

The Protect Moms from Domestic Violence Act

Sponsored by: Congresswoman Gwen Moore, Senator Jeanne Shaheen, Senator Lisa Murkowski, Congressman Brian Fitzpatrick, Congresswoman Debbie Dingell, Congresswoman Lauren Underwood; Congresswoman Alma S. Adams, PhD.,

Endorsements: Futures Without Violence, National Center on Domestic Violence, Trauma, and Mental Health, American College of Obstetrics and Gynecology (ACOG), March of Dimes, American Medical Women's Association, The National Domestic Violence Hotline, Legal Momentum, National Network to End Domestic Violence (NNEDV), Ujima- The National Center on Violence Against Women in the Black Community, YWCA USA, National Indigenous Women's Resource Center (NIWRC), National Alliance to End Sexual Violence (NAESV), National Resource Center on Domestic Violence, Tahirih Justice Center, Jewish Women International, Restoration Diversion Services, Ser Familia, Inc, Utah Department of Health, Academy on Violence and Abuse (AVA), Seattle Indian Health Board, Living Springs Counseling, YCC Family Crisis Center, Agape Doulas LLC, Michigan State University, Contra Costa Regional Medical Senter, IWES, The Retreat, Inc, Center for Community Solutions, Greater Boston Legal Services, Sierra Community House, Just Solutions, Esperanza United, Kansas Coalition Against Sexual & Domestic Violence, Melinated Moms, ROCA Inc.

Background:

According to the Centers for Disease and Control (CDC), around 1 in 3 women have experienced sexual violence, physical violence or stalking by an intimate partner during their lifetime.¹ Nearly half 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.²

Currently, more than 320,000 pregnant persons experience IPV each year with around 1 in 6 women abused for the first time during their pregnancy.³ IPV during pregnancy result in adverse pregnancy outcomes including poor pregnancy weight gain, anemia, placental abruption, preterm delivery, low birth weight and stillbirth.⁴ Because violence often escalates during pregnancy or the postpartum period, psychological trauma may exacerbate preexisting conditions like hypertension or gestational diabetes.⁵ Whereas physical or sexual trauma can increase the risk of vaginal bleeding, miscarriage or even perinatal death.⁶

According to the New England Journal of Medicine, the leading causes of pregnancy-associated deaths are homicide, suicide and drug overdose.⁷ 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.

¹ <https://www.cdc.gov/intimate-partner-violence/about/index.html>

² <https://www.kff.org/womens-health-policy/womens-experiences-with-intimate-partner-violence/>

³ <https://www.marchofdimes.org/pregnancy/abuse-during-pregnancy.aspx>

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/>

⁷ <https://www.nejm.org/doi/full/10.1056/NEJMc2512078>

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

The Protect Moms from Domestic Violence Act

Section 2: National Academy of Medicine Study

The National Academy of Medicine (NAM) shall study the extent in which domestic violence, dating violence, sexual assault, stalking, human trafficking, sex trafficking, child sexual abuse, forced marriage, reproductive coercion, intergenerational violence and trauma or psychiatric disorders impact the risk for maternal morbidity and maternal mortality, including intimate partner related homicide. The study will also focus on IPV as a social determinant of health with a particular focus on the impacts of IPV among Black and African Americans, Hispanic and Latino, American Indian, Native Hawaiian, Pacific Islanders, Alaskan Native and LBGTQIA2+ birthing persons and adolescent mothers.

Section 3: Grants for Innovative Approaches:

The Secretary of Health and Human Services (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 state, local, or Tribal governments, a health care facility of the Department of Veterans Affairs, nonprofit organizations or community-based organizations, federally qualified health centers, Tribal epidemiology centers, healthcare providers, institutions of higher education and substance use disorder parenting programs. Authorization: \$15,000,000 per year through FY 2029.

Section 4: Health and Human Services Guidance

The Secretary of HHS shall issue and disseminate guidance to states, Tribal governments, territories, healthcare providers and managed care entities to develop protocols on education related to healthy relationships, assessment of IPV as well as mental and behavioral health conditions, and strategies for trauma informed care.

Section 5: Definitions

The terms “Freestanding Birth Center,” “maternal morbidity,” “maternal mortality,” and “postpartum” are defined.