



Sexual Assault Medical Forensic Exams and VAWA 2005

Payment Practices, Successes, and Directions for the
Future

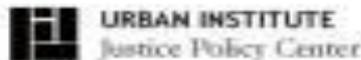
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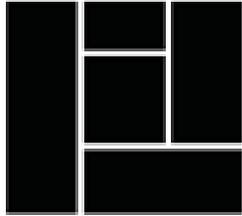
RESEARCH REPORT APRIL 2014



Sexual Assault Medical Forensic Exams:

Research Evidence on Exam Access, Payment, Storage, and Processing

Partner Organizations:



URBAN INSTITUTE
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This project was supported by Award No. 2010-WG-GX-0011, awarded by the National Institute of Justice, Office of Justice Programs, US Department of Justice. The opinions, findings, and conclusions and recommendations expressed in this presentation are those of the authors and do not necessarily reflect those of the Department of Justice, or of the Urban Institute, its trustees, or its funders.

Learning Objectives

Provide a description of exam payment practices across the country.

Provide recent research evidence about exam access, storage, and processing.

Discuss the implications of these research findings for policy and practice.



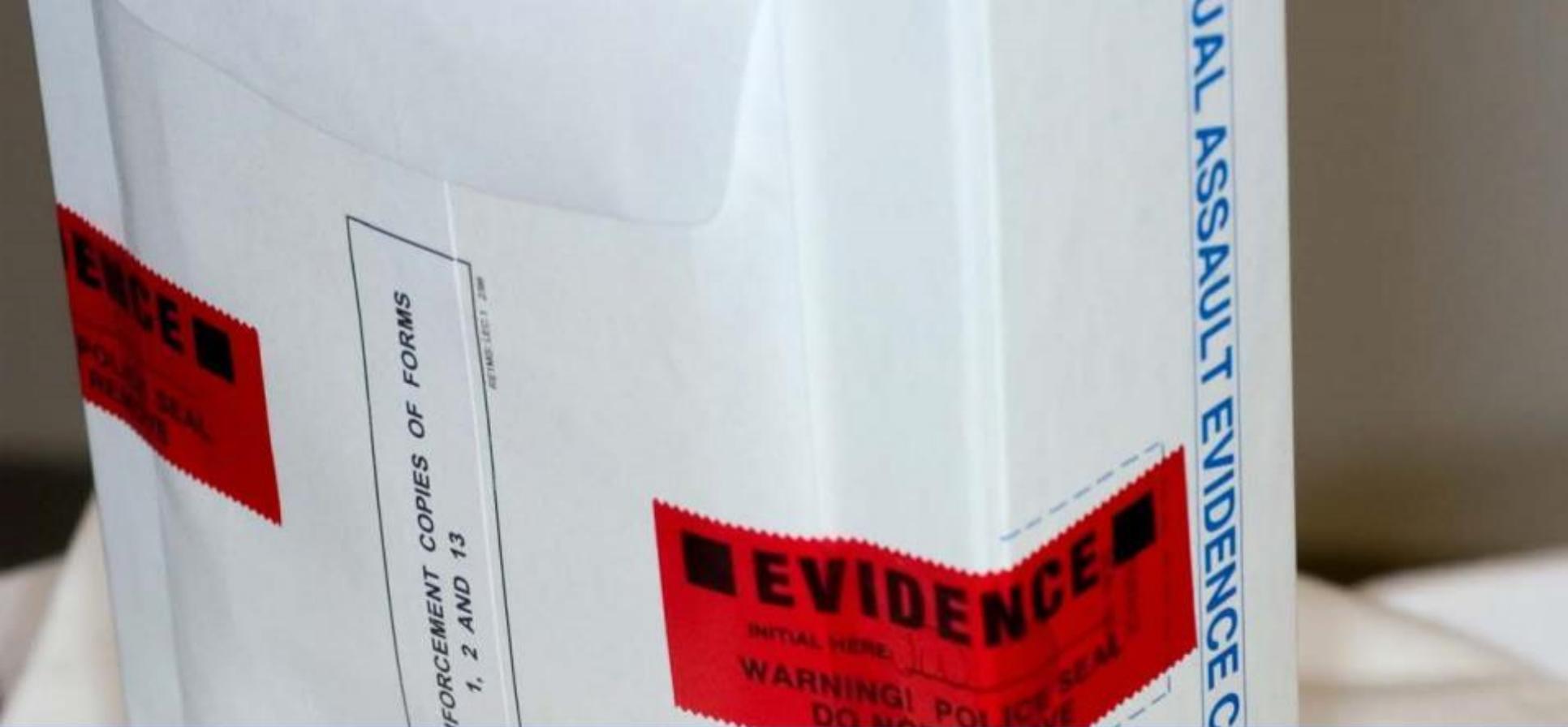
Pre-VAWA 2005

Access to exams at no cost to patient

No report to Law Enforcement required

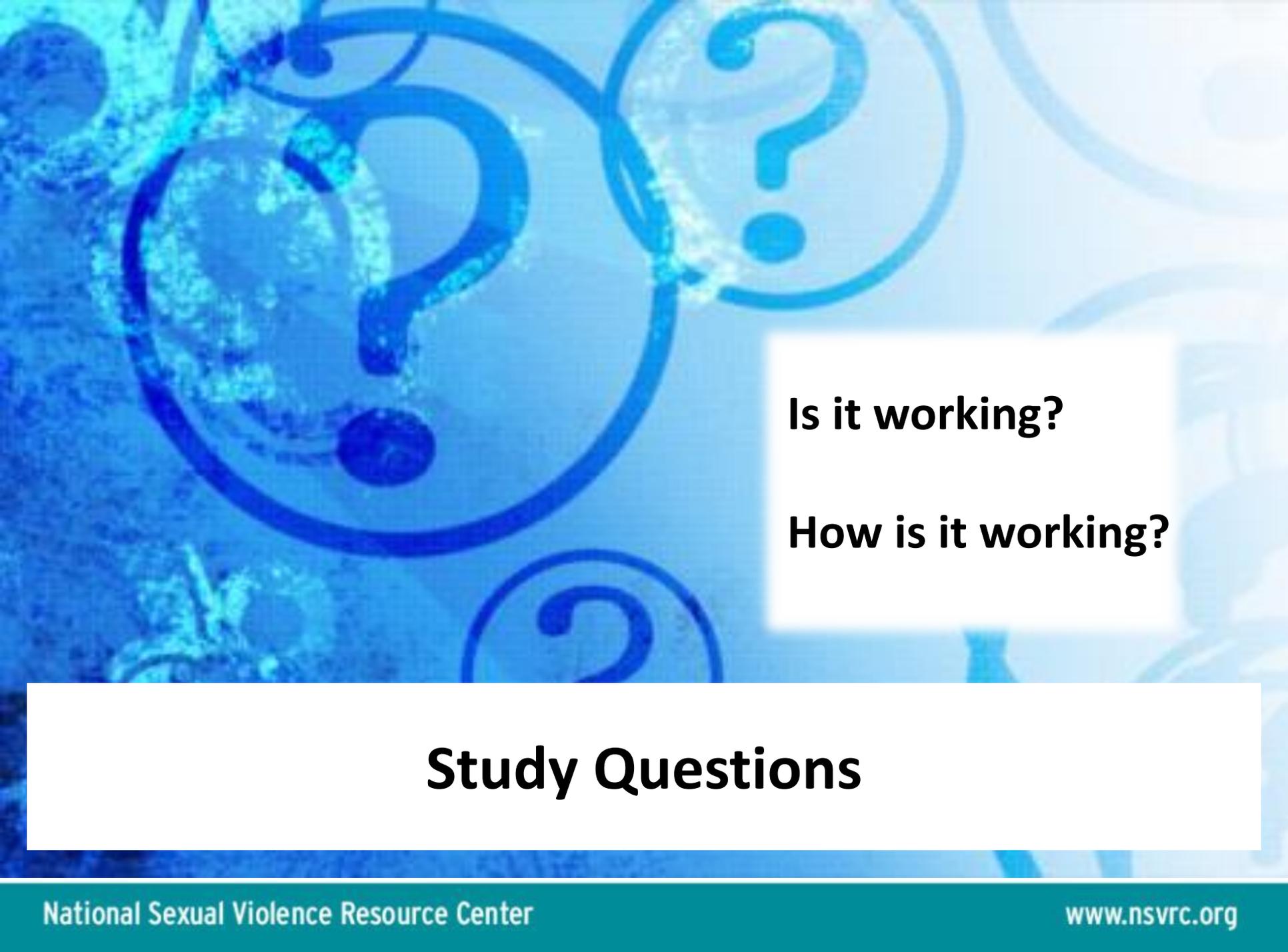


VAWA 2005 Regulations



VAWA 2005 and Sexual Assault Medical Forensic Exams

Policy Implementation and Impacts

The background of the slide is a light blue color with several large, stylized question marks and circles in a darker blue shade. The question marks are scattered across the page, some partially overlapping the circles. The overall aesthetic is clean and academic.

Is it working?

How is it working?

Study Questions



Survey Sample

	State STOP Administrators (SSA)	State Crime Victim Compensation Administrators	State Sexual Assault Coalitions
Respondents/ total number	52/56	44/53	47/58
Response rate	93%	83%	81%

Response Rates- State Level

Response Rates-Community Based



Just over 400
community-based
sexual assault victim
service providers
completed a survey
(40 percent)



Case Studies- Site Selection

State	Funding source	Victim's insurance by statute	Model for storing non-reported cases	% of jurisdictions with SARTs	Who provides the most exams
1	Comp	Only for services outside of SAFE	Anonymous storage by LE	76-100%	Untrained personnel
2	County determined (LE, prosecution, human services)	Forensic is covered; other aspects billed with victim's consent	Mixed storage model for non-reporting	26-50%	Specially trained examiners
3	Other state funds	Not specified	Mixed storage model for non-reporting	51-75%	Specially trained examiners
4	Comp	Bills insurance with victim's consent	Mixed storage model for non-reporting	26-50%	Specially trained examiners
5	Comp	Bill insurance with victim's consent	Anonymous storage by LE	0-25%	Specially trained examiners
6	STOP	Not specified	Anonymous storage by LE	76-100%	Only specially trained forensic examiners

Case Study Site Descriptions

	LE	Prosecution	Community-based victim advocacy	Nurses/ hospital admin	Victims
State 1	5	2	3	2	7
State 2	7	3	6	6	20
State 3	5	3	9	3	14
State 4	4	3	5	4	6
State 5	8	5	8	5	8
State 6	Refuse	Refuse	1	1	7
Totals:	30	16	32	21	62

Interviews and Focus Group Participants



Study Findings

Who Pays, and With What Funds?



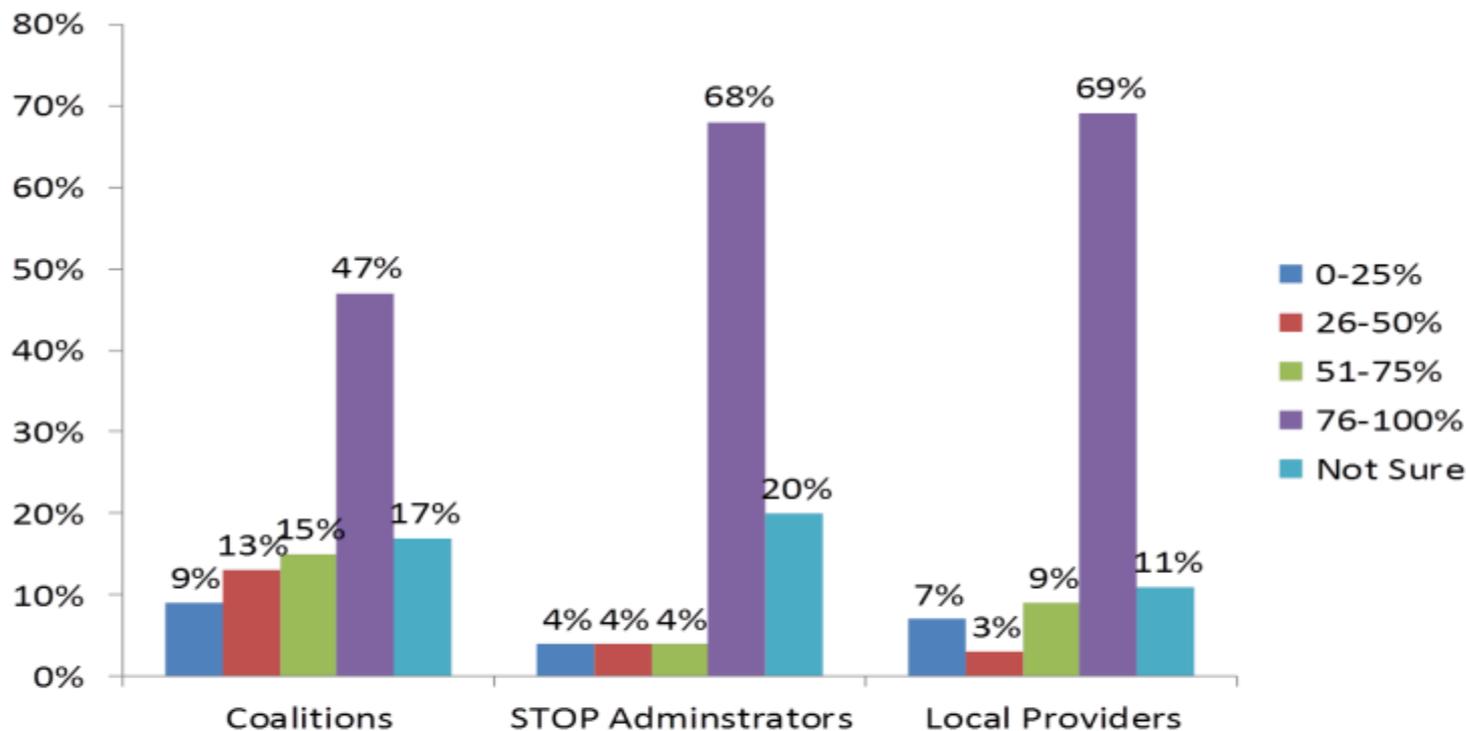
Sources of Funds Used	Public Agency That Administers Payment				
	Crime Victim Compensation Program	State Dept of Health/ Mental Health/Human Services	Victim Services Office or State-level Coalition	LE and/or Prosecution Funds	County Funds
Crime Victim Compensation Funds	34				
State Health/Mental Health/Human Services Funds		1	1		
LE and/or Prosecution Funds				11	
STOP Funds			2		
Special Funds	10	1	1	3	
County Funds					3

Note: N=51 (50 states and the District of Columbia). Six states use blended funding models based on whether a victim participates in the criminal justice system and 10 states that have compensation fund administrators administer the program use both compensation and special funds; thus, these designees are shown twice in the table.

Are victims/patients receiving care free of charge?



Based on your best estimation, what percentage of victims in your state get forensic medical exams free of charge without having to pay anything out of pocket at any point in the process?



N=47 valid responses from state-level sexual assault coalitions

N=50 valid responses from state STOP administrators

N=407 valid responses from local providers

Case Study Findings



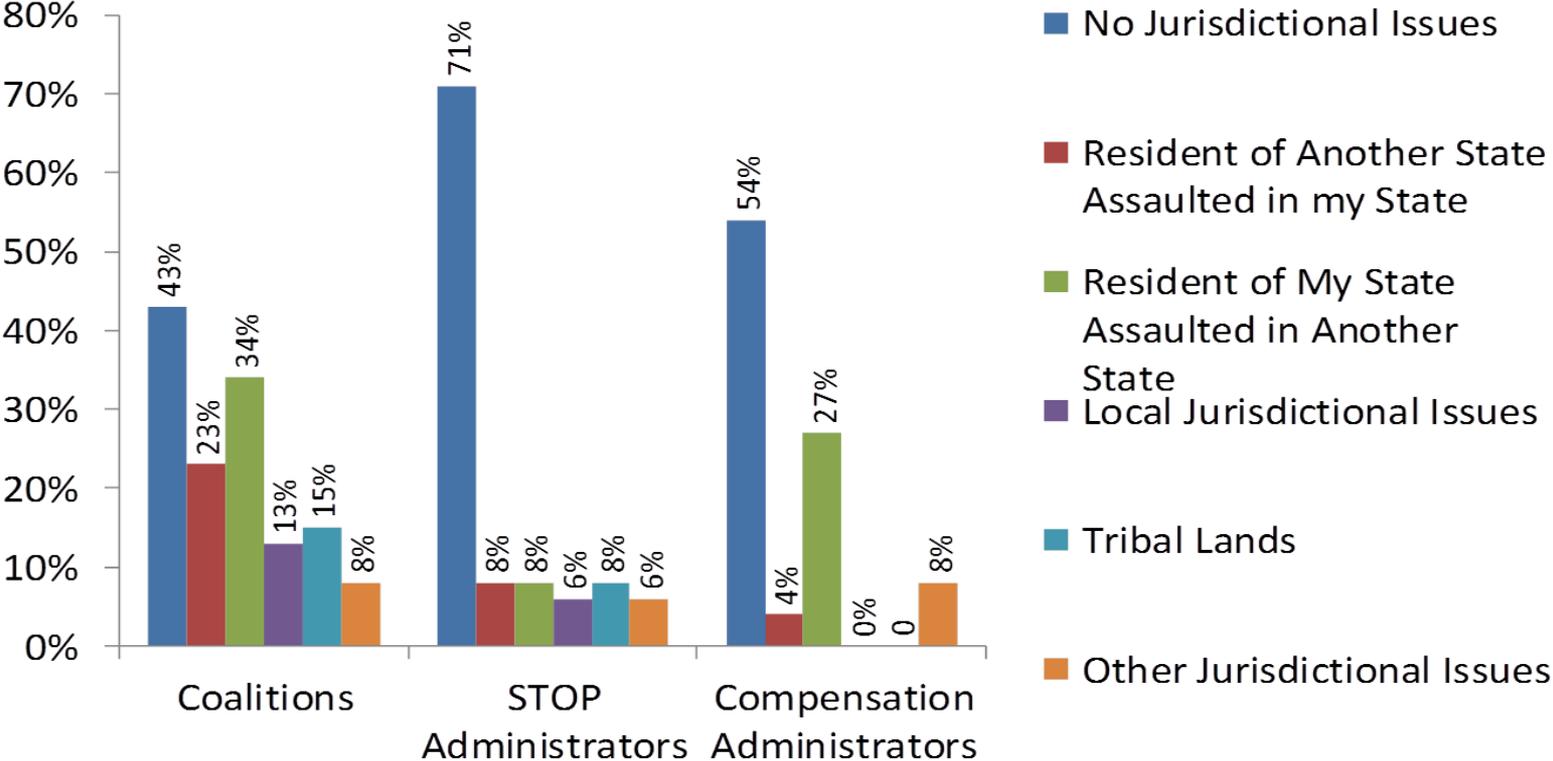
Case Study Findings on Free Exams

- Practitioners routinely communicate to victims that the exams are free
- Victims are rarely accidentally billed, although in some states the law and policy is to ask for victims' consent to bill their insurance (though some do not follow such policies)
- Some controversy among stakeholders about what *should be* covered versus what *actually is* covered; although each statute relevant to our 19 jurisdictions did adhere to the VAWA regulations

Case Study Findings Cont.

- Use of compensation funds for services not covered by the payer of choice
- Issues related to statewide versus local mechanisms for payment of exams
- Issues around sufficiency of funding for MFEs and payments to providers
- Crime victim compensation funds as the payer of choice

Jurisdictional Issues Related to Payment



N=47 valid responses from state-level sexual assault coalitions

N=52 valid responses from state STOP administrators

N=26 valid responses from state compensation fund administrations (that pay for MFEs)

“Where I went, they had a contract with the state where I never paid for the exam ... They mentioned that there was no cost, like I don’t have to pay for it.”

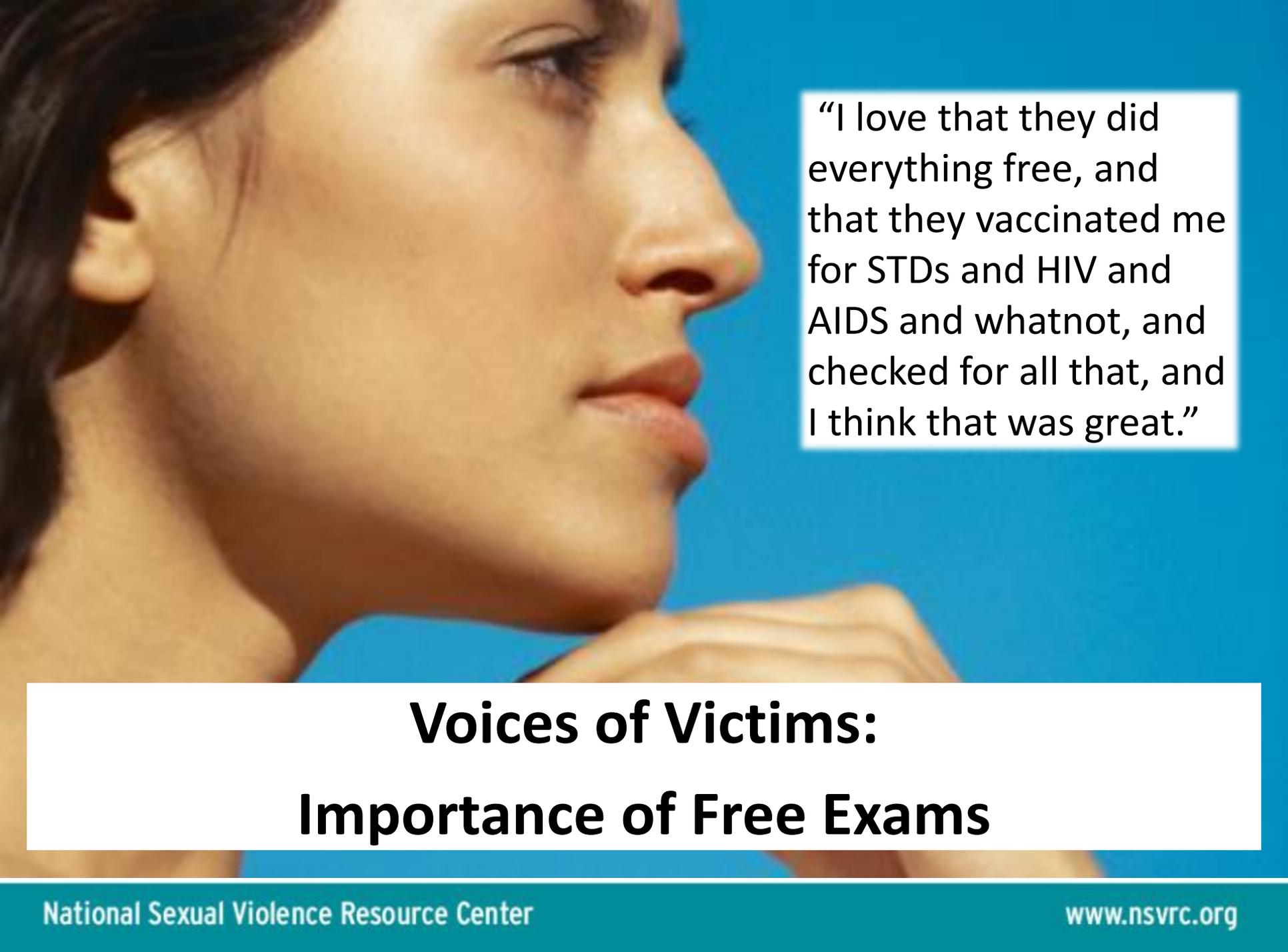


**Voices of Victims:
Exam Costs Paid Upfront without Billing Victims**



“I was told that it would be paid for by the state, that it wasn’t going to be no cost at all to me, and that was such a big relief. That was such a big burden.”

Voices of Victims: Importance of Free Exams



“I love that they did everything free, and that they vaccinated me for STDs and HIV and AIDS and whatnot, and checked for all that, and I think that was great.”

**Voices of Victims:
Importance of Free Exams**



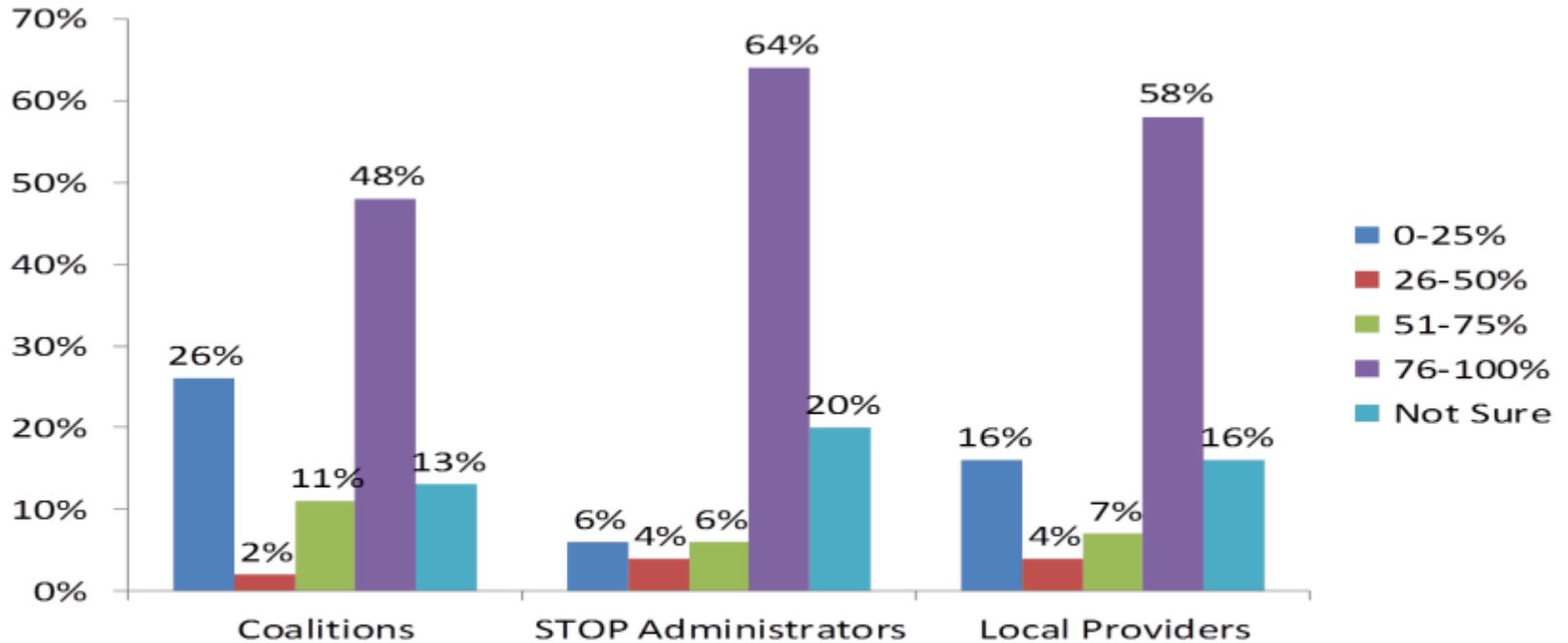
“I would have been very concerned about paying for it, especially since I’m sure they would have billed my insurance, and my insurance at the time was with my dad, and I’m also a child sexual assault survivor, and my dad is the offender, so I wouldn’t have wanted that bill to go through his insurance because I knew that he monitored that insurance.”

Voices of Victims: Importance of Free Exams

Free Exams Without Reporting?



Survey Findings on Reporting Requirements



N=46 valid responses from state-level sexual assault coalitions

N=50 valid responses from state STOP administrators

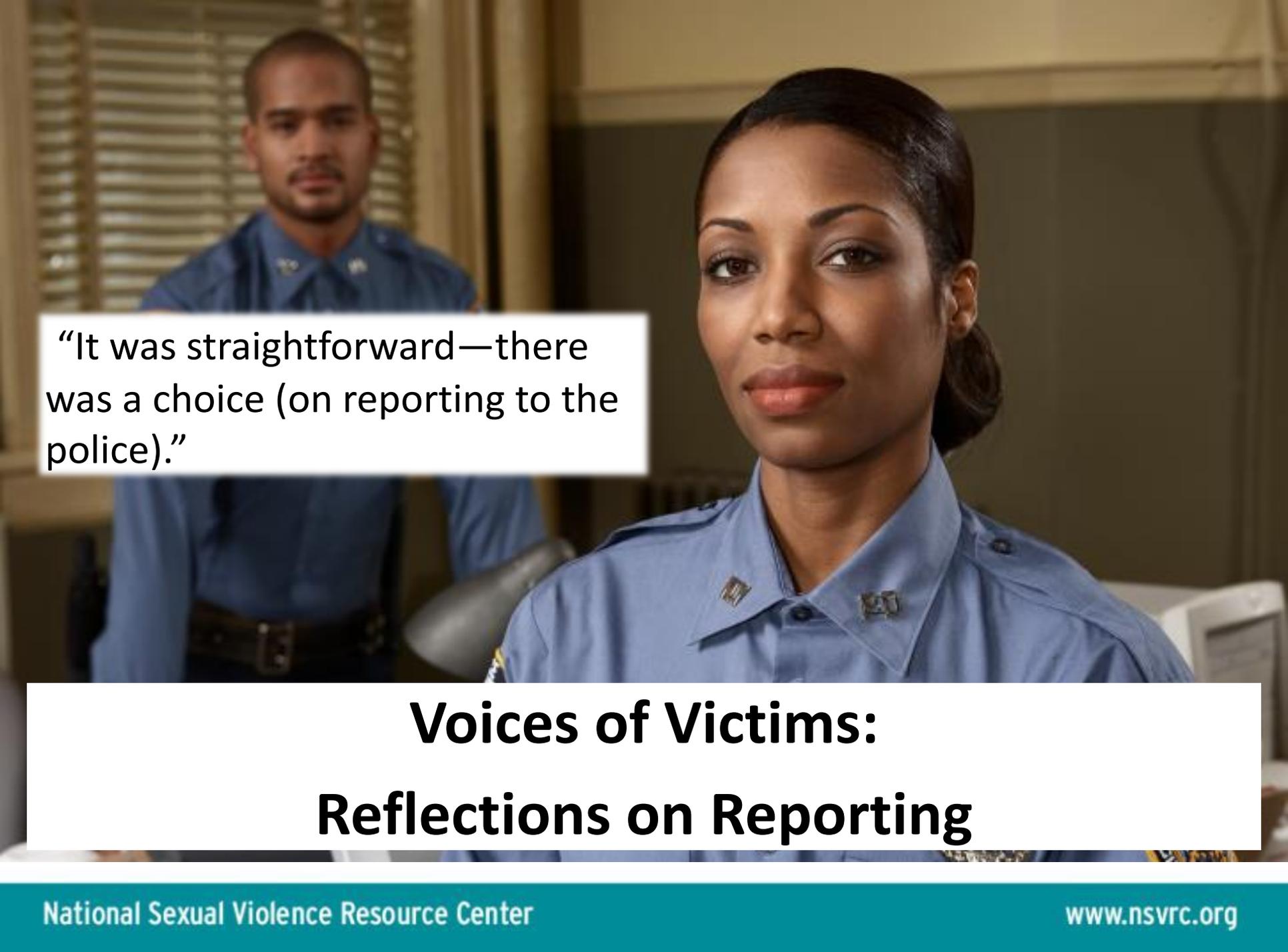
N=406 valid responses from local providers

Case Study Findings



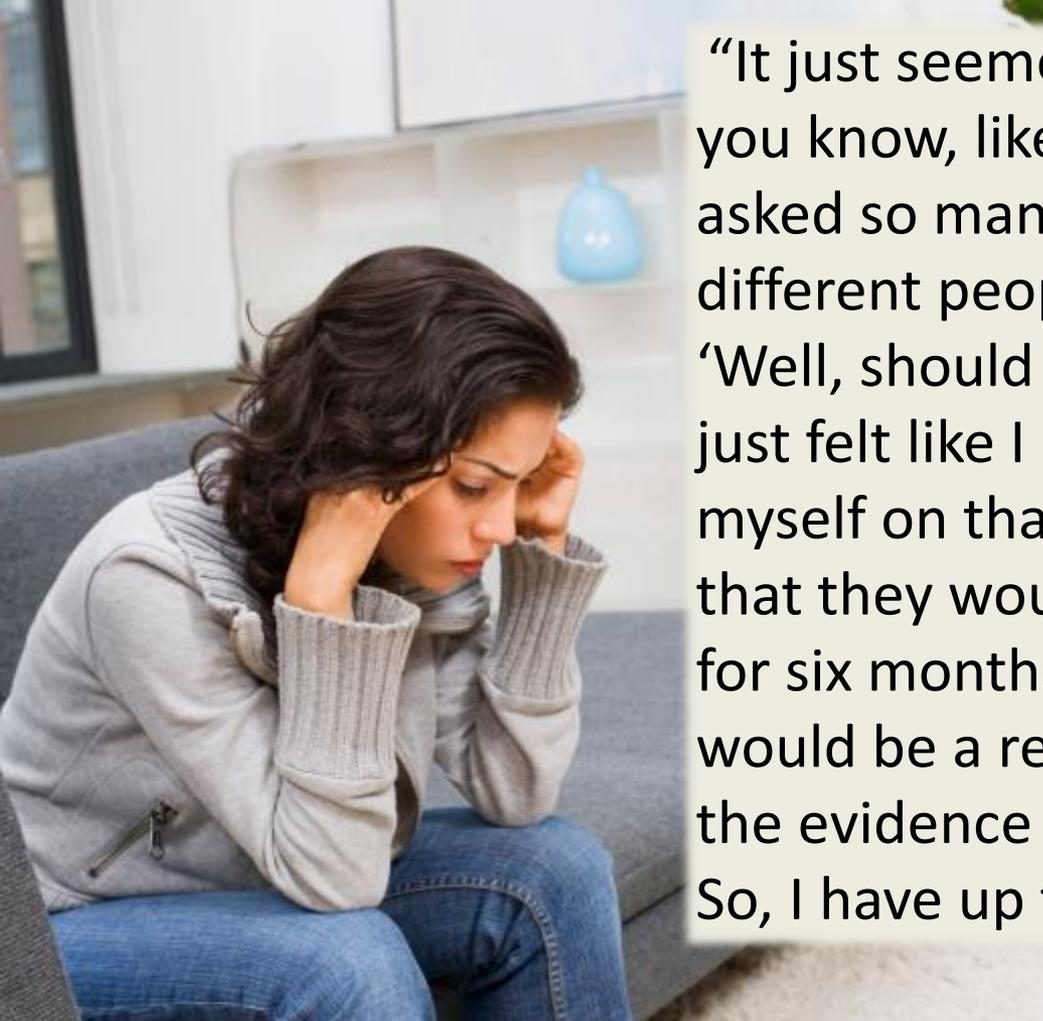
Case Study Findings on Reporting

- Most victims receiving exams do report to LE
- However, there was consensus across the 19 localities that a report from LE is not required for a victim to receive an exam
- For those who do not report, few victims in the sites we visited converted their cases to reported cases
 - “few or none,” “few,” or “a small handful”
 - from 3 percent to 5 percent, with one respondent estimating a 15-percent conversion rate
- Perceptions of prosecution are almost always negative, with far too few cases moving forward in the system
 - Reported reasons include their lack of time, lack of interest/priority, views on “slam dunk” and “he said-she said” cases, and lack of training

A woman in a blue police uniform is in the foreground, looking slightly to the right with a serious expression. In the background, a man in a blue police uniform is standing, looking forward. The setting appears to be an office or a police station.

“It was straightforward—there was a choice (on reporting to the police).”

Voices of Victims: Reflections on Reporting



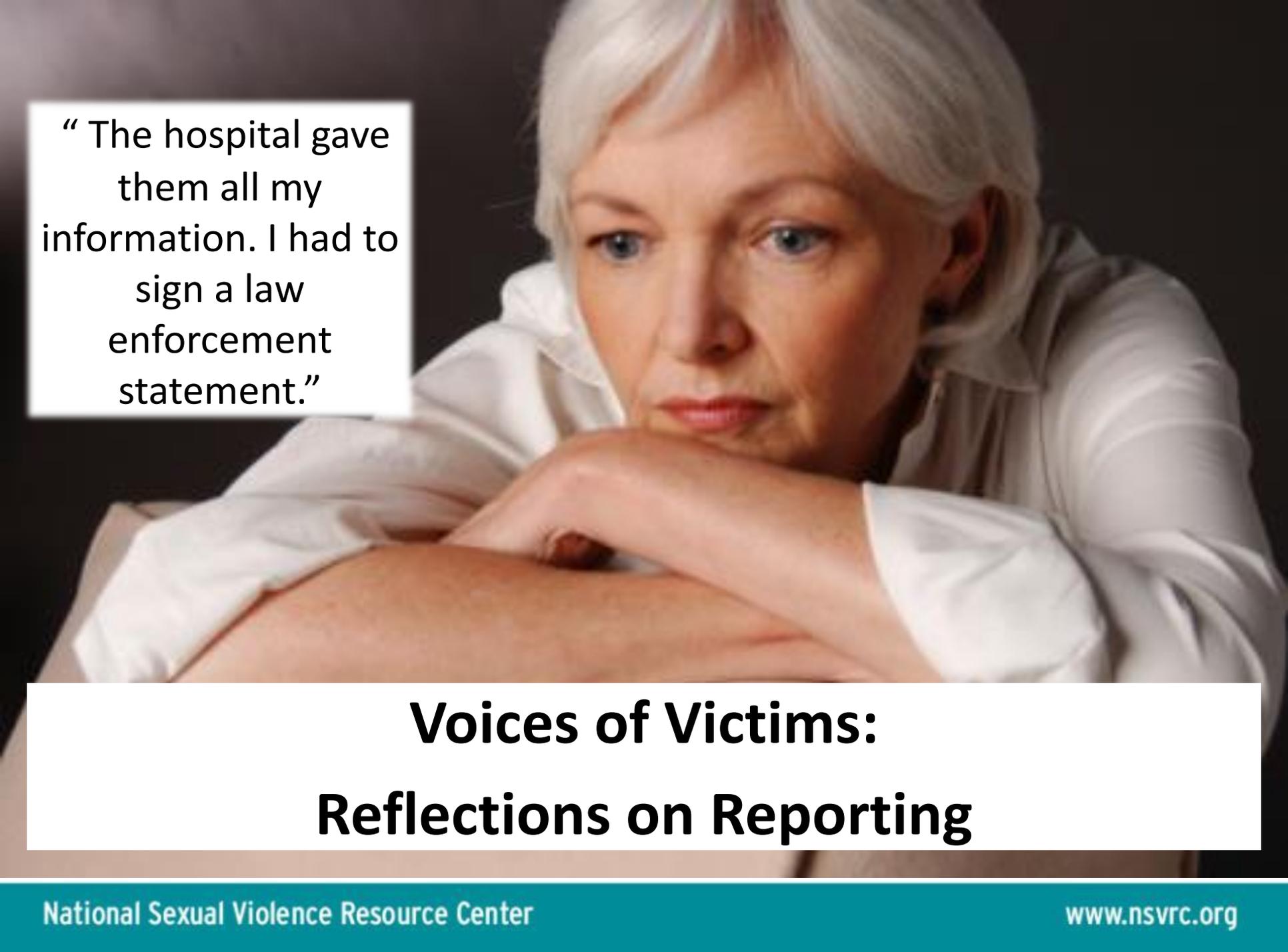
“It just seemed like it was the only option, you know, like, ‘Why won’t you?’ . . . It was asked so many different times by so many different people that I just kind of felt like, ‘Well, should I just give in and do it?’. . . But I just felt like I needed to at least stand up for myself on that part, you know. . . . They said that they would keep it (the exam evidence) for six months, the evidence itself, and there would be a report made and the report on the evidence would be kept on file for a year. So, I have up to a year to report it.”

Voices of Victims: Reflections on Reporting

Voices of Victims: Reflections on Reporting

“They (advocates) told me I could come and not have to contact the police, but if I wanted they would release the records. And actually later, they did end up releasing that. They kept the file, and I would call them every month and tell them to keep the file because I didn’t know what I was going to do. And so then it was eventually released to the police . . . with my consent. Yeah, I called them, but there was never any pressure.”





“ The hospital gave them all my information. I had to sign a law enforcement statement.”

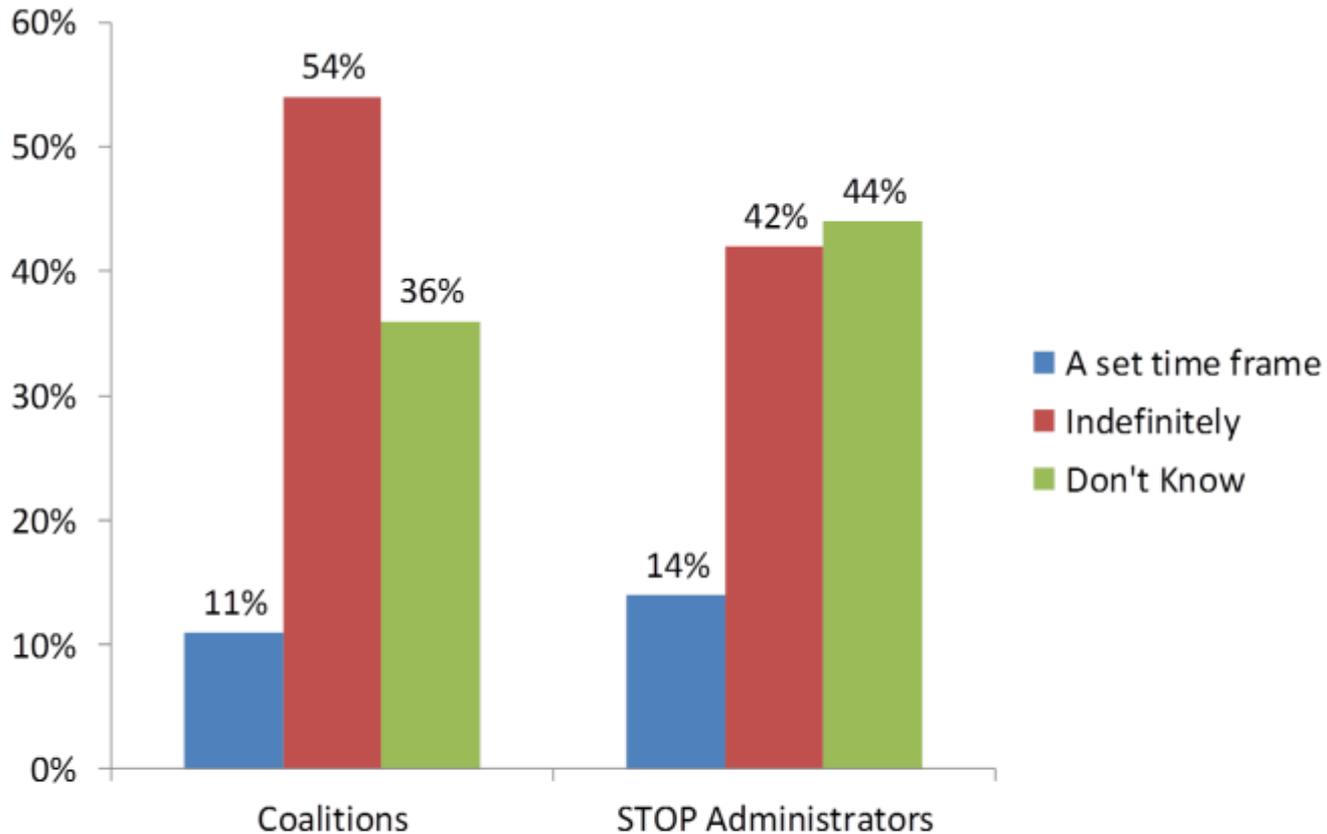
Voices of Victims: Reflections on Reporting

Kit Storage Models



STOREROOM

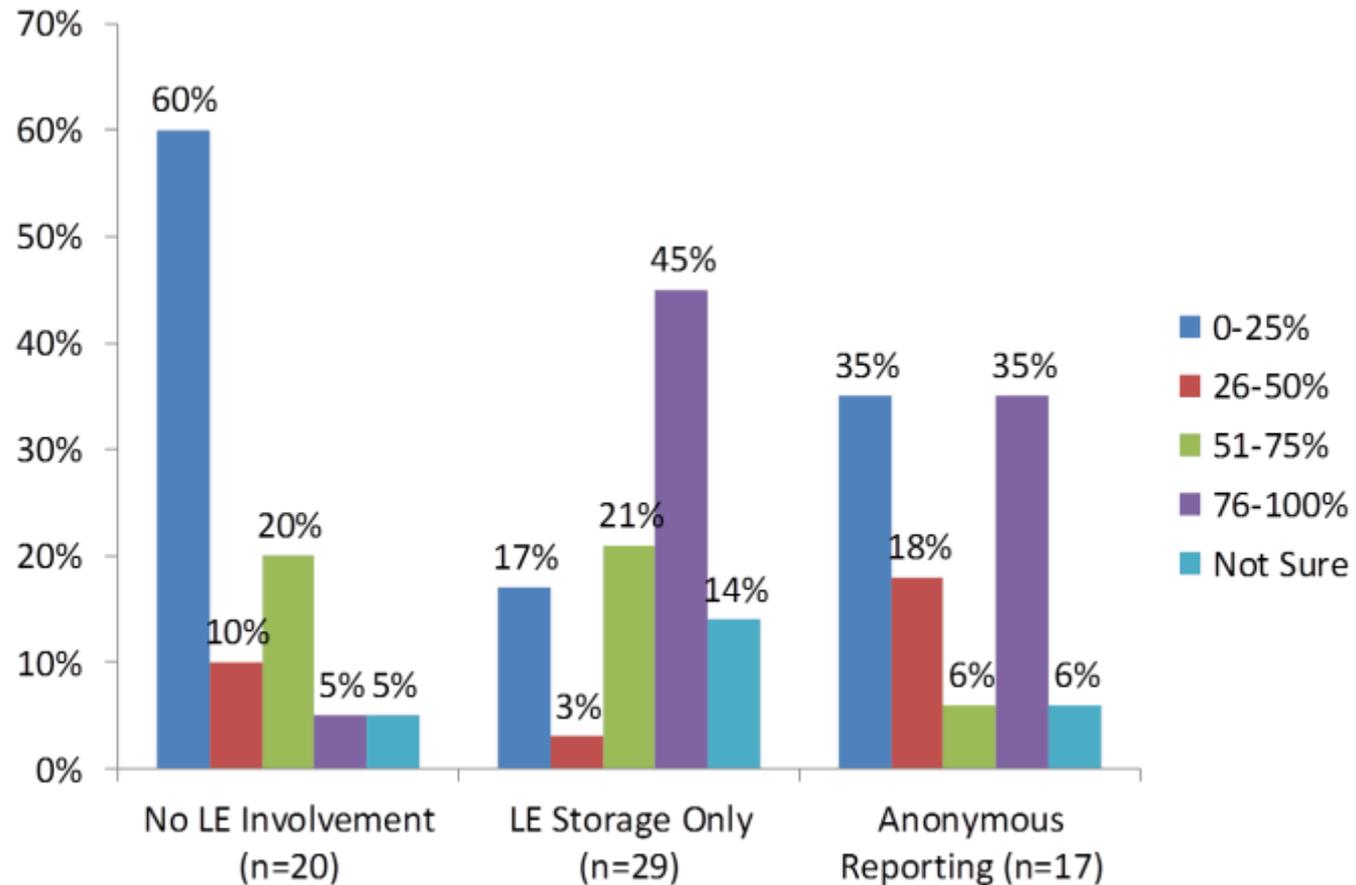
Storing Kits for Reported Cases



N=28 valid responses from state-level sexual assault coalitions

N=36 valid responses from state STOP administrators

Kit Storage Models for Non-Reported Cases



N=47 valid responses from state-level sexual assault coalitions

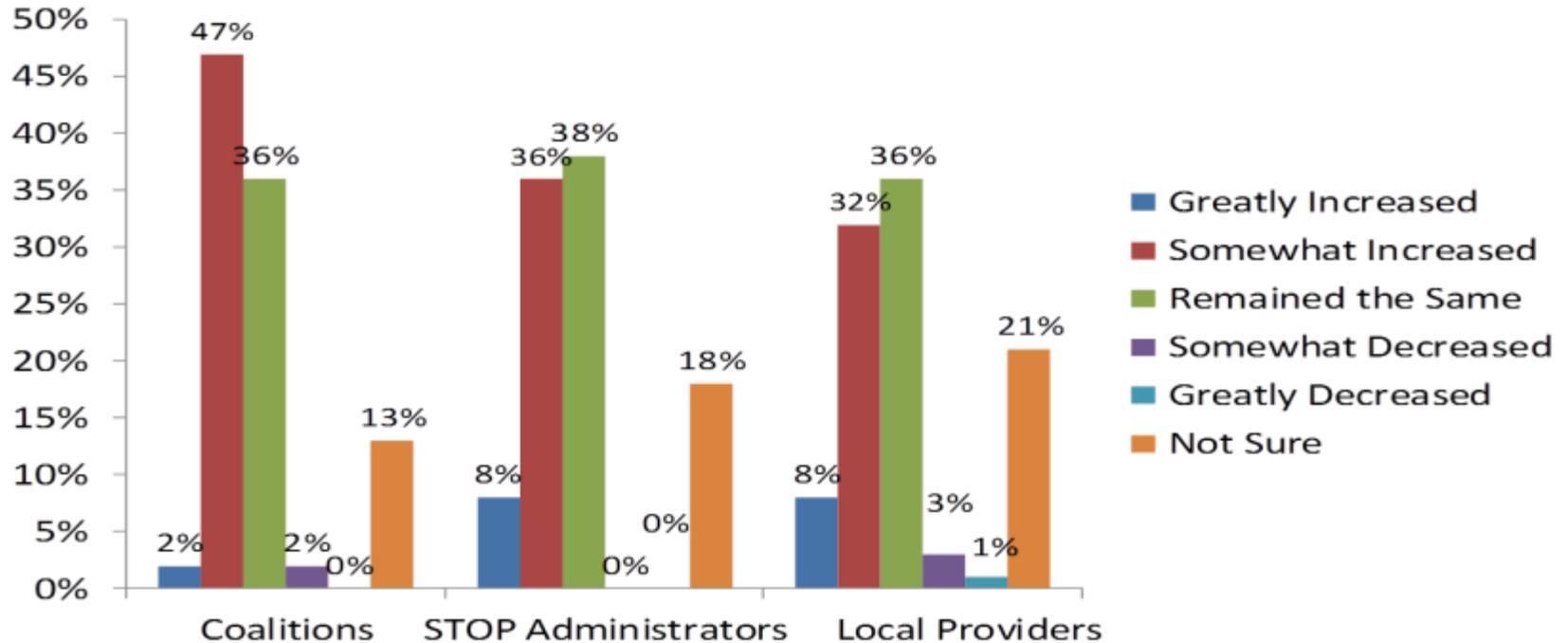


One Example of Anonymous Reporting



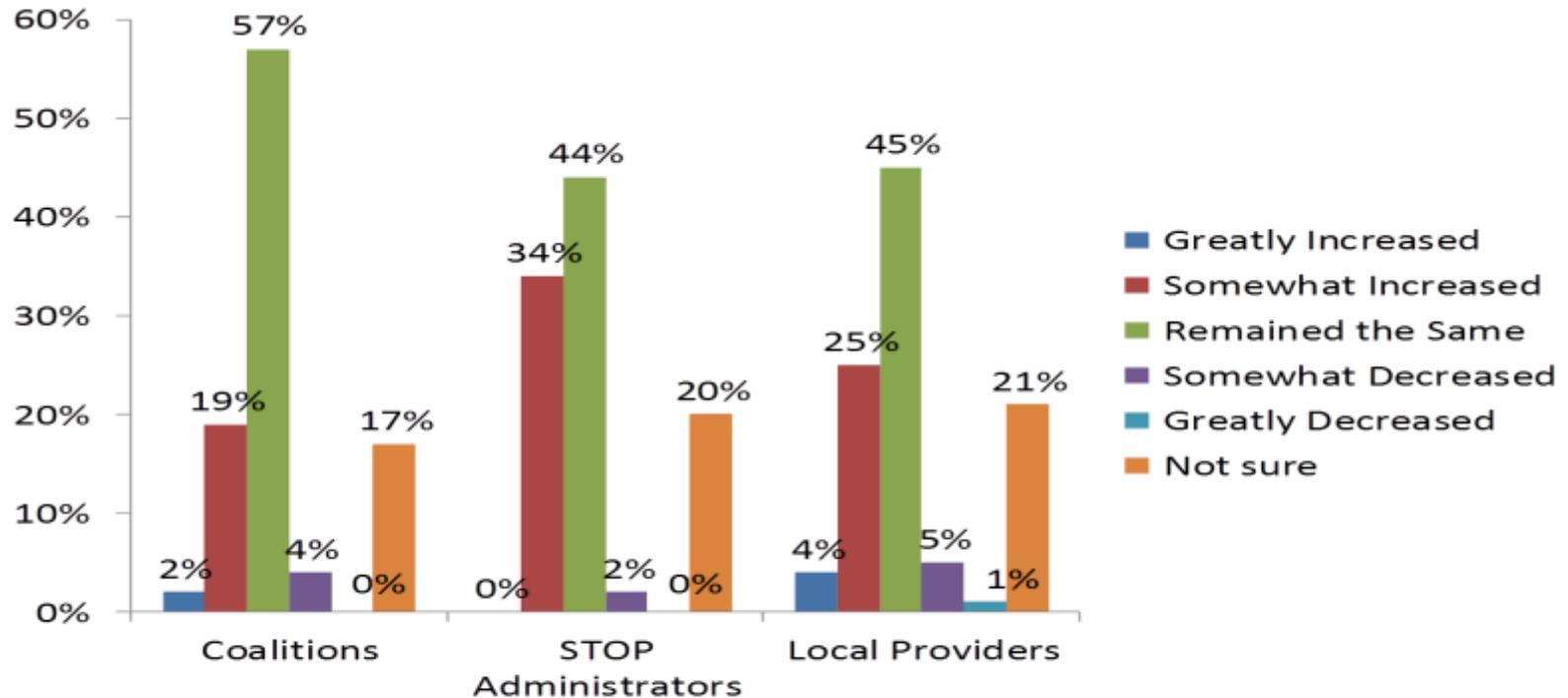
Did VAWA 2005 meet its' goals?

Perspectives on Change in Percentage of Victims Getting Exams Since January 2009



N=47 valid responses from state-level sexual assault coalitions
 N=50 valid responses from state STOP administrators
 N=408 valid responses from local providers

Perspectives on Change in Percentage of Victims Reporting to CJS Since January 2009



N=46 valid responses from state-level sexual assault coalitions
N=50 valid responses from state STOP administrators
N=408 valid responses from local providers

What Seems to Work: Most Common Reports

	State-level coalitions (n=47)	State STOP administrators (n=52)	Local providers (n=442)
My state has laws that help us implement policies that truly help sexual assault victims.	45	62	35
My state's laws are clear about which agencies should pay for exams.	47	58	30
My state has a statewide payment mechanism for forensic medical exams.	64	65	39
Law enforcement agencies in my state (or locality) generally work well with sexual assault victims.	13	31	40
Law enforcement agencies in my state (or locality) generally work well with sexual assault service agencies.	36	40	46
Prosecution agencies in my state (or locality) generally work well with sexual assault service agencies.	30	42	43
Medical personnel in my state (or locality) who provide sexual assault forensic exams generally work well with sexual assault victims.	45	58	52
Medical personnel in my state (or locality) who provide sexual assault forensic exams generally work well with sexual assault service agencies.	47	54	51

What Seems to Work: Less Common Reports

	State-level coalitions (n=47)	State STOP administrators (n=52)	Local providers (n=442)
Paying agencies have the funds to provide free exams to all victims who choose to have them, including both reporting and nonreporting victims.	28	35	27
Payment levels are adequate for the services provided.	28	29	15
Prosecution agencies in my state (or locality) generally work well with sexual assault victims.	19	31	38
State agencies are able to provide training to localities about how to improve local practices.	32	39	19
Local community stakeholders are willing to participate in training to improve local practices.	36	35	22
I'm not sure.	9	6	16

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of communication
of communication

Remaining Barriers



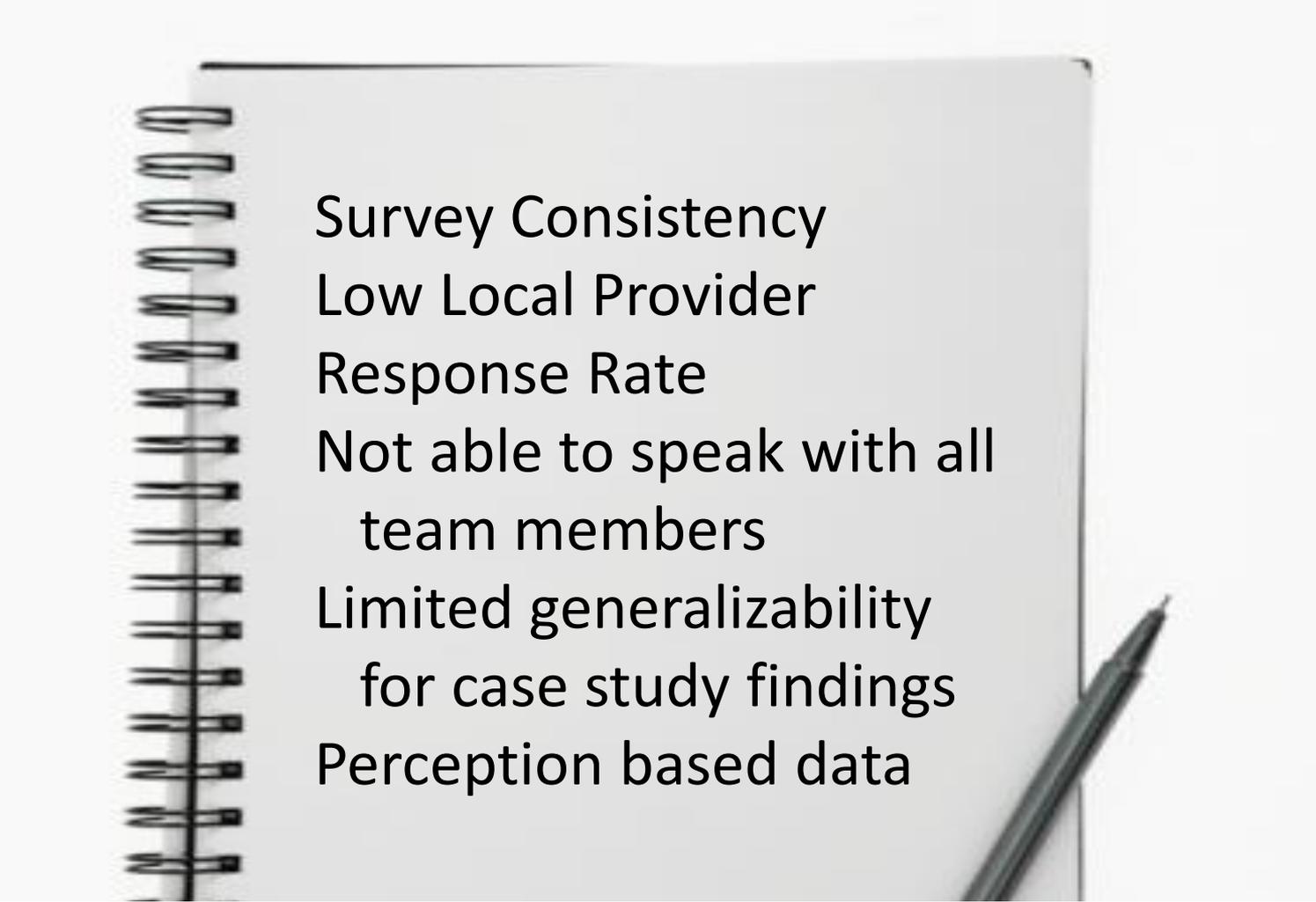
Remaining Barriers



Remaining Barriers

Barriers for American Indian Communities





Survey Consistency
Low Local Provider
Response Rate
Not able to speak with all
team members
Limited generalizability
for case study findings
Perception based data

Study Limitations

Emergency Entrance



Study Implications

Implications Around Payment

Ensure funding levels are adequate for designated payers:

- Funds dedicated to payment of MFEs should be provided whenever possible.*
- Consider exploring ways to use law enforcement and prosecution funds to pay for MFEs for victims while preserving the smooth operations that statewide payment procedures for providers seem to afford.*

Implications around Payment

Routinely examine if payment levels or caps imposed on payments to providers are adequate.

Train medical providers and hospital personnel on the VAWA 2005 requirement and the states' or localities' process for paying for MFES.

Consider broadening definitions of what should be paid for as part of the MFE process.

Review state legislation for ambiguity of language.

Implications Around Exam

Continue efforts to make trained examiners available throughout states.

Train first responders—such as nurses, advocates, and law enforcement—to appropriately respond to individuals in historically marginalized groups.

Implications Around Exam

Continue to provide training and technical assistance around storage practices for nonreported kits, particularly opportunities for anonymous reporting by victims, which includes their consent.

Consider public awareness campaigns regarding MFE access.

Link advocates to victims during the exam process.

Implications for CJS

If victims so choose, consider allowing them the chance to talk with law enforcement “off the record” as part of their decision-making process about whether to make an official report.

Train law enforcement and prosecution:

- About the utility of the MFE.*
- On appropriate treatment of victims.*

Increase victim confidence in the criminal justice system response.

Main Conclusions



- **Victim compensation funds are by far the largest designated source of funds to pay for MFEs**
- **In general, with very few exceptions, most victims are able to receive free exams without having to report to law enforcement**
- **Barriers to even accessing the exam are real and prevent some victims from seeking help**

- **Most victims who get MFEs report the assaults to the police at the time of the exam, and few non-reported cases get converted. This means that victims who do not report to police miss out on receiving other necessary medical, advocacy, and counseling services.**
- **Sufficient funds to pay for MFEs are a major concern**

www.urban.org

for full report and research
briefs

How to contact the presenters

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Easy ways to connect with us

National Sexual Violence Resource Center

123 N. Enola Drive, Enola, PA 17025

Online: www.nsvrc.org

Call: (877) 739-3895

Email: resources@nsvrc.org

