

SECTION 1: HEALTH AS A CORE VALUE OF DOMESTIC & SEXUAL VIOLENCE ADVOCACY PROGRAMS:

The Role of Advocates in Promoting Well-Being, Health Access

Healthcare access is a universal need and an important part of safety for survivors. Not only do domestic and sexual violence (DSV) have immense impacts on survivors' health, but many survivors are often kept from accessing health services or not able to prioritize their own health because of the abuse. DSV advocates have an opportunity to support the health and wellness of survivors, and are uniquely positioned to do so in many ways:

- Coming to a DSV program may be the first time that a survivor is able to focus on their own health needs.
- DSV programs have a holistic approach to support that recognizes that safety looks different for every survivor, and that wellness is an important part of safety.
- Advocates have the opportunity to offer time-sensitive health interventions, such as COVID-19 testing after exposure and emergency contraception to prevent pregnancy.
- Advocates can be members of the healthcare team, acting as liaisons with health providers to support survivors who may be intimidated by or distrustful of the medical system.
- Promoting health at a DSV organization can encourage a culture of wellness to flourish, not just for clients, but for staff as well.

DSV advocates know that safety and safety planning are much more complex than reducing risk of violence from an abusive partner. People who abuse use physical, emotional, and sexual abuse to gain and maintain power and control, inherently diminishing the choice and autonomy of the survivor. The work of DSV advocates is to support survivors in regaining self-determination and autonomy. Safety for survivors means that, not only is there no more violence, but meeting material needs and well-being. Therefore, safety planning, by definition, affirms and works towards the conditions that create well-being: social and spiritual connection, economic security, a safe and affordable place to live, and access to trauma-informed health care for survivors and their families ([Washington Coalition: Safer Planning](#)).

Safety planning is a process that occurs between survivors, advocates, and supportive networks. When envisioning this process happening on a larger scale, we can think of what conditions would need to be in place for whole communities to be healthy, connected, and safe. A frame for this approach is Health Equity. A public health approach and health equity framework requires us to look at what creates the conditions for well-being at all levels of our society. This resource is focused on what individual advocates and advocacy organizations can do to support the health and well-being of survivors, but will, throughout and particularly in section 6, name systemic changes that the anti-violence movement can advocate for in order to prevent violence and create well-being for survivors, their families, and their communities.

Health Equity as our North Star

Health equity means that individuals and communities have equitable access to the things necessary for well-being and self-determination, such that no one's health outcomes are the result of interpersonal or structural oppression.

Health equity requires:

- Centering historical marginalized, exploited, and oppressed communities
- A public health approach to violence prevention
- Focus on structural and systems change, not individual behavior change

This is a guiding framework for the National Health Resource Center on Domestic Violence. Learn more about our [core values](#).

» [Public Health Approach to Violence Prevention](#)

How Violence Impacts Health

Survivors seeking support at DSV programs likely have unaddressed health needs due to the significant negative impacts that violence has on health and well-being. In addition to injuries, abuse is associated with a range of health problems, including chronic pain, gastrointestinal problems, and reproductive health issues.^{1,2,3} Survivors of intimate partner violence were more likely to have chronic health conditions such as chronic pain, diabetes, arthritis, and asthma, as well as functional problems carrying out daily activities.^{4,2} Many of these health issues are associated with experiencing sustained toxic stress to the nervous systems that causes inflammation in the body.

Survivors who have been strangled, suffocated, or have suffered injuries to the head or face report headaches, gastrointestinal issues, dizziness, confusion and cognitive issues, depression, changes in mood, and insomnia, for weeks, months, and even years after the violence occurred.⁵

Research has also highlighted the negative impact of domestic and sexual violence on sexual, reproductive, and maternal health. Women who experienced domestic violence were more likely to report reproductive health problems such as irregular menstrual cycles, vaginal bleeding, and sexually transmitted infections.⁶ Additionally, domestic and sexual violence can lead to unintended pregnancies, as survivors may not have control over their own reproductive choices and access to contraception⁷: women who have experienced domestic and sexual violence are more like to have unintended pregnancies.⁸ Homicide is the leading cause of death for pregnant women in the US, many at the hands of an intimate partner.⁹

Moreover, survivors are more vulnerable to HIV, as forced sex and sexual coercion can increase the risk of contracting the virus.¹⁰ Thus, it is crucial to address and prevent domestic violence to ensure the sexual and reproductive health of survivors.

Survivors of partner violence were more likely to have inadequate prenatal care and were

at higher risk for adverse maternal outcomes, including gestational diabetes, pre-eclampsia, and cesarean delivery.^{11,12} Another study found that partner violence experienced during pregnancy was associated with higher rates of postpartum depression, and infants with increased risk for low birth weight and admission to the neonatal intensive care unit.¹³ Because of systemic racism and colonization, Black and Indigenous women face the greatest risks at the intersections of partner violence and childbearing.^{14,15}

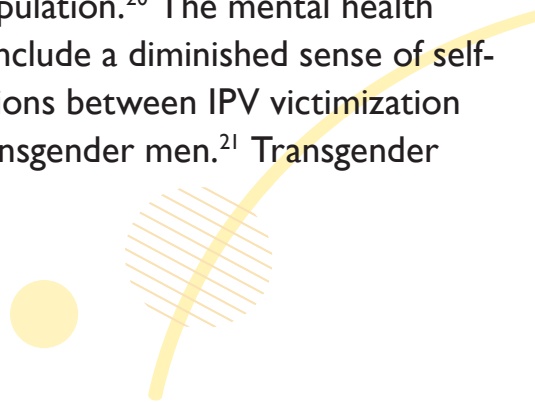
People who had experienced domestic violence as children were at increased risk of developing chronic health conditions such as diabetes and heart disease.¹⁶ The study also found that childhood exposure to domestic violence was associated with an increased risk of mental health problems such as depression and anxiety in adulthood.

These forms of violence can also have profound mental health consequences, including depression, anxiety, post-traumatic stress disorder (PTSD), and substance use issues.^{1, 2, 17} Research suggests that women who experienced partner violence were more likely to have suicidal thoughts and attempts.¹⁸

High rates of domestic violence are reported among women seeking mental health and substance use disorder treatment. In mental health treatment, 30-60% of women report victimization by an intimate partner, and in substance use disorder treatment, 47-90% of women report experiencing domestic violence in their lifetime.¹⁹

Studies of domestic violence survivors with mental health and substance use needs have focused mainly on cisgender women. Data on survivors who are transgender and gender non-conforming/non-binary, as well as data on survivors who are cisgender men are less available.

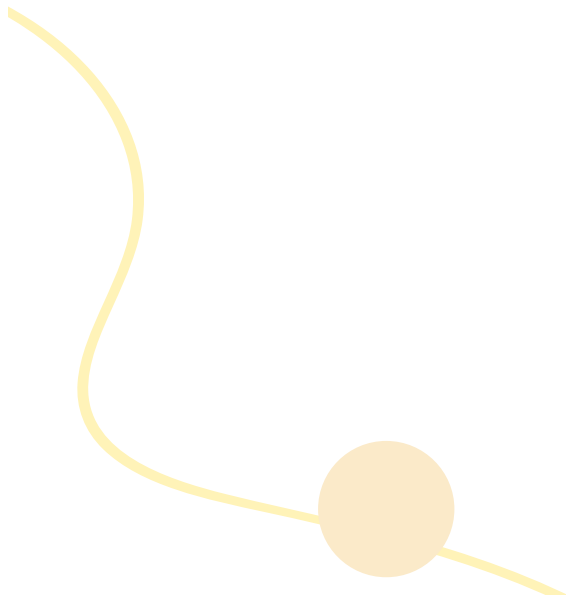
Cisgender men entering substance use treatment report higher rates of IPV victimization in comparison to men in the general population.²⁰ The mental health consequences of IPV victimization in cisgender men include a diminished sense of self-worth, suicidal ideation, PTSD, and anxiety. Connections between IPV victimization and anxiety were also found for gay, bisexual, and transgender men.²¹ Transgender



individuals who experience abuse from an intimate partner report worsened sexual health, mental health, and substance use disorder outcomes, pointing to IPV as a factor that worsens health disparities.²²

The negative health impacts are not limited to the immediate impact of abuse. As a result of abuse, survivors experience financial hardship, including loss of employment and reduced earning potential as a result of the abuse²³, food insecurity²⁴, housing insecurity, and more. All of which can have significant impacts on health. Isolation from friends, family, and other supports due to the COVID-19 pandemic exacerbated the impacts of abuse on survivors' physical and mental health.²⁵ Furthermore, survivors with intersecting and historically marginalized and exploited identities may also be suffering from the health impacts of structural oppression, harmful systems, discrimination, and inequitable healthcare access that are compounding.

Domestic and sexual violence have a range of negative health impacts, including physical and mental health problems, adverse pregnancy outcomes, and chronic health conditions. These impacts can be long-lasting and affect not only the survivors but also their families and the wider community. Not only does experiencing violence have a negative impact on survivors' health, but, often because of stigma, their partner's controlling behavior, and/or other considerable barriers, survivors are actually less likely to seek and obtain medical care when they need it. Survivors may be suffering the long term health impacts of abuse in previous relationships, even when they are no longer in a relationship with the person who hurt them.





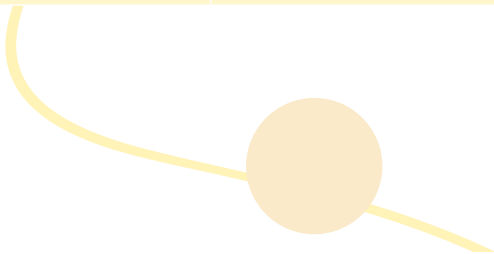
Control, Coercion, and Access to Care

Research has shown that abusive partners will restrict survivors from even accessing healthcare: surveys done by the National Domestic Violence Hotline found that 53% of callers reported that their partner had controlled or restricted their access to healthcare,²⁶ 23% had partners who pressured them to become pregnant, and 37% had experienced birth control sabotage from their partner.²⁷ Abused pregnant women are significantly more likely to miss prenatal visits compared to their non-abused counterparts.²⁸ Likewise, a systematic review found that IPV survivors who are living with HIV were significantly less likely to be able to seek HIV testing, act on linkage to HIV care, stay engaged with HIV care, initiate and be able to adhere to HIV anti-retroviral treatment, and ultimately achieve undetectable viral load.²⁹

Domestic violence commonly targets mental health and substance use. Mental health and substance use coercion include tactics to undermine a partner's sanity or sobriety, control their medication or treatment, sabotage recovery efforts, and limit access to treatment or support. In a survey of 2,546 callers to the National Domestic Violence Hotline, 89% of callers had experienced mental health coercion, and 43% had experienced substance use coercion.³⁰ While DSV is not caused by a person's mental health or substance use, the issues are related in that people who struggle with mental health or substance use are more vulnerable to DSV and people who experience DSV are, for a variety of reasons, more likely to struggle with their mental health and/or substance use. An abusive partner will take advantage of these dynamics and use them to further coerce their partner.

In addition to physical and sexual violence, abusive partners control and shame survivors about their health, well-being, and bodies in several different ways, including but not limited to:

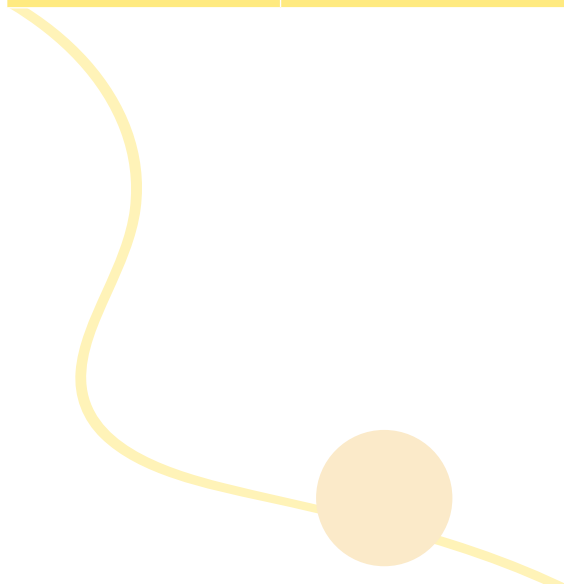
Medical and Health Abuse and Coercion	<ul style="list-style-type: none">• Restricting a survivor’s access to their healthcare provider• Insisting on being present for healthcare appointments• Sabotaging a survivor’s care plan, medication regimen, or health insurance• Criticizing or gaslighting a survivor for their health conditions.• Refusing to pay for needed medical care• Doing things that keep a survivor sick or unwell, to make them more reliant on abusive partner
Reproductive + Sexual Coercion and Pregnancy Abuse	<ul style="list-style-type: none">• Pregnancy pressure: Force, intimidate, or manipulate a survivor to become pregnant, carry to term, or terminate a pregnancy• Birth control sabotage: Poking holes in condoms, throwing away birth control pills, pulling out IUDs, removing condom during sex• Pregnancy abuse: Restricting access to pre- and perinatal visits, and creating an environment in which survivors feel unsafe having or raising a child• Sexual coercion: Pressuring or nagging someone to have sex or do something sexual they don’t want to do, threatening STI disclosure• Inflict violence that causes their partner to miscarry or deliver the pregnancy prematurely <p>» <u>Violence and Reproductive Health</u></p>



Disability Coercion, Abuse and Stigma	<ul style="list-style-type: none"> • Shaming a survivor for their disability • Refusing to provide care, meet access needs, help with daily tasks • Targeting people with disabilities to control or assault • Isolating a disabled survivor from their support network • Harming or disrespecting access and mobility device, service animal • Controlling access to finances or social disability checks
Mental Health Coercion	<ul style="list-style-type: none"> • Undermining a survivor’s sanity; gaslighting • Provoking, threatening, or forcing unnecessary commitment • Interrupting healthy routines • Interfering with mental health care: controlling medications, diagnosis, or overall engagement • Using stigma to isolate, discredit, or threaten • Blaming abuse and control on mental health • Suggesting that you have symptoms because you are not spiritual enough or that you have some kind of evil in you that is causing the symptoms <p>» <u>What is Mental Health and Substance Use Coercion?</u></p> <p>» <u>Mental Health and Substance Use Coercion Surveys: Report from the National Center on Domestic Violence, Trauma, and Mental Health and the National Domestic Violence Hotline</u></p>



Substance Use Coercion	<ul style="list-style-type: none"> • Introduction to or escalation of substance use • Forced use or withdrawal • Self-medication to cope • Sabotaging treatment access or recovery efforts • Using stigma to isolate, threaten, or discredit • Blaming abuse on use <p>» Substance Use Coercion, Opioids, and Domestic Violence</p>
HIV Coercion, Abuse, and Stigma	<ul style="list-style-type: none"> • Threatening to out a survivor’s HIV status • Shaming the survivor about their HIV status • Sabotaging a survivor’s HIV medication, PrEP, or care plan • Blaming survivor for abuser’s own HIV status <p>» HIV Power and Control Wheel</p>
Gender Affirming Care Coercion and Stigma	<ul style="list-style-type: none"> • Restricting access to gender-affirming care • Criticizing or gaslighting a survivor about transitioning or being trans • Sabotaging hormone replacement therapy • Restricting access to information about gender identity and gender affirming care



Anti-Fatness, Body Shaming and Control	<ul style="list-style-type: none"> • Criticizing a survivor about their body or the food they are eating • Controlling, coercing, or manipulating a survivor in regards to their body size, eating, or health conditions • Targeting a person because of their body size
Pandemic and Vaccine Coercion and Misinformation	<ul style="list-style-type: none"> • Restricting access to information about pandemic-related risk reduction, vaccines • Gaslighting survivors for taking risk-reduction steps • Spreading health mis-information as a means to control or coerce a survivor

What other ways have you seen abusive partners restrict access to healthcare, control healthcare decisions, or make a survivor feel bad about their body or health? Survivors may find many of these forms of abuse replicated in the healthcare system, particularly for survivors with marginalized or historically exploited identities, such as:

- Providers not believing survivors about their trauma,
- Providers that try to “diagnose and treat” by over-focusing on identifying victims, or recommending things like leaving the abuser or couples counseling,
- Medical racism, bias, anti-fatness, and discrimination,
- Stigma from health providers about surviving violence, drug use, sex work, parenting practices outside of white dominant culture,
- Inaccessible, non-inclusive healthcare spaces,
- Lack of language access in healthcare settings.

Being aware of these forms of abuse and barriers to care is crucial for DSV advocates to be able to partner with healthcare settings, address barriers, and support survivor well-being.

