

OREGON LAW CENTER

921 SW Washington, Suite 516
Portland, Or. 97205

Testimony in Support of HB 2092
Before the House Health Care Committee
February 4th, 2013
Submitted by: Sybil Hebb

Chair Greenlick, Vice-Chairs Keny-Guyer and Thompson, and members of the committee,

On behalf of the Oregon Law Center, I submit this testimony in support of HB 2092, which would clarify the role of Health Authority's injury and violence prevention program and facilitate the ability of OHA to build partnerships and access data necessary for injury prevention. In addition, the bill would help the OHA to compete for federal grants or foundation funds for injury prevention. Thank you for your immense work and leadership on Oregon's exciting health system transformation, and for the opportunity to testify today.

As you may know, the Oregon Law Center (OLC) is a non-profit law firm whose mission is to achieve justice for low-income communities of Oregon by providing a full range of the highest quality civil legal services. Over the years, the Law Center has seen an increasing number of clients whose civil legal issues are related to domestic violence and sexual assault. These issues greatly contribute to the vulnerability of our clients and their children, and further trap them in poverty. We are committed to helping to improve the coordinated community and system response necessary to help stop this violence. Facilitating our state health authority's ability to build partnerships and gather accurate data about domestic and sexual violence, so as to improve our state's prevention and response efforts, is a worthy goal that can play a critical role in facilitating the success of our health system transformation.

Domestic and sexual violence injuries are serious community health issues that impact Oregon families and children in profound ways. Until domestic and sexual violence are treated and addressed as a priority public health issue, we will continue to see their adverse impacts ripple through the lives of our communities, and drive costs and caseloads along the way.

Many families are affected:

- Over 1 in 3 women in Oregon report having experienced rape, physical violence and/or stalking by an intimate partner at some point in their lifetime.¹ Victims suffer physical injury, depression, increased mental health illnesses, substance abuse as self-medication, and more as a result.
- This past year alone, more than 40 Oregonians were killed as a result of domestic violence. While some may be aware that injury is the third leading cause of death in Oregon, behind only cancer and heart disease, what may be less known is that domestic violence causes nearly 25% of all homicides in Oregon, and nearly 45% of homicides of females.²

¹ National Intimate Partner and Sexual Violence Survey (NISVS 2010) – www.cdc.gov/violenceprevention/nisvs/

² <http://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents> Portland, OR

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Domestic and sexual violence has lifelong implications for teens and children. Recent child welfare statistics indicate that nearly 35% of cases are founded as a result of domestic violence. When domestic violence is present in a home, there is a rise in the incident and severity of child abuse. The 2012 Adverse Childhood Experiences Study (ACES) identified that exposure to family violence has a negative impact on children, and is linked to depression, suicide, substance abuse, obesity, heart disease, lower life expectancy, and other ailments.³ A recent study revealed that nearly 30% of teens in relationships experienced physical or sexual aggression, and were at higher risk of experiencing violence in relationships as adults.⁴ Every day we're learning more about the relationship between interpersonal violence and health, and getting smarter about the connections.

Injuries caused by domestic and sexual violence are expensive. The costs of intimate partner sexual and physical assault in Oregon exceed \$50 million each year. Nearly \$35 million of these costs are for direct medical and mental health care services to victims. The total annual costs of intimate partner violence in Oregon also include approximately \$9.3 million in lost productivity from paid work for victims of nonfatal intimate partner violence and approximately \$10.7 million in lifetime earnings lost by victims of intimate partner homicide.⁵

Health care transformation is about partnership and collaboration to move communities towards health. There is nothing more cross-cutting than the issue of interpersonal violence. Domestic and sexual violence are maternal child health issues. They are a learning readiness issues. They are mental health issues. They are chronic disease issues, emergency room issues, primary care issues, and life expectancy issues. The partnerships that OHA has made and that we trust will continue to make will help Oregon to learn more about these injuries and how to better collaborate to target our public health and other system responses to prevent and respond to this epidemic.

Thank you for the opportunity to testify today.

Sincerely,

Sybil Hebb

³ 2012 Adverse Childhood Experiences Study, <http://www.cdc.gov/ace/index.htm>

⁴ <http://www.usatoday.com/story/news/nation/2012/12/07/teen-dating-violence-pediatrics/1749105/>

⁵ Costs of Intimate Partner Violence Against Oregon Women. Oregon Department of Humans Services, Office of Disease Prevention and Epidemiology