



Violence Against Women Act of 2011 (Title V)

Violence Against Women Health Initiative Act of 2011 (S. 1765/H.R. 1578)

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-third of women in the United States report being physically or sexually abused by a husband or boyfriend some time in their lives.
- 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.
- A study released in 2010 that compared victims with never-abused women found victims had approximately a six-fold increase in clinically identified substance abuse, a more than three-fold increase in receiving a depression diagnosis, a three-fold increase in sexually transmitted diseases, and a two-fold increase in lacerations.
- The Centers for Disease Control and Prevention (CDC) conservatively estimates that intimate partner violence costs the health care system \$8.3 billion annually from direct injuries and services.

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 not addressed. Universal 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, Senator Hagan introduced a companion bill to H.R. 1578 introduced by Reps. Slaughter and Bass, to reauthorize VAWA's health title. Senator Hagan's bill will consolidate the three existing programs into one program and reduce the funding authorization levels by more than 20 percent with changes designed to increase evaluation and accountability. The current appropriated funding level is very modest at \$2.3 million through the U.S. Department of Health and Human Services' Office on Women's Health. This bill mirrors the language included in S. 1925, the recent Leahy/Crapo sponsored Violence Against Women Act of 2011.

The Violence Against Women Health Initiative Act of 2011 will consolidate these three programs:

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

The existing program is working in eight states with statewide collaborations to integrate treatment and referral for domestic and sexual violence into family planning, adolescent health, and home visitation programs.

2. Training and Education of Health Professionals

This program supports partners including health professional schools, allied health training programs, and national health and trauma-related associations to develop, implement, evaluate, and disseminate education and training curricula to respond to lifetime exposure of violence and abuse.

3. Research on Effective Public Health Approaches to End Violence Against Women

This section would support research 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.

Current endorsing organizations of the House companion bill include:

Academy on Violence and Abuse, American Academy of Child & Adolescent Psychiatry, American Academy of Family Physicians, American Academy of Nursing, American Academy of Neurology, American Academy of Pediatrics, American Association of University Women, American College of Obstetricians and Gynecologists, American College of Physicians, American Dental Association, American Medical Association, American Medical Women's Association, American Psychological Association, Association of Women's Health, Obstetric and Neonatal Nurses, Black Women's Health Imperative, California National Organization for Women, Casa de Esperanza, Futures Without Violence (formerly Family Violence Prevention Fund), Gay and Lesbian Medical Association, International Association of Forensic Nurses, Jewish Women International, Medical Society of the District of Columbia, Men Can Stop Rape, National Assembly on School-Based Health Care, National Association of Social Workers, National Association of VOCA Assistance Administrators, National Center on Domestic Violence, Trauma & Mental Health, National Coalition Against Domestic Violence, National Coalition of Anti-Violence Programs, National Congress of American Indians, National Latina Institute for Reproductive Health, National Partnership for Women and Families, Nurses Network on Violence Against Women International and the UJA-Federation of New York

For questions, please contact Sally Schaeffer with Futures Without Violence, formerly the Family Violence Prevention Fund, at sschaeffer@futureswithoutviolence.org or 202.595.7384. To cosponsor the VAWA of 2011, please contact Anya McMurray with Senator Leahy at 202-224-7703. To cosponsor the stand-alone health bill, please contact Michelle Adams with Senator Kay Hagan at michelle_adams@hagan.senate.gov or Cheri Hoffman with Rep. Louise Slaughter at cheri.hoffman@mail.house.gov.