

# CULTIVATING SOLUTIONS

## GENDER-BASED VIOLENCE

### WINTER 2020 ISSUE BRIEF



Interpersonal, relationship violence, also referred to as domestic violence or intimate partner violence, is a pattern of behavior that is used to establish power and control over another person.

These abusive behaviors can be emotional, verbal, physical, sexual, financial, or technological. Interpersonal, relationship violence occurs between current or former intimate partners, including spouses, dating partners or sexual partners.

## ADDRESSING GENDER-BASED VIOLENCE AT ITS ROOTS

Despite decades of crisis intervention, policy advancement, and funding for crisis services, domestic violence continues to affect a shockingly large proportion of the population. **It is estimated that 1 in 3 women and 1 in 4 men in the United States experience intimate partner violence during their lifetime.**<sup>1</sup> While many victims of interpersonal, relationship violence have been helped through intervention and community support, rates of violence remain largely unchanged.

As with most public health issues, the causes of domestic violence are complex and embedded most intractably in our attitudes, behaviors and cultural norms, and perpetuated through our institutions and systems. While figures for both domestic violence and sexual assault affirm that women are more likely to be victims (ranging from 82 – 85% of all cases), this is only part of the story. When men are victims of sexual assault, 93% reported their abuser was a man. Combining all genders, men

perpetrate 78% of reported assaults.<sup>2</sup> This is not a coincidence, it is evidence of learned behavior.

Gender inequality, narrowly-defined gender roles, and cultural attitudes that normalize violence are the conditions that support the growth and spread of interpersonal, relationship violence.

Recognizing domestic violence as a public health issue deeply entrenched in gender norms, the Foundation for Community Health (FCH), shortly following its inception, decided to support primary prevention efforts that work to change the community conditions that sustain interpersonal, relationship violence. Recently, the Foundation encouraged Women's Support Services (WSS) to develop an initiative that engaged the entire community in preventing violence. As a result WSS launched a coordinated community response, which is an emerging primary prevention model.

## INTERPERSONAL, RELATIONSHIP VIOLENCE HAS A PROFOUND EFFECT ON HEALTH

Approximately **13% of women** and **6% of men** have been physically injured as a result of domestic violence during their lifetime,<sup>3</sup> and more than half of all women murdered are killed by an intimate partner.<sup>4</sup> For lesbian and bisexual women and gay and bisexual men, the risk of experiencing physical violence is considerably higher.<sup>5</sup>

While the immediate victims of abuse face serious health issues such as post-traumatic stress, depression and anxiety, sleep difficulties, eating disorders, and substance abuse, the impact of domestic violence is far reaching, affecting the

physical health and well-being of children and family members, even if not directly abused.

The social and economic costs of interpersonal, relationship violence are enormous and have ripple effects throughout our community. Victims may suffer isolation, inability to work, loss of wages, lack of participation in regular activities, and limited ability to care for themselves and their children. These effects can be exacerbated further, as members of our rural area<sup>6</sup> already face significant challenges to employment, access to health care and to childcare.



**Gender-based violence is harm inflicted on individuals or groups that establishes, enforces, and perpetuates unequal gender/power relations and norms. It includes violence of all types against men, women, and children. Interpersonal, relationship violence is one of the manifestations of gender-based violence.**

Definition adapted from the United Nations

### Interpersonal, Relationship Violence is Preventable

The best way to mitigate gender-based violence is to prevent it from happening in the first place by addressing its root and structural causes. Prevention should start early in life, by educating and working with young people about gender equality and healthy relationships. Working with youth at critical times in their development is the best way to prevent gender-based violence because it provides the opportunity to redefine the norms and attitudes of the future. In fact, **early research has shown that teaching teen boys about positive expressions of masculinity reduces violence against women and girls.**<sup>7</sup>

**I learned that bystanders can do more than I thought, and that your intent and impact are two different things.**

Middle School Student at Sharon Center School





## WOMEN'S SUPPORT SERVICES LEADS EFFORTS TO PREVENT GENDER-BASED VIOLENCE IN OUR REGION

In 2017, through its partnership with the Foundation for Community Health (FCH), Women's Support Services (WSS) expanded its **Primary Prevention** and **Community Education** programs.

### PRIMARY PREVENTION PROGRAM



**I hope that for future generations, it becomes normalized for women to be strong, and for men to feel comfortable to share and show their emotions.**

Student at Housatonic Valley Regional High School

WSS prevention programming promotes three critical skills: **emotion regulation, communication, and conflict management.**

By teaching youth how to apply these skills in the context of their relationships, WSS works to inoculate students against unhealthy and/or abusive relationships in the future.

#### Middle School

At the middle school level, WSS talks about boundaries – setting them, respecting others, and what to do when boundaries are crossed.

Students are presented with scenarios and questions that allow them to explore their personal beliefs and those of their classmates, and discover information through group discussion and individual reflections.

#### High School

At the high school level, students dive deeper into conversations about relationships, discussing stereotypes, positive expressions of masculinity and femininity and cultural norms that impact our ability to form healthy connections.

At all levels, WSS creates space for young people to explore their own ideas and have conversations about topics that are often not discussed. This enables them to connect with each other, build empathy, and understand the concepts and information, leading to increased skill development, stronger self-advocacy, and improved confidence to express themselves.

### COMMUNITY EDUCATION PROGRAM



**Women's Support Services provided the Cornwall Volunteer Fire Department with a thorough training about domestic violence. This program has helped our organization better understand how to help individuals impacted by domestic violence, specifically by knowing the multitude of services provided by Women's Support Services.**

Elizabeth Ridgway, 2nd Lieutenant, Cornwall Volunteer Fire Department

Through its community programming WSS engages **adults** and **leaders** in parallel conversations so that the wider **community** can examine and shift attitudes that normalize violence.

Community Education programs at WSS create partnerships with a diverse group of stakeholders to effectively respond to violence in our community. These programs raise awareness among – and provide skills to – healthcare professionals, first responders, businesses and civic organizations, educators, and faith communities. Ultimately, victims benefit from providers' increased knowledge about the complexities of interpersonal, relationship violence and resources available for support.

**Coordinated community response (CCR) programs engage the entire community in efforts to develop a common understanding of violence against women and to change social norms and attitudes that contribute to violence against women.<sup>8</sup>**



## COORDINATED COMMUNITY RESPONSE VISION FOR THE FUTURE

Women's Support Services' Primary Prevention and Community Education programs facilitate a coordinated community response to the public health crisis of interpersonal, relationship violence. By providing youth and adults with information that allows them to examine their attitudes and beliefs about gender norms, power and control WSS creates a community-wide dialogue that changes how the community responds to interpersonal, relationship violence.

WSS envisions a world in which everyone can be themselves, have healthy relationships, and live free of interpersonal, relationship violence.

WSS creates social change to end interpersonal, relationship violence by challenging attitudes and beliefs about power, control, and gender norms and by advocating for victims and survivors.

**This mission requires active engagement from individuals and organizations. WSS invites participation from everyone:**

INDIVIDUALS	HEALTH CARE PROVIDERS/FIRST RESPONDERS/LAW ENFORCEMENT	PARENTS AND FAMILIES	BUSINESSES AND CIVIC ORGANIZATIONS	FAITH COMMUNITIES	SCHOOLS
<ul style="list-style-type: none"> <li>Examine your attitudes and beliefs about gender.</li> <li>Learn the signs of interpersonal, relationship violence.</li> <li>Believe, don't blame, victims.</li> <li>Participate in a training or volunteer.</li> </ul>	<ul style="list-style-type: none"> <li>Schedule annual trainings on screening and responding to domestic violence.</li> <li>Participate in a coordinated community response with providers and your local domestic violence agency in order to better serve victims.</li> </ul>	<ul style="list-style-type: none"> <li>Talk to youth about healthy relationships and boundaries.</li> <li>Support your local schools' prevention programming.</li> </ul>	<ul style="list-style-type: none"> <li>Ensure your workplace has training and policies in place regarding domestic violence.</li> <li>Fund agencies and programming that address gender-based violence.</li> </ul>	<ul style="list-style-type: none"> <li>Host a community conversation on gender-based violence.</li> <li>Support victims of interpersonal, relationship violence.</li> </ul>	<ul style="list-style-type: none"> <li>Implement gender-inclusive policies and practices.</li> <li>Engage boys and men in conversations about positive masculinity.</li> </ul>

### ENDNOTES

- Smith, S.G., J. Chen, K.C. Basile, L.K. Gilbert, M.T. Merrick, N. Patel, M. Walling, and A. Jain. 2017. The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Centers for Disease Control and Prevention, "National Intimate Partner and Sexual Violence Survey," [https://www.cdc.gov/violenceprevention/pdf/nisvs\\_report2010-a.pdf](https://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf), January 2020.
- Centers for Disease Control and Prevention, "National Intimate Partner and Sexual Violence Survey," <https://www.cdc.gov/violenceprevention/pdf/2015data-brief508.pdf>, November 2019.
- Petrosky E, Blair JM, Betz CJ, Fowler KA, Jack SP, Lyons BH. Racial and Ethnic Differences in Homicides of Adult Women and the Role of Intimate Partner Violence — United States, 2003–2014. MMWR Morb Mortal Wkly Rep 2017;66:741–746. DOI: <http://dx.doi.org/10.15585/mmwr.mm6628a1External>.
- 43.8% of lesbian women and 61.1% of bisexual women have experienced rape, physical violence, and/or stalking by an intimate partner at some point in their lifetime, as opposed to 35% of heterosexual women. 37.3% of bisexual men have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime, in comparison to 29% of heterosexual men. Centers for Disease Control and Prevention, "Intimate Partner Violence in the United States — 2010," [https://www.cdc.gov/violenceprevention/pdf/cdc\\_nisvs\\_ipv\\_report\\_2013\\_v17\\_single\\_a.pdf](https://www.cdc.gov/violenceprevention/pdf/cdc_nisvs_ipv_report_2013_v17_single_a.pdf).
- In Connecticut: Canaan, Cornwall, Warren, Falls Village, Goshen, Kent, Norfolk, Salisbury/Lakeville and Sharon. In New York: Amenia/Wassaic, Ancram, Copake, Dover/Dover Plains, Wingdale, Millbrook/Washington, Millerton/North East, Pine Plains and Stanfordville.
- Banyard, V. L., Edwards, K. M., Rizzo, A. J., Theodore, M., Tardiff, R., Lee, K., & Greenberg, P. (2019). Evaluating a gender transformative violence prevention program for middle school boys: A pilot study. Children and Youth Services Review, 101, 165-173.
- UN Women, "What is a coordinated community response to violence against women?" <https://www.endvawnow.org/en/articles/127-what-is-a-coordinated-community-response-to-violence-against-women.html> January 2020.

## WSS WOMEN'S SUPPORT SERVICES

Women's Support Services is committed to ending interpersonal, relationship violence and advocating for victims and survivors. Our

services include a 24-hour crisis hotline, emergency shelter, individual counseling, legal advocacy, support groups, and referrals. To facilitate coordinated responses to violence in our community, we provide training to first responders and service providers, and engage community groups, businesses, and the faith community in conversations about the impact of domestic violence. We also offer healthy relationship programming for students from pre-school through high school, and recently launched a Boys + Men Initiative that is designed to support the healthy emotional and social development of boys. All services are confidential and free of charge.

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The Foundation for Community Health (FCH) is a private, non-profit philanthropy dedicated to improving the health and well-being of people living in the northern Litchfield Hills of Connecticut and the greater Harlem Valley of New York, through grantmaking, technical assistance, capacity building, advocacy, and research. The foundation is a supporting organization of the following: Berkshire Taconic Community Foundation, Inc.; Community Foundations of the Hudson Valley, Inc.; and the Northwest Connecticut Community Foundation, Inc. FCH strives to improve access to quality rural health care services; build effective and innovative collaborations; and promote the implementation of prevention and early intervention strategies. Initially FCH was funded by assets from the 2003 sale of Sharon Hospital from a non-profit to a for-profit institution.

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