

# Violence Against Women Health Act of 2018

## Summary

**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:

- Millions of Americans experience domestic or sexual violence each year. According to the Centers for Disease Control and Prevention (CDC), 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 and **43.6% of women experience some form of sexual violence** contact in their lifetime.
- Research published in the American Journal of Preventive Medicine found the **lifetime cost of rape was \$122,461 per victim** with 39% of that total in medical costs.
- In 2012, in California, the largest tangible cost of rape and other sexual assaults was **mental health care at \$5.6 billion** – more than half of the total tangible costs.
- Studies find **high rates of domestic violence among people receiving services in mental health and substance use abuse treatment settings**: 31% to 67% of women in substance use disorder treatment programs report experiencing domestic violence within the past year and over 50% of survivors of domestic violence have experienced depression, PTSD, substance use and suicidality.

Despite the scope of this issue, a critical gap remains in the delivery of health care to victims. In 2013, the U.S. Preventive Services Task Force recommended that clinicians screen women of childbearing age for intimate partner violence (IPV), such as domestic violence, and provide or refer women who screen positive to intervention services. While this has increased the number of patients screened, more collaboration between health systems and advocates is needed to connect victims to services to help them escape the abuse and overall improve the health and safety of victims.

### **History and Success of VAWA Health Title**

A health title was added to VAWA in 2005 to develop a public health response to abuse by strengthening the health care system's identification, assessment and response of victims.

The latest reauthorization of VAWA in 2013 continued authorization of the Violence Against Women Health program. This initiative administered by HHS' Office of Women's Health trains health care providers and strengthens collaborations between public health and domestic violence agencies to better identify and serve victims of violence. **The program has trained more than 13,000 health care providers to assess for and respond to domestic and sexual violence in over 230 clinical settings serving more than 1,275,000 patients.**

### **The Violence Against Women Health Act**

In addition to reauthorizing the current VAWA health program, the bill would make a few updates without increasing the current authorization of \$10 million:

- Add a focus on early childhood programs and abuse in later life to recognize the lifetime impacts of violence and abuse;
- In VAWA 2013, mental health is included. The request is to **include behavioral health more intentionally to encompass "mental health AND substance use disorder"** to acknowledge the high number of victims receiving services in mental health and/or substance use disorder treatment settings and the impact of the opioid crisis on women and their families;
- Support development, dissemination, and evaluation of **best practices, tools, training materials and technical assistance** for behavioral health providers and advocates;
- Create a **state-level pilot program** to incentivize substance use disorder treatment providers to be trained on how to recognize and respond to substance use coercion as well as overall training on intimate partner violence and ongoing safety, including programs for pregnant and parenting women. The pilot program would also include partnerships with domestic and sexual violence organizations at the state and local level;
- Authorize **new research and improve data collection of existing federal surveys** by including questions about coerced use and efforts by an abusive partner or others to interfere with treatment and/or sabotage recovery. Some examples of data collection opportunities are CDC's Behavioral Risk Factor Surveillance System (BRFSS), SAMHSA's National Survey on Drug Use and Health (NSDUH), and CDC's National Intimate Partner and Sexual Violence Survey (NISVS).