience domestic violence[ii] and, on average, more than 4 women are murdered by their partners in the U.S. every day.[iii]
- Women of color experience domestic violence and sexual assault at higher rates than the general population yet,[iv] due to many cultural and systemic factors, they are also less likely to report or seek help from law enforcement.[v]
- Approximately 25.1% of women and 10.9% 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.[vi]
- Gender-based violence is a major cause of disability and death among women worldwide.[vii] It causes health consequences ranging from physical injury, chronic pain, anxiety, and depression to deadly outcomes such as suicide and homicide.[viii] It is a risk factor for many physical, mental, sexual, and reproductive health problems.[ix]
- 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.[x]
- Studies estimate that one-third of women who are raped contemplate suicide, and 13% of rape victims attempt suicide. In addition, almost one-third of all rape victims develop PTSD at

some point during their lives.[xi] Survivors of sexual assault also experience heightened instances of eating disorders, self-harming behaviors, substance abuse, and sleep disorders.[xii]

- Children who have witnessed domestic violence may experience PTSD, anxiety, nightmares, physical, behavioral, psychological, and cognitive effects as well as lowered school performance.[xiii]
- Some studies have shown that the more severe and persistent the abuse, the more extreme the negative health outcomes will be.[xiv] 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.[xv]
- 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,[xvi] and leads to increased risk of HIV and other sexually transmitted diseases 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 health care.
- More than half (51.1%) of female victims of rape reported being raped by a current or former intimate partner.[xvii] Further, survivors of child sexual abuse are also more likely to experience rape and intimate partner violence in adulthood.[xviii]
- Evidence links physical and sexual violence during pregnancy to many complications, including low maternal weight gain, miscarriage and stillbirth, and low-birthweight babies.[xix]
- In primary care settings, physical or sexual abuse in childhood is reported by approximately 20 to 50% 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%.[xx]
- Additionally, domestic violence can be both a risk factor for, and a consequence of, HIV/AIDS. Women experiencing domestic violence are three times more likely to report HIV/AIDS diagnosis and HIV-positive women experience more frequent abuse and a higher severity of abuse.[xxi]
- 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[xxii]
    - Are more likely to fall out of care[xxiii]
    - Are less likely to take antiretroviral therapy (ART)[xxiv]
    - Are more likely to experience treatment failure[xxv]

Since the Affordable Care Act (ACA) 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 changes to Medicaid, Medicare, and CHIP that would weaken benefits or reduce the number of people eligible for coverage.

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