

IAFN Promotes Key Health Care Service Improvements to the Violence Against Women Act

Position

The International Association of Forensic Nurses (IAFN) strongly supports swift reauthorization of the Violence Against Women Act (VAWA). However, IAFN believes there are several key improvements that must be made to the law. These include:

- Establishing a national standard for trackable sexual assault evidence collection kit contents.
- Requiring health insurance to be the primary payor for sexual assault medical forensic examinations, when available, except in instances where patient safety would be compromised (i.e. intimate partner violence sexual assault, college students on their parents health plan who are sexually assaulted, etc.).
- Establishing an evidence-based, trauma-informed National Medical Forensic Exam Protocol for intimate partner violence (IPV).

Background

Forensic nurses are on the front lines of care for patients who have experienced intimate partner violence and sexual assault. In this role, forensic nurses see first-hand the needs of the patients they serve, as well as the challenges within the health care system and the programs that exist under VAWA.

Based upon their knowledge and experience, IAFN members propose the following updates to VAWA:

Establishing a Standardized National Sexual Assault Evidence Collection Kit

Since May 2010 when the Office on Violence Against Women hosted a roundtable discussion, *Eliminating the Rape Kit Backlog: A Roundtable Discussion to Explore a Victim Centered Approach*, recommendations were made to formally address the lack of uniformity in sexual assault evidence collection kits. This lack of uniformity was causing issues with reimbursement and processing of the kits across the country. The creation

of a single kit that could be collected at any facility in any jurisdiction would help to eliminate barriers to payment and analysis by different forensic laboratories. In the *SAFER ACT National Best Practices for Sexual Assault Kits: A Multidisciplinary Approach*, the following recommendations were made: in the current absence of minimum national standards, states and territories should create a single, standardized kit for sexual assault cases in accordance with the minimum criteria specified in *A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents*. Doing so will allow for consistency in terminology, content, and structure, which will in turn reduce the variability seen in laboratory processes, thereby improving analysis.

Establishing a Federal Standard for Trackable Sexual Assault Evidence Collection Kit Contents

In the previously mentioned recommendations it is clear that the most victim-centered approach would allow for a standardized kit where its contents would be uniform regardless of where the kit was collected or analyzed. In an age where virtually any purchase or shipment can be easily tracked online, there is no reason this same technology cannot be employed to keep sexual assault victims informed about where their kit is, and whether or not it has been analyzed. Having a standardized national sexual assault kit with tracking from collection through trial is reasonable and easily achievable.

Requiring Health Insurance to Be the Primary Payor for Sexual Assault Examinations

There are serious short and long-term health implications associated with sexual violence victimization. Funding through VAWA to cover the costs associated with the medical forensic examination of sexual assault victims varies dramatically from jurisdiction to jurisdiction. In some instances, only the kit itself is being covered, despite the understanding that victims routinely have extensive medical needs such as HIV and STD testing and prevention medications. When health insurance (including Medicaid and Medicare) is available, it should be the primary payor except in instances where the safety of the patient may be at risk (e.g. a college student on a parent's health plan; a patient on their spouse's plan). For any patient where safety is a factor, or where no health insurance exists, funding under VAWA should cover the exam in its entirety.

Establishing an Evidence-based, Trauma-informed National Medical Forensic Exam Protocol for Intimate Partner Violence (IPV)

Nearly 1 in 4 women (23%) and 1 in 7 men (14%) aged 18 and older in the United States have been the victim of severe physical violence by an intimate partner in their lifetime. Nearly, 14% of women and 4% of men have been injured as a result of IPV that included

contact sexual violence, physical violence, or stalking by an intimate partner in their lifetime.¹ Fifty-one percent of female victims of rape reported being raped by an intimate partner.² Sexual assault by an intimate partner is associated with higher rates of non-genital trauma.³ In 2010, 241 males and 1095 females were murdered by an intimate partner.⁴ Throughout health systems, IPV continues to be treated as a social problem versus one needing a standardized medical forensic response. It is imperative for the long term health and recovery of these patients that a standardized approach be developed with a plan for effective implementation.

VAWA is the cornerstone of our nation's response to domestic and sexual violence. Initially passed in 1994, VAWA created the first U.S. federal legislation acknowledging domestic violence and sexual assault as crimes and provided federal resources to encourage community-coordinated responses to combating violence. In 2013, a strong bipartisan bill to reauthorize VAWA passed in the House and Senate. President Obama signed the bill into law on March 7, 2013.

Please contact Patrick Cooney at Patrick@federalgrp.com or 202-347-0034 x101 with any questions you might have regarding this issue.

¹ Smith, S.G., Chen, J., Basile, K.C., Gilbert, L.K., Merrick, M.T., Patel, N., Walling, M., & Jain, A. (2017). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

² Black, M. C., Basile, K. C., Breiding, M. J., Smith, S .G., Walters, M. L., Merrick, M. T., Stevens, M. R. (2011). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 summary report. Retrieved from the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control: http://www.cdc.gov/ViolencePrevention/pdf/NISVS_Report2010-a.pdf

³ Seyller, M., Denis, C., Dang, C., Boraud, C., Lepresle, A., Lefevre, T., & Chariot, P. (2016). Intimate Partner Sexual Assault: Traumatic Injuries, Psychological Symptoms, and Perceived Social Reactions. *Obstetrics and Gynecology*, 127(3).

⁴ United States Department of Justice. Crime in the United States, 2010. Federal Bureau of Investigation, Uniform Crime Reports, Washington, DC, 2011.