

Policy Priorities for Preventing and Improving Health Care Responses to Sexual and Domestic Violence

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Overall Goals:

1. Improve the capacity of health care providers to recognize and respond to sexual and domestic violence and provide trauma-informed and culturally-appropriate responses to survivors
 - a. Train health care providers on evidence-based “CUES” intervention
 - b. Train health care providers to address implicit bias and racism in identifying and preventing domestic violence and sexual assault and helping survivors.
 - c. Better understand and respond to GBV in adolescent, sexual and reproductive health and maternal health settings as well as better integrate knowledge and awareness of violence into mental and behavioral health treatment.
2. Increase resources and attention focused on prevention and early intervention, including addressing dating violence among teens and youth.
3. Fully fund services that help victims/survivors of sexual and domestic violence heal via traditional and culturally specific practices.

Legislative and Funding Priorities

Family Violence Prevention and Services Act (FVPSA) – \$500 million request

The Family Violence Prevention and Services Act (FVPSA) program is the only federal funding source dedicated solely to addressing domestic violence. It funds domestic violence shelters, emergency hotlines, counseling, and programs for underserved communities throughout the United States, Tribal nations and territories. It also provides training and technical assistance and funds the Survivor Leadership Cohort funded through the National Health Resource Center. FVPSA also includes the Specialized Services for Abused Parents and Children program, which supports shelters and other community-based agencies to address the specific needs of children exposed to domestic violence. We urge Congress to provide \$500 million for FVPSA, including \$250 million for cash assistance to survivors.

Violence Against Women Act (VAWA) Health (*Office of Women's Health*) - \$20 million

The Violence Against Women Act included programs to help the health care system address the needs of survivors of domestic violence, dating violence, sexual assault and stalking. Administered by the Office of Women’s Health at HHS, this program reduces the harmful health consequences of violence and helps connect survivors of domestic and sexual violence to supportive services by funding partnerships between domestic and sexual violence agencies and coalitions and health care providers and public health

systems. According to the CDC's NISVS survey, 42 percent of women who were victims of intimate partner violence reported an injury and 22 percent needed medical care associated with the violence. This is in addition to the mental and behavioral health consequences of violence and abuse.

Health Resources and Services Administration - \$2 million

In 2023, the Health Resources and Services Administration (HRSA) released their second 3-year Strategy to Prevent Intimate Partner Violence. The strategy includes a focus on how health care systems, with a focus on community health centers, can better recognize and address the health consequences of violence and abuse and do more to prevent domestic violence utilizing evidence-based programs. This Strategy incorporates lessons learned from the successful Project Catalyst and funding would support implementation of the strategy and training for community health centers to better address domestic violence, including sexual assault and human trafficking.

VOCA - highest possible VOCA CVF cap level

The Victims of Crime Act (VOCA), enacted in 1984, created the Crime Victims Fund, administered out of the Department of Justice. The CVF is not taxpayer money and is financed by fines, forfeitures, and other penalties paid from federal prosecutions and non-prosecution and deferred prosecution agreements. The CVF is dedicated solely to supporting victims of crime and provides funding to domestic and sexual violence victims and the organizations who serve them as well as those who serve child victims of abuse and violence. The FY24 appropriations bill significantly lowered the cap on yearly disbursements from the CVF, which is forcing victim service programs to reduce or eliminate services, lay off staff, and in some cases close their doors. We urge Congress to advocate for the highest possible VOCA CVF cap level in FY25.

Rape Prevention and Education (RPE) – \$100 million

The Rape Prevention and Education (RPE) program, administered by the CDC Injury Center, provides funding to states and territories to support rape prevention and education programs and services that are provided by rape crisis centers, state sexual assault coalitions, and public health departments. RPE funds also go to research with a particular focus on building the evidence base to *prevent* rape and sexual assault. Demand for prevention has increased, but so has demand for services, often forcing organizations to choose between prevention and immediate services.

Child Sexual Abuse (CDC) - \$10 million

The CDC launched a new program 3 years ago to address the prevention of child sexual abuse given the enormous harm it causes.

- About 1 in 4 girls and 1 in 20 boys in the United States experience child sexual abuse.
- Someone known and trusted by the child or child's family members, perpetrates 91% of child sexual abuse.

Because there still remains significant shame and fear around reporting child sexual abuse we assume these are underestimations. Child sexual abuse also is a major driver of poor

health including significantly increased risks of mental health problems and substance abuse as well significantly higher rates of suicide for those who were abused.

Teen Dating Violence Prevention Act

Just introduced by Reps. Annie Kuster (D-NH) and Marc Molinaro (R-NY), this bipartisan legislation would equip young people with the tools and education to engage in healthy relationships. The bill directs the Secretary of Health and Human Services to establish a grant program to provide schools and youth-serving organizations with funding opportunities to develop tools and educational resources aimed at recognizing and preventing teen dating violence.

Protecting Moms from Domestic Violence Act * (awaiting re-introduction)

This legislation, originally sponsored by Rep. Gwen Moore, from the 117th Congress addresses the high rates of partner violence experienced by pregnant people and in particular the role of domestic violence homicide as a tragic driver of maternal mortality. It would establish a grant program and require studies to address adverse maternal health outcomes among victims of intimate partner violence, human trafficking, forced marriage, and similar harms. Operated out of HRSA, grants would go to state, tribal, or local governments, maternal care providers, institutions of higher education, and community organizations for improving maternal and child health outcomes for victims of such harms.

Through this legislation, HHS would contract with the National Academy of Medicine (or a similar entity) to conduct a study examining whether these harms increase the risk of suicide and substance use among pregnant and postpartum persons and other maternal health topics. The bill also requires HHS to disseminate guidance on developing protocols and creating partnerships to address intimate partner violence and similar harms.

Strengthening Protections for Domestic Violence and Stalking Survivors Act

This legislation prevents convicted stalkers and all former dating partners convicted of a domestic violence offense from buying or owning firearms, regardless of when the relationship occurred. Reps. Dingell's (D-MI) and Fitzpatrick's (R-PA) legislation would ensure that survivors of violence from their dating partners would receive the same protections as similarly situated spouses. This builds on progress made in the recently passed Bipartisan Safer Communities Act.

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