

## In the Time of #MeToo, Protections for Survivors Still At Risk

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As Dr. Christine Blasey Ford faced hostility from the Senate Judiciary Committee regarding the nomination of Brett Kavanaugh, another pivotal piece of women's rights was under attack: the Violence Against Women Act (VAWA) expired, with little indication reauthorization was underway.

That's hardly surprising in light of the difficulties that came about from 2013's reauthorization process. As Congress continues to become more and more polarized, legislation that addresses marginalized groups like Native Americans and LGBTQ individuals will continue to be sidelined.

But the cost of not reauthorizing VAWA may be significant for survivors who desperately need the protections it provides. Signed into law in 1994 by then President Bill Clinton, VAWA emphasized the creation of a coordinated community response to sexual violence, stalking, and domestic violence. Under expansions provided in the 2000 and 2005 VAWA reauthorizations, enhanced protections and grants for services created a decline in domestic violence victims, with a 53 percent

decline in reported incidents of violence against women between 1993 and 2008.

While VAWA did not provide direct access to clinical health care services, it included key provisions and authorized grants that strengthen access to preliminary screenings to identify survivors and hotlines that can encourage survivors to seek necessary services. The 2013 VAWA Reauthorization expanded protections to same sex couples, victims of human trafficking, and Native Americans.

Still, the health consequences for survivors of sexual and domestic violence continue to alarm advocates. Incidence of violence against women is associated with increased risk of contracting sexually transmitted infections (STIs), cervical cancer, and mental illness. Low income survivors in particular suffer from lack of access to care for acute injuries, which may continue the harm caused by the violence they have suffered.

Such consequences extend beyond the immediate health effects. Research finds that individuals who experience chronic intimate partner violence see higher rates of physical

health issues, and women only experiencing intimate partner violence within the last three years experience direct employment instability. This leads to eight million total lost days of paid work and increased spending on health care interventions and other services. Studies demonstrate that 21 percent of victims disclose their abuse to a doctor or nurse and document the long term consequences of lack of health care access on domestic violence survivors, so it is imperative that VAWA reauthorization incorporate a more direct expansion of protections to include health coverage for survivors.

From a public health perspective, this epidemic continues with no sign of stopping and must be actively combated through VAWA reauthorization among other legal and policy interventions. The VAWA of 2019 (H.R.1585) would address gaps in coverage by expanding grants to strengthen the health care response to violence against women, including expanding on the work of state domestic and sexual violence coalitions and incorporating questions on domestic violence and sexual assault into national and state surveys. There would also be priority given to programs administered through the U.S. Health Resources and Services Administration, Office of Women's Health.

As we move forward in addressing #MeToo, it is vital that we emphasize the increased risk for domestic violence for women of color, particularly American Indian and Alaskan Native women who would receive Indian Health Service grants through VAWA reauthorization. Overall, white women are the least likely to experience domestic violence and the most likely to receive social services, a gap in care that

cannot be addressed until the United States bolsters VAWA for the next five years.

Through these new provisions and expanded access from the Patient Protection and Affordable Care Act, survivors would see better, survivor-centered care, filling the gap in care currently seen within the health care system. It's time to provide concrete support for survivors within our society and support the reauthorization of the VAWA—without it, long-term health consequences of sexual and domestic violence will go undeterred, and the cost to survivors and society will remain high. Call your Senator and ask them to support the VAWA of 2019.

### **About the Author**

Amanda Graff graduated with an MPH in 2019 from the Harvard T.H. Chan School of Public Health.

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