

Protect Moms from Domestic Violence Act

Sponsored by: Congresswoman Gwen Moore, Senator Jeanne Shaheen, Congresswoman Lauren Underwood; Congresswoman Alma S. Adams, PhD., Congresswoman Ann McLane Kuster

Endorsed by: Futures Without Violence, National Center on Domestic Violence, Trauma, and Mental Health, March of Dimes, National Indigenous Women's Resource Center (NIWRC), American College of Obstetricians and Gynecologists (ACOG), Ujima: The National Center on Violence Against Women in the Black Community; National Coalition Against Domestic Violence (NCADV), National Network to End Domestic Violence; Seattle Indian Health Board; American Medical Women's Association, Academy on Violence and Abuse, Institute of Women and Ethnic Studies, Ser Familia Inc., Restoration Diversion Services, Apna Ghar (Our Home), Inc., Living Springs Counseling, YCC Family Crisis Center, Contra Costa Regional Medical Center

Background:

According to the Centers for Disease and Control (CDC), around 1 in 4 women have experienced sexual violence, physical violence, or stalking by an intimate partner during their lifetime.¹ Nearly 35 percent of female intimate partner violence (IPV) survivors experience some sort of physical injury related to their IPV.² Many IPV survivors also experience a range of negative health outcomes affecting the heart, digestive, reproduction, and nervous system as well as increased rates of mental health problems like depression and posttraumatic stress disorder.³

Currently, approximately 324,000 pregnant persons experience IPV each year with around 1 in 6 women abused for the first time during their pregnancy.⁴ IPV during pregnancy result in adverse pregnancy outcomes including poor pregnancy weight gain, anemia, placental abruption, preterm delivery, low birth weight, and stillbirth.⁵ Because violence often escalates during pregnancy or the postpartum period, psychological trauma may exacerbate preexisting conditions like hypertension or gestational diabetes.⁶ Whereas physical or sexual trauma can increase the risk of vaginal bleeding, miscarriage, or even perinatal death.⁷

According to CDC, the leading causes of pregnancy-associated deaths are homicide, suicide, and drug overdose. IPV during pregnancy has been shown to contribute to maternal mortality from pregnancy-associated deaths. While many studies have addressed clinical conditions related to maternal mortality, there have been fewer studies and less attention to deaths from homicide, suicide, and drug overdose and to the relationship between IPV and these types of deaths. A 2016 review of pregnancy-associated deaths in Philadelphia found that 50 percent of the homicides involved IPV, and 43.7 percent of Black women have experienced physical violence from an intimate partner.⁸

¹ <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html>

² <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html>

³ <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html>

⁴ <https://www.marchofdimes.org/pregnancy/abuse-during-pregnancy.aspx>

⁵ <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2012/02/intimate-partner-violence>

⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4361157/>

⁷ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4361157/>

⁸ <https://pubmed.ncbi.nlm.nih.gov/33295844/>

The Protect Moms from Domestic Violence Act will promote improvements in research and make investments in innovative programs to prevent domestic violence, support survivors and address structural barriers to health equity.

Section 1: Title

Section 2: Department of Health and Human Services Study

The Secretary of the Department of Health and Human Services (HHS) in consultation with the Attorney General of the United States, the Director of the Indian Health Service (IHS), and stakeholders (including community-based organizations), shall conduct a study on the extent to which individuals are more at risk of maternal mortality or severe maternal morbidity as a result of being a victim of domestic violence, dating violence, sexual assault, stalking, human trafficking, sex trafficking, child sexual abuse, or forced marriage. The resulting report would have to include best practices for reducing maternal mortality among IPV survivors and any recommended policy or legislative changes to reduce such mortality.

Section 3: National Academy of Medicine Study

The National Academy of Medicine (NAM) shall study whether domestic violence, dating violence, sexual assault, stalking, human trafficking, sex trafficking, child sexual abuse, or forced marriage, or generational intimate partner violence, trauma, and psychiatric disorders increases the risk of suicide, substance use, and drug overdose among pregnant and postpartum persons. The study will also focus on intimate partner violence as a social determinant of health with a particular focus on the impacts of intimate partner violence among African Americans, Native Americans, Native Hawaiians, Alaskan Natives, and LBGTQ birthing persons.

Section 4: Grants for Innovative Approaches:

The Secretary of HHS will award grants to eligible entities for developing and implementing innovative approaches to improve maternal and child health outcomes of victims of IPV. These eligible entities include nonprofit organizations or community-based organizations, Tribal organizations, healthcare providers, institutions of higher education, and substance use disorder parenting programs. Authorization: \$25,000,000 per year through FY 2024.

Section 5: Health and Human Services Guidance

HHS shall issue and disseminate guidance to States to educate healthcare providers, perinatal health workers, and managed care entities about establishing routine assessment of signs of intimate partner violence as well as creating strategies for trauma informed care plans.