



October 4, 2021

The Honorable Dick Durbin
Chair
Committee on the Judiciary
United States Senate
Washington, DC 20510

The Honorable Charles Grassley
Ranking Member
Committee on the Judiciary
United States Senate
Washington, DC 20510

Dear Senators Durbin and Grassley:

On behalf of the American College of Physicians (ACP), I want to express our support for the enactment of H.R. 1620, the *Violence Against Women (VAWA) Reauthorization Act of 2021*, legislation introduced by Rep. Shelia Jackson Lee (D-TX) and 186 co-sponsors in the House. H.R. 1620 modifies and reauthorizes programs and activities under the *Violence Against Women's Act of 1994* through fiscal year 2024. ACP urges the Senate to consider and reauthorize the bipartisan House bill, which passed that chamber on March 17, 2021. That legislation seeks to prevent and respond to domestic violence, sexual assault, dating violence and stalking, and makes changes in federal firearm laws. VAWA, administered by the U.S. Department of Justice and U.S. Department of Health and Human Services, requires reauthorization every five years by Congress; the law also provides funding for social service agencies and programs that support survivors of such violence, which must be renewed annually.

The American College of Physicians is the largest medical specialty organization and the second-largest physician membership society in the United States. ACP members include 161,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness. Internal medicine specialists treat many of the patients at greatest risk from COVID-19, including the elderly and patients with pre-existing conditions like diabetes, heart disease and asthma.

Although we do not have specific policy on some of the provisions of the bill, we believe it is essential that Congress act without further delay to reauthorize the Act and specifically, the policies in the bill stated below to provide protections to women who are victims of violence to maintain their safety and well-being as well as enhance the health care system to improve treatment for victims of these crimes. It is equally important for Congress to strengthen and fund domestic prevention programs because of additional strains placed on families and relationships caused by the pandemic.

ACP released a policy paper on [Women's Health Policy in the United States](#) that examines the challenges women face in the U.S. health care system and provides a series of recommendations that will ensure a health care system that supports the needs of women over the course of their lifespans. ACP recognizes the need for the increased availability of effective screening tools for physicians or health professionals who treat women who are experiencing or are survivors of intimate partner or sexual violence. Physicians are often trusted members of the community and the physician's office can be a place where women may feel more comfortable talking about their situations or concerns. Many of our primary care members would benefit from having tools to screen and identify women who are victims of sexual violence as victims of this abuse may go unrecognized or crimes of intimate partner violence (IPV) are not reported. Additionally, ACP supports increased patient education about intimate partner and sexual violence and the availability of resources for those affected by these abuses. The U.S. Preventive Services Task Force recently finalized updated recommendations on screening for IPV in women of childbearing age. These recommendations included that in addition to screening for IPV, clinicians should also provide or refer women who are identified as survivors of IPV to support services.¹ These additional resources are key to providing the ongoing support they need to effectively address the physical and social needs of women experiencing IPV.

We are pleased that the reauthorization of VAWA would increase authorized funding for many programs designed to prevent sexual violence against women and improve patient education and treatment for victims of IPV. We specifically support several sections in Title III of this legislation that offer increases in authorized funding for rape prevention and education grants, expand education for youth programs designed to address sex trafficking or bullying, provide grants to combat sexual abuse crimes on campuses, and train campus health centers to recognize and respond to survivors of domestic violence, dating violence, and sexual assault. We also support a section of this legislation that reauthorizes funding for grants to strengthen the health care systems response to sexual and domestic violence crimes, and to include improving the capacity of early childhood programs to address these crimes among the families they serve.

We also strongly support several provisions that strengthen measures to prevent acts of gun violence, one of the most dangerous threats to abused women or those in danger of abuse. ACP released a position paper on [Reducing Firearm Injuries and Deaths in the United States](#), which provides an updated series of recommendations to reduce the threat of firearms violence in this country. We are pleased that several provisions in the bill will close loopholes in the background check system that allow domestic violence offenders, who currently are not covered by the National Instant Criminal Background Check System (NICS), to buy and own guns. Such domestic violence offenders, not currently included in the NICS, include dating partners, cohabitants, stalkers, those who victimize a family member other than a partner or child, and those with temporary restraining orders.

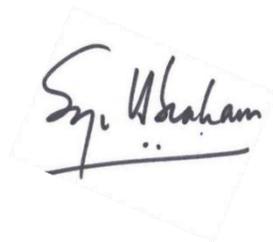
We specifically support sections of this legislation which would prohibit persons convicted of a misdemeanor crime of violence, including violence against persons outside their own household, from possessing firearms as well as prohibit persons who are subject to a court

order of protection from possessing firearms. The bill would also direct that relevant law enforcement agencies be contacted when a prohibited purchase of a firearm has taken place, where the prohibited purchaser has been previously convicted of misdemeanor domestic violence, misdemeanor stalking, or who is subject to a court order of protection.

ACP is encouraged that this bill includes needed protections for lesbian, gay, bisexual, and transgender (LGBT) individuals who experience intimate partner or sexual violence. LGBT individuals are among the most vulnerable of our population and face challenges of social stigma, discrimination, and disparities in health care. According to the most recent National Intimate Partner and Sexual Violence Survey, nearly 44% of lesbian women and 61% of bisexual women have experienced rape, physical violence, or stalking by an intimate partner at some point, a significantly higher prevalence than heterosexual women (35%)ⁱⁱ. Research also shows that excluding same-sex couples from definitions of domestic violence definitions is a barrier in seeking assistance for those experiencing IPVⁱⁱⁱ. We support new additions to the reauthorization of the VAWA that add sexual orientation and gender identity to the statistical summary of those served by grants to combat violent crimes on campus. There is limited research and data on IPV or intimate partner sexual assault among the LGBT population and the collection of this data is a good first step in the need to gain a better understanding IPV or intimate partner sexual violence and the unique needs and challenges facing the LGBT community. We would also like to express our opposition to any amendments to alter this legislation that would strip gender identity or sexual orientation provisions that were included in the 2013 VAWA reauthorization bill. The 2013 VAWA law included a provision to ensure that LGBT victims of domestic violence, sexual assault, dating violence, and stalking are not denied, on the basis of sexual orientation or gender identity, access to the critical services, such as housing or shelters that would protect them from additional harm.

We urge that these gender identity provisions included in the 2013 VAWA law, be maintained in all current or future iterations of the reauthorization bill. We urge the Senate to also approve the *VAWA Reauthorization Act of 2021* that authorizes additional resources to improve the health and safety of women and their families affected by violence. Should you have any questions regarding this letter, please do not hesitate to contact George Lyons at glyons@acponline.org.

Sincerely,

A handwritten signature in black ink that reads "George M. Abraham". The signature is written in a cursive style and is enclosed within a faint, light-colored rectangular border.

George M. Abraham, MD, MPH, MACP, FIDSA
President

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<https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/intimate-partner-violence-and-abuse-of-elderly-and-vulnerable-adults-screening>.

ii https://www.cdc.gov/violenceprevention/pdf/cdc_nisvs_victimization_final-a.pdf.

iii <https://williamsinstitute.law.ucla.edu/wp-cont>.