




## *Policy and Legislation*

### **Violence Against Women Act: Re-authorization and Impact on Medical Forensic Healthcare**

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#### **Abstract**

Since Congress passed the Violence Against Women Act (VAWA) in 1994, millions in expenditures raised awareness and continue to combat domestic violence, improving and increasing provision of services to victims of violence including domestic, intimate partner, stalking, dating, and sexual assault. VAWA aims to improve the justice system response to crimes of domestic and associated violence, supplying housing and shelter services to victims. During the past 29 years, the Department of Justice (DOJ) and the Office for Violence Against Women (OVW) created and administered federal grants. Reauthorized in 2022, federal, state, and tribal agencies received VAWA funding. This article reviews the history of VAWA, tracks milestones in federal funding, chronicling the federal focus on a forensic nurse sub-specialty in sexual assault care, proposing strengths in the development of the *generalist approach* to forensic nursing.

*Keywords:* VAWA, forensic, violence, forensic nursing, sexual assault, rape, *generalist approach*

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#### **Violence As a Public Health Crisis**

Violence is a threat to the public's health and safety. "According to the Centers for Disease Control and Prevention, each year, women experience about 4.8 million intimate partner

related physical assaults and rapes, and men are the victims of about 2.9 million intimate partner-related physical assaults. In the United States, 1 in 6 women and 1 in 33 men report experiencing an attempted or completed rape at some time in their lives. Youth violence is widespread in this country and is the second leading cause of death for young people aged 10 to 24. More than 720,000 violence related injuries in young people were treated in US emergency rooms” (Block et al., 2007, p. 5). Violence and trauma across the lifespan contributed to lost productivity and billions of dollars in associated healthcare costs annually.

Now a public health crisis, injury and violence are the oldest health problems facing persons worldwide (Sleet et al., 2012). In the past 60 years, statistics and linkage to public health outcomes defined the problem and helped establish the Center for Injury Prevention and Emergency Health and the Center for Disease Control’s Division of Environmental Health Services for Investigation in 1970. Compilation of epidemiological statistics between 1960 and 1985 supplied the data for creation of the National Center for Injury Preventative Health (NCIPH) in 1992. NCIPH continued to build capacity and generated statistical data to support the current structure for the CDC’s National Center for Injury Prevention and Control (NCIPC). The much-needed epidemiology and statistical data supported efforts at VAWA.

### **Abbreviated Definitions for Sexual, Domestic and Intimate Partner Violence**

The Uniform Data, Definitions, and Recommended Data Elements (Breiding, et al., 2015) defines the following terms:

**Sexual Violence.** “... a sexual act that is committed or attempted by another person without freely given consent of the victim or against someone who is unable to consent or refuse. It includes forced or alcohol/ drug facilitated penetration of a victim; forced or alcohol/drug facilitated incidents in which the victim was made to penetrate a perpetrator or someone else; non-physically pressured unwanted penetration; intentional sexual touching; or non-contact acts of a sexual nature” (p. 11). Sexual violence may include non-consensual sex with a third party and acts where a victim is unable to consent / refuse such as drug-facilitated assault, being under the influence of drugs or alcohol.

**Intimate Partner Violence.** “An intimate partner is a person with whom one has a close personal relationship that may be characterized by the partners’ emotional connectedness, regular contact, ongoing physical contact and sexual behavior, identity as a couple, and familiarity and knowledge about each other’s lives. The relationship need not involve all of these dimensions.” (p. 11). Additionally, Uniform data definitions of relationships include current or former:

- Spouses (married spouses, common-law spouses, civil union spouses, domestic partners)
- Boyfriends/girlfriends
- Dating partners
- Ongoing sexual partners.

Intimate partners often do not live in the same dwelling but may be of the same sex. A *common law marriage or non-legal but living together relationship* has unique legislated designation in each state. Legislated protections exclude other relationships too, including an exhaustive list of non-related but socially considered family relationships, e.g., foster parents, stepparents, and/or adopted siblings.

It is highly recommended that forensic healthcare professionals review the CDC's *[Intimate Partner Violence Surveillance Uniform Definitions and Recommended Data Elements](#)* (Breiding et al, 2015) for an extensive list of relationship definitions and exclusion variables.

### **Overview of VAWA History**

In 1994, the United States Congress passed the Violence Against Women Act (VAWA) (P.L. 103-322). Goals of this landmark legislation included not only reducing the incidence of domestic violence and intimate partner abuse, but also assuring the provisions afforded housing and successful prosecution of crimes of domestic violence. The reauthorization of VAWA occurs with each federal funding cycle, and recently expanding to enhance tribal violence, protecting migrant populations, and crimes against the elderly and disabled. The reauthorization of 2005 enhanced penalties for stalking crimes, crimes against tribal women, addressing domestic violence as a public health crisis, and aimed to improve response and prosecution of these crimes (Seghetti & Bjelopera, 2012). Assuring housing protections for women victimized by domestic and intimate partner violence aims to keep these victims safe when applying for federal housing and decreases the likelihood of homelessness (HUD, gov).

The Department of Justice (DOJ) and the Office for Violence Against Women (OVW) funded and administrated federal grants by during the past 29 years. Additionally, VAWA established the Rape Prevention and Education (RPE) Program at Center for Disease Control (CDC). The program administration is through the Preventive Health and Health Services Block Grant managed by the National Center for Chronic Disease Prevention and Health Promotion (Chronic Disease Center). This CDC funding offered training and resources at a broad federal, state, and local interdisciplinary level and examined intimate and domestic violence as a widespread healthcare crisis.

### **VAWA Reauthorization 2022**

In a landmark bi-partisan effort, the US Congress passed H.R. 2471, the Consolidated Appropriation Act of 2022 that funded the federal government for the rest of Fiscal Year (FY) 2022 and provided for the re-authorization of VAWA. This funding reauthorized in 2022 addresses domestic, dating, intimate partner, elder and tribal violence and supports funding to federal, state, and tribal agencies.

Spearheaded by Senator Murkowski (R-AK), the funding includes the *Ensuring Forensic Health Care for all Act* (EFCA) to fund the support for generalist forensic nurse training. The administration of EFCA oversees the Health Resource Services Administration (HRSA) where provision of funds is at the discretion of the Senate appropriations Committee.

### **Healthcare Response to Violence**

Since 1994, VAWA historically supported the forensic nurse roles, and in 2021, VAWA improved sections [SEC. 1406. and 1401.1](#) sustaining support of one sub-specialty role of the forensic nurse through 2026. "VAWA created awareness for female victims of violence and allocated grant funding for services, training, and research ... for the survivors of rape or sexual assault. As a result, there was a massive surge in the advancement of forensic nursing, specifically SANE services, during the late 1990s and early 2000s in the United States" (Rossi & Trujillo, 2021, p. 39). As such, the incorrect perception of the forensic nurse, granted specialty designation by ANA in 1995, is as Sexual Assault Nurse Examiners (SANE). Today, the broad and diverse

population of forensic nurses rely on the terms Generalist and Advanced Forensic Nurse in order to practice in roles that expand into the care beyond sexual violence.

### **A Generalist Approach to the Forensic Nurse Role**

The *generalist approach* to the forensic nurse role is a unique healthcare response to addressing victims of all genders and all forms of interpersonal violence across the lifespan, whether sexual assault, intimate partner abuse, child abuse, elder abuse, strangulation, or other forms of assault. Angelia Trujillo DNP, WHNP-BC, RN, AFN-C, DF-AFN first described the *generalist approach* in her development of an inclusive healthcare training through the University of Alaska Anchorage College of Health. Trujillo recognized the deficits in a broad response to all forms of violence facing both urban and rural communities, and the dearth of trained medical and nursing staff with a forensic lens. The *generalist approach* assures knowledge, understanding and application of knowledge in how to work with law enforcement, advocates, and other stakeholders. Theoretically and with the analytical lens, there is an increased likelihood that victims of violence receive an assessment and treatment, influenced by a forensic lens, collection of medical forensic evidence, where care availability becomes economically possible, thereby, contributing to the pursuit of justice.

EFCA funding supplies guidance and support nationwide to both urban and rural settings to promote training and education including a generalist response model to all victims of violent crimes. “Violence exists on a spectrum. When only one specific form of sexual violence is guaranteed a medical forensic examination, a disparity in care and sustainability for forensic [nurse] programs is the direct result” (Rossi & Trujillo, 2021, p. 39). While several healthcare organizations currently struggle to provide sustainable SANE care (e.g., attrition, volume, and funding) (United States Government Accountability Office, 2016), the answer is growing the Generalist Forensic Nurse and the Advanced Forensic Nurse communities of practice through networking and education in professional organizations and in partnership with accredited institutions globally offering curricula focusing on forensic nurse specialty programs of study. Together, both the Generalist and the Advanced Forensic Nurses offer comprehensive care approaches to persons experiencing violence and seeking healthcare. The future is a thriving expansion of forensic nurse services, both at the Generalist and Advanced levels by adopting a broader philosophy to serve all victims of violence.

To learn more about the Generalist Forensic Nurse and the Advanced Forensic Nurse certifications, visit the [Forensic Nursing Certification Board](#).

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## VAWA & IMPACT

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