



Violence Against Women Health Initiative Act of 2011

Background:

Domestic and sexual violence is a health care problem and one of *the most significant* social determinants of health for women and girls. A few facts:

- Nearly one in four women in the United States reports experiencing violence by a current or former spouse or boyfriend at some point in her life, and one in six women reported experiencing a completed sexual assault.
- Research published in the Journal of Women's Health in 2007 found that women who are victimized by violence have 17 percent more primary care doctor visits, 14 percent more specialist visits, and 27 percent more prescription refills than non-abused women.
- The Centers for Disease Control and Prevention (CDC) conservatively estimates that intimate partner rape, physical assault and stalking costs the health care system \$8.3 billion annually from direct injuries and services.
- In addition to the immediate trauma caused by abuse, it contributes to a number of chronic health problems. The CDC classifies violence and abuse as a "substantial public health problem in the United States."

Despite the scope of this issue, a critical gap remains in the delivery of health care to victims. Many providers discharge a woman with only the presenting injuries being treated, leaving the underlying cause of those injuries unaddressed. The health system provides an important entry point to reduce violence and abuse and can improve the health status of women. However, without training and support on how assess and respond, providers are not routinely assessing and responding to abuse, missing an important opportunity to help victims and prevent more serious abuse.

Routine assessment for intimate partner violence has been recommended for health care settings by the American Medical Association, American Psychological Association, American Nurses Association, American College of Obstetricians and Gynecologists, American Academy of Pediatrics, and the Joint Commission on the Accreditation of Health Care Organizations.

Violence Against Women Act (VAWA)

In the last reauthorization of VAWA in 2005, a new health title was included to develop a public health response to abuse by strengthening the health care system's identification, assessment and response of victims. **As VAWA is scheduled to expire in 2011, we propose a marker bill, entitled "Violence Against Women Health Initiative," to reauthorize the existing three health programs at current funding authorization levels.**

1. Grants to Foster Public Health Responses to Intimate Partner Violence and Sexual Violence

The existing program, entitled "Project Connect: A Coordinated Public Health Initiative to Prevent Violence Against Women," is working with two southern California tribes and eight states (Arizona, Georgia, Ohio, Iowa, Maine, Michigan, Texas, and Virginia) to promote statewide responses to integrate

assessment and response to violence and abuse into family planning, adolescent health, and home visitation programs. Since its first funding was appropriated in FY09, Project Connect has had a significant impact. With over 1,500 providers from 50 clinical sites receiving training, programs serving over 200,000 women will integrate assessment for abuse into routine care this year and offer help when needed. The coordinated state-level teams of public health and domestic and sexual violence partners are also creating lasting policy changes by including assessment of violence into statewide nursing guidelines and improving data collection by adding new questions to statewide surveillance systems. A future goal is to further improve the capacity of health programs to serve sexual assault victims and expand the states participating in the program. The program is authorized at \$5 million.

2. Training and Education of Health Professionals on How to Respond to Violence and Abuse

This program enables medical and other allied health professional schools to develop, implement, evaluate, and disseminate education and training curricula to respond abuse across the lifespan. So far, new education materials for providers and patients/clients have been developed on the connection between abuse and their health. The program has also developed a national training of providers through an e-Learning platform. Expanded eligible entities would include other health professional schools, allied health training programs, and national health and trauma-related associations. The program is authorized at \$3 million.

3. Research on Effective Public Health Approaches to End Violence Across the Lifespan

This section would provide funding for the Centers for Disease Control and Prevention (CDC) and Administration for Healthcare Research and Quality (AHRQ) to evaluate effective interventions within the health care setting to prevent violence and abuse across the lifespan, address and prevent the physical and mental health effects of such violence, and improve the safety and physical and mental health of individuals that are currently being victimized. The program is authorized at \$5 million.

The Violence Against Women Health Initiative received a funding allocation of \$1.5 million in Fiscal Year (FY) 2009 and \$2.15 million in FY2010 through the U.S. Department of Health and Human Services' Office of Women's Health, with support from the Administration on Children and Families. The President's FY12 budget would include level funding.

To cosponsor the bill, please contact Sarah Norman with Rep. Slaughter at sarah@mail.house.gov or 202.225.3615. For questions, please contact Sally Schaeffer with the Family Violence Prevention Fund at sally@endabuse.org or 202.595.7384.