

# **JOINT STATE GOVERNMENT COMMISSION**

**General Assembly of the Commonwealth of Pennsylvania**

## **MENTAL HEALTH SERVICES FOR VICTIMS OF SEXUAL ASSAULT AND RAPE**

**A STAFF STUDY**

**February 2021**



*Serving the General Assembly of the  
Commonwealth of Pennsylvania Since 1937*

**REPORT**

*Mental Health Services for Victims of Sexual Assault and Rape*

<b>Project Manager:</b>	Yvonne Llewellyn Hursh, Counsel
<b>Project Staff:</b>	Allison N. Kobzowicz, Public Policy Analyst Grant Rosul, Staff Attorney Wendy L. Baker, Executive Assistant/Office Manager
The report is also available at <a href="http://jsg.legis.state.pa.us">http://jsg.legis.state.pa.us</a>	

## JOINT STATE GOVERNMENT COMMISSION

Room 108 Finance Building  
613 North Street  
Harrisburg, PA 17120-0108

**Telephone:** 717-787-4397  
**Fax:** 717-783-9380  
**E-mail:** [jntst02@legis.state.pa.us](mailto:jntst02@legis.state.pa.us)  
**Website:** <http://jsg.legis.state.pa.us>

The Joint State Government Commission was created in 1937 as the primary and central non-partisan, bicameral research and policy development agency for the General Assembly of Pennsylvania.<sup>1</sup>

A fourteen-member Executive Committee comprised of the leadership of both the House of Representatives and the Senate oversees the Commission. The seven Executive Committee members from the House of Representatives are the Speaker, the Majority and Minority Leaders, the Majority and Minority Whips, and the Majority and Minority Caucus Chairs. The seven Executive Committee members from the Senate are the President Pro Tempore, the Majority and Minority Leaders, the Majority and Minority Whips, and the Majority and Minority Caucus Chairs. By statute, the Executive Committee selects a chairman of the Commission from among the members of the General Assembly. Historically, the Executive Committee has also selected a Vice-Chair or Treasurer, or both, for the Commission.

The studies conducted by the Commission are authorized by statute or by a simple or joint resolution. In general, the Commission has the power to conduct investigations, study issues, and gather information as directed by the General Assembly. The Commission provides in-depth research on a variety of topics, crafts recommendations to improve public policy and statutory law, and works closely with legislators and their staff.

A Commission study may involve the appointment of a legislative task force, composed of a specified number of legislators from the House of Representatives or the Senate, or both, as set forth in the enabling statute or resolution. In addition to following the progress of a particular study, the principal role of a task force is to determine whether to authorize the publication of any report resulting from the study and the introduction of any proposed legislation contained in the report. However, task force authorization does not necessarily reflect endorsement of all the findings and recommendations contained in a report.

Some studies involve an appointed advisory committee of professionals or interested parties from across the Commonwealth with expertise in a particular topic; others are managed exclusively by Commission staff with the informal involvement of representatives of those entities that can provide insight and information regarding the particular topic. When a study involves an advisory committee, the Commission seeks consensus among the members.<sup>2</sup> Although an advisory committee member may represent a particular department, agency, association, or group, such representation does not necessarily reflect the endorsement of the department, agency, association, or group of all the findings and recommendations contained in a study report.

---

<sup>1</sup> Act of July 1, 1937 (P.L.2460, No.459); 46 P.S. §§ 65–69.

<sup>2</sup> Consensus does not necessarily reflect unanimity among the advisory committee members on each individual policy or legislative recommendation. At a minimum, it reflects the views of a substantial majority of the advisory committee, gained after lengthy review and discussion.

Over the years, nearly one thousand individuals from across the Commonwealth have served as members of the Commission's numerous advisory committees or have assisted the Commission with its studies. Members of advisory committees bring a wide range of knowledge and experience to deliberations involving a particular study. Individuals from countless backgrounds have contributed to the work of the Commission, such as attorneys, judges, professors and other educators, state and local officials, physicians and other health care professionals, business and community leaders, service providers, administrators and other professionals, law enforcement personnel, and concerned citizens. In addition, members of advisory committees donate their time to serve the public good; they are not compensated for their service as members. Consequently, the Commonwealth receives the financial benefit of such volunteerism, along with their shared expertise in developing statutory language and public policy recommendations to improve the law in Pennsylvania.

The Commission periodically reports its findings and recommendations, along with any proposed legislation, to the General Assembly. Certain studies have specific timelines for the publication of a report, as in the case of a discrete or timely topic; other studies, given their complex or considerable nature, are ongoing and involve the publication of periodic reports. Completion of a study, or a particular aspect of an ongoing study, generally results in the publication of a report setting forth background material, policy recommendations, and proposed legislation. However, the release of a report by the Commission does not necessarily reflect the endorsement by the members of the Executive Committee, or the Chair or Vice-Chair of the Commission, of all the findings, recommendations, or conclusions contained in the report. A report containing proposed legislation may also contain official comments, which may be used to construe or apply its provisions.<sup>3</sup>

Since its inception, the Commission has published almost 400 reports on a sweeping range of topics, including administrative law and procedure; agriculture; athletics and sports; banks and banking; commerce and trade; the commercial code; crimes and offenses; decedents, estates, and fiduciaries; detectives and private police; domestic relations; education; elections; eminent domain; environmental resources; escheats; fish; forests, waters, and state parks; game; health and safety; historical sites and museums; insolvency and assignments; insurance; the judiciary and judicial procedure; labor; law and justice; the legislature; liquor; mechanics' liens; mental health; military affairs; mines and mining; municipalities; prisons and parole; procurement; state-licensed professions and occupations; public utilities; public welfare; real and personal property; state government; taxation and fiscal affairs; transportation; vehicles; and workers' compensation.

Following the completion of a report, subsequent action on the part of the Commission may be required, and, as necessary, the Commission will draft legislation and statutory amendments, update research, track legislation through the legislative process, attend hearings, and answer questions from legislators, legislative staff, interest groups, and constituents.

---

<sup>3</sup> 1 Pa.C.S. § 1939.



*General Assembly of the Commonwealth of Pennsylvania*

**JOINT STATE GOVERNMENT COMMISSION**

Room 108 – Finance Building

Harrisburg, Pa 17120

717-787-4397

Fax 717-783-9380

<http://jsg.legis.state.pa.us/>

February 2021

**EXECUTIVE COMMITTEE**

*Senate Members:*

**JACOB D. CORMAN, III**

President Pro Tempore

**KIM L. WARD**

Majority Leader

**JAY COSTA, JR.**

Minority Leader

**JOHN R. GORDNER**

Majority Whip

**ANTHONY H. WILLIAMS**

Minority Whip

**ROBERT B. MENSCH**

Chair, Majority Caucus

**WAYNE D. FONTANA**

Chair, Minority Caucus

*House Members:*

**BRYAN D. CUTLER**

Speaker

**KERRY A. BENNINGHOFF**

Majority Leader

**JOANNA E. MCCLINTON**

Minority Leader

**DONNA OBERLANDER**

Majority Whip

**JORDAN A. HARRIS**

Minority Whip

**GEORGE DUNBAR**

Chair, Majority Caucus

**DAN L. MILLER**

Chair, Minority Caucus

*Administrative Staff:*

**GLENN J. PASEWICZ**

Executive Director

**YVONNE M. HURSH**

Counsel

To the Members of the General Assembly of Pennsylvania:

House Resolution 642 of 2020 directed the Commission to conduct a study on how to improve mental health services for survivors of sexual assault and rape. This report, *Mental Health Services for Victims of Sexual Assault and Rape: A Staff Study*, includes a comprehensive presentation of statutes that address sexual assault and rape, including special attention to how protection of victims has improved over time. The Commission investigated the obstacles survivors face when seeking services and how mental health system infrastructure, education, and best practices can be leveraged to remove those obstacles.

Recommendations include: the expansion of sexual trauma-informed training for physical and mental health care providers, law enforcement, and other first responders; improved public awareness of available services; streamlined telephone hotlines; broader use of telemedicine; and increased funding for mental health services for survivors.

Sincerely,

Glenn J. Pasewicz  
Executive Director



# TABLE OF CONTENTS

---

<b>EXECUTIVE SUMMARY</b> .....	1
<b>INTRODUCTION</b> .....	3
<b>RECOMMENDATIONS</b> .....	5
<b>CURRENT PENNSYLVANIA LAWS</b>	
<b>IMPACTING VICTIMS OF SEXUAL ASSAULT AND RAPE</b> .....	9
<b>Criminal Sexual Offenses</b> .....	9
<b>Criminal Justice Process Protections</b> .....	11
Past Conduct .....	11
Timeliness of Complaint .....	13
Corroborating Testimony and Cautionary Jury Instructions .....	13
Evidence of Resistance .....	13
Admissibility of Expert Testimony .....	14
Victim and Witness Testimony .....	14
Attendance at Proceedings .....	14
Evidence Collection and Preservation .....	15
Protection of Confidential Communications .....	16
Privacy Protections .....	16
Costs of Procedures .....	17
Statute of Limitations .....	17
<b>Registration and Notification Protections</b> .....	18
Sexual Violence Protection Orders (SVPO) .....	18
Student Sexual Assault Victims .....	18
Postsecondary Institution Reporting System .....	19
Child Abuse Protections .....	20
Registration of Sex Offenders .....	21
Notification of Pending Release of Perpetrator .....	21
Termination of Parental Rights .....	22
Crime Victim Bill of Rights (Marsy’s Law) .....	22
<b>CURRENT PROGRAMS AND SERVICES TO ASSIST</b>	
<b>SEXUAL ASSAULT AND RAPE SURVIVORS IN PENNSYLVANIA</b> .....	25
<b>Telephone Hotlines</b> .....	25
<b>Emergency Departments and Services</b> .....	27
Emergency Medical Service Providers .....	27
Emergency Department Minimum Services .....	27
<b>Sexual Assault Nurse Examiner (SANE) Programs</b> .....	31
<b>Sexual Assault Response Teams (SART)</b> .....	38

<b>Rape Crisis and Domestic Violence Crisis Centers</b> .....	40
<b>Counseling Services</b> .....	44
<b>Telehealth and Telepsychiatry</b> .....	44
<b>SEXUAL ASSAULT TREATMENT TRAINING AND EDUCATION</b>	
<b>FOR MENTAL HEALTH PROVIDERS</b> .....	49
Nationally Accepted Certification .....	50
<b>FACTORS THAT DETER VICTIMS</b>	
<b>FROM SEEKING MENTAL HEALTH SERVICES</b> .....	53
<b>The Psychological Impact of Sexual Assault and Rape</b> .....	53
<b>Specific Barriers That Prevent Survivors from Seeking Treatment</b> .....	55
Provider Attitudes .....	55
Survivor Beliefs .....	57
Law Enforcement/Criminal Justice System Responses .....	58
Other Interpersonal Issues .....	59
Specific Populations .....	59
<b>SOURCES OF FUNDING FOR MENTAL HEALTH SERVICES</b>	
<b>FOR VICTIMS OF SEXUAL VIOLENCE</b> .....	61
Awareness and Utilization .....	71
<b>APPENDIX</b>	
<b>House Resolution 642 of 2020</b> .....	73



## EXECUTIVE SUMMARY

---

Sexual assault and rape damage both the body and the psyche of the individual who survives such an attack. Individuals who immediately seek help either by calling the police, going to an emergency department or calling a rape crisis hotline are able to address and resolve the physical wounds quickly, via a forensic examination, testing for sexually transmitted diseases, emergency contraception, and treatment of physical injuries.

However, many survivors suffer long-term mental health effects in the form of post-trauma stress disorder and depressive disorders. The injuries to the psyche can continue long past the initial act of violence and can be exacerbated by the way the survivor is treated by the very people who are supposed to help. Understanding the importance of how to respond to a survivor of sexual assault or rape and ensuring the receipt of appropriate psychological help is paramount to the individual survivor's path to recovery.

First responders, emergency department medical personnel, rape crisis advocates, mental health counselors, law enforcement and the criminal justice system all have the potential to either ease the emotional impact of the assault or worsen it. Sexual violence does not discriminate in its choice of victims nor where it finds them. While many people envision young adult women when they think of victims of sexual violence, they are not an exclusive group. Men, children, persons with disabilities, and the elderly can and are subjected to sexual violence. Sexual violence can occur in the home, in the workplace, in a college dorm or frat house, in a bar, on the street, jogging in a park, or just walking down the street minding one's own business. Perpetrators can be a stranger, a friend, a co-worker, a respected authority figure, a spouse, a significant other or other family member. All these differing characteristics impact how a victim will respond to the assault, both in the immediate term and the long run.

Factors that deter an individual from immediately seeking help are frequently the result of psychological responses to the assault. These responses can be met and accommodated with proper training and education of the people in roles of support to the survivor. This report, the product of the directives of House Resolution 642 of 2020, offers recommendations that ensure the quality of medical care received by survivors is sensitive to the psychological responses of the survivor even while undergoing examination and treatment. This includes recommendations to promote a certified sexual assault nurse examiner program, increase the use of telehealth, and providing for a designation of all hospitals based on their ability to provide comprehensive sexual assault services to aid in triage of sexual assault victims. Additionally, a notification and posting program for sexual assault hotlines and services is recommended that could provide information to survivors

in an easily accessible manner, which may be particularly helpful for those who do not seek immediate care.

Additionally, this report examines existing laws and services in Pennsylvania and makes recommendations to improve their responsiveness to sexual assault and rape survivors.

## INTRODUCTION

---

In response to national reporting on the traumatic psychological and financial impact of sexual assault and rape in American culture, the Pennsylvania House of Representatives adopted House Resolution 642, P.N. 3023, on February 4, 2020. The resolution directs the Joint State Government Commission to publish, within a year, a report on the shortcomings of mental health services for survivors of sexual assault and rape, and how they can be improved.

Specifically, the resolution directed the Commission to review and report on:

- Factors that deter persons from seeking mental health services
- Sources of funding for mental health services for survivors, including Victims Compensation Assistance Program, and ways to better advertise and utilize those resources
- Better structure for telephone hotlines to result in a more streamlined process in connecting callers with local mental health care providers
- Use of telemedicine to bridge provider gaps
- Determine if a national certification program would be appropriate to assist survivors in finding an experienced provider

Additionally, the resolution calls for specific recommendations on how to best connect victims who report to hospitals for examination with mental health services before leaving the hospital and any other solutions to better serve survivors who are seeking mental health treatment.

Sexual assault and rape (sometimes collectively referred to as sexual violence) is not a monolithic problem, and any “one size fits all” solution is destined to be inadequate. The circumstances of the assault or rape, the identity of the perpetrator, the identity and culture of the victim, the relationship, if any, between the perpetrator and victim, all impact the decision to seek medical help, mental health services, or report the incident to legal authorities. Programs and services need to be prepared to address the victim as they present themselves and the unique circumstances of their situation, in order to effectively provide needed mental health services and mitigate long-term psychological damage.

This report, as part of its response to the directives of HR 642, will look at the current status of services in Pennsylvania, their funding sources, factors that deter victims from seeking services, and look at ways to improve the ability of sexual assault and rape survivors to connect with appropriate and meaningful mental health services and supports. The report will look at services available and provided immediately after the incident of sexual violence separately from the services available to victims who, for whatever reason, choose not to report or seek mental health help until some time has elapsed after the incident occurred.

For purposes of the report, the term “sexual violence” will be used interchangeably with “sexual assault” and “rape” based on the terminology used by relevant sources.

## RECOMMENDATIONS

---

### **Strengthen and Improve Minimum Standards for Sexual Assault Emergency Services**

Receipt of appropriate and specialized medical care and treatment in the emergency department can have a salutary effect on the psychological responses of a sexual assault survivor. Accordingly, these amendments to the Pennsylvania Department of Health's minimum standards for sexual assault emergency services may be appropriate:

- Any survivor of a sexual assault that has occurred within the past seven days who presents at a hospital must be provided with a medical forensic exam done by a medical professional who is trained in sexual assault forensic examination. The examiner must be a sexual assault nurse examiner (SANE) or sexual assault forensic examiner (SAFE), which could be a physician or physician's assistant.
- Establish a statewide Sexual Assault Nurse Examiner Program to maintain a list of SANEs who have completed training consistent with the Sexual Assault Nurse Examiner Education Guidelines established by the International Association of Forensic Nurses. The SANE Program should be required to develop and make available to hospitals online sexual assault training for emergency department clinical staff, which can be counted toward continuing medical education and continuing nursing education credits for physicians, physician assistants, advanced practice registered nurses, and registered professional nurses.
- Require every provider performing a medical forensic exam to offer photo documentation of injuries. If the patient consents, guidance should be developed on photographic record retention.

Pennsylvania has an emergency medical services trauma care system that categorizes hospitals from Level I, which offer the highest level of care for traumatic injury, including multidisciplinary treatment and specialized resources for trauma patients, participate in trauma research, and maintain a surgical residency program, to Level IV, which can provide initial care and stabilization of traumatic injury while arranging transfer to a higher level of trauma care. A similar level of accreditation for sexual assault emergency services could be developed in Pennsylvania to classify each hospital as either a:

- treatment hospital (providing medical forensic services to both adult and pediatric sexual assault survivors);

- treatment hospital with approved pediatric transfer (providing services to adults and adolescents and transferring pediatric patients after a screening exam and stabilization if need); or
- transfer hospital (providing medical screening exam and appropriate stabilization but transferring all patients for forensic medical examination to a treatment hospital or approved pediatric health care).

The Pennsylvania Trauma Systems Foundation could maintain a statewide list identifying the classification of each hospital that is accessible by law enforcement, rape crisis centers, domestic violence centers, and the general public that can be used to advise sexual violence survivors of the treatment capacity of a facility before they agree go to an emergency department.

Pennsylvania's academic medical centers could incorporate a program to assist training residents to provide qualitative and sensitized treatment for sexual assault and rape survivors presenting in the emergency room.

### **Improve Quality of Mental Health Services Provided**

Amend the relevant state licensure statutes to require mental health providers to receive continuing education on appropriate treatment of survivors of sexual assault and rape from a nationally certified education program approved by the relevant licensing board.

With approximately one-third of sexual assault survivors expected to experience lifetime PTSD or depressive disorders, continuing access to mental health services after the initial trauma is very important. Mental health providers should receive education and training on treatment of these disorders.

### **Increase Availability of Telehealth for Both Mental Health and Forensic Examiner Services**

Adoption of the national Nurse Licensure Compact could alleviate mental health care provider shortages and sexual assault nurse forensic examiners by allowing nurses to practice telemedicine across state lines.

Enact legislation regulating the provisions of telemedicine and require equal insurance coverage for services performed in-person or via telephonic or video means.

## **Provide for Posting of Hotline Numbers and Distribution of Educational Materials**

Public information such as publication of hotline numbers and provision of brochures at physician offices and community health care clinics that explain victims' legal rights may be the most effective way to reach those individuals who would not otherwise visit an emergency department or contact a rape crisis center.

Notice of the Rape, Abuse and Incest National Network (RAINN) and Pennsylvania Coalition Against Rape (PCAR) hotlines could be posted in hospital emergency departments, law enforcement agencies, women's health centers, drinking establishments, college and university student centers, and other locations that survivors might likely be found. Additionally, the Pennsylvania Office of Victims' Services could be directed to develop a model informational brochure that could be used by any person having contact with sexual violence survivors that provides the RAINN and PCAR hotline numbers, plus a directory of local service organizations for victims of sexual violence, and a directory of benefits for victims of sexual violence under Federal and State law. To the extent possible, the directory should include annotations as to any special qualifications of the organization, such as expertise in rape of men, LGBTQIA+ persons, military personnel, children, domestic violence, workplace violence, the availability of translators, immigration issues, etc.

Informational brochures should include information regarding the availability of free sexual assault forensic examinations and that obtaining a rape kit does not require a report to law enforcement.

## **Potential Modifications of Legal Proceedings**

Under current Pennsylvania law, lack of resistance on the part of a victim of a sexual assault or rape can be admissible as evidence of consent. 18 Pa.C.S. § 3107 should be amended to state specifically that a lack of victim resistance does not prove consent.

Current Pennsylvania law provides that involuntary termination of parental rights in cases of rape or incest applies to a father's rights. 23 Pa.C.S. Chapter 25 should be amended to provide for the involuntary termination of the parental rights of either parent, regardless of sexual identity, if the child is the product of rape or incest by the parent whose rights are being sought to be terminated.





## **CURRENT PENNSYLVANIA LAWS IMPACTING VICTIMS OF SEXUAL ASSAULT AND RAPE**

---

An assault will be accompanied by mental health implications from the moment it occurs. Responses to victims from the moment aid is rendered, whether by emergency service personnel, law enforcement, medical professions, family and friends, and even bystanders can affect the mental health outcome of a victim. Laws defining criminal offenses and criminal justice procedures can magnify or mitigate mental health responses in a variety of ways. Something as basic as an understanding that the laws of the Commonwealth are designed to protect the victim, and not excoriate their behavior, dress, or demeanor can bolster the confidence of a victim to seek legal redress and appropriate mental health services. Pennsylvania has a lengthy list of criminal sexual offenses. In addition, laws are in place to assist survivors through the criminal justice process and to protect survivors from both repeat and secondary victimization.

### *Criminal Sexual Offenses*

The U.S. Centers for Disease Prevention and Control (CDC) Center for Injury Prevention and Control (Injury Center) is charged with tracking data and trends on fatal and nonfatal injuries, researching what works to prevent injuries and violence and putting it into practice, and funding programs and activities to prevent injury.<sup>4</sup> As part of its sexual violence prevention program, the Injury Center tracks data and trends on sexual violence. Within that tracking program is the National Intimate Partner Survey (NISVS), which collects comprehensive national- and state-level data on intimate partner violence, sexual violence and stalking victimization in the United States. For purposes of its data collection activities, the CDC has adopted a uniform definition of sexual violence:

Sexual violence is defined as a sexual act that is committed or attempted by another person without freely given consent of the victim or against someone who is unable to consent or refuse. It includes: forced or alcohol/drug facilitated penetration of a victim; forced or alcohol/drug facilitated incidents in which the victim was made to penetrate a perpetrator or someone else; nonphysically pressured unwanted penetration; intentional sexual touching; or non-contact acts of a sexual nature. Sexual violence can also occur when a perpetrator forces or coerces a victim to engage in sexual acts with a third party.

---

<sup>4</sup> “Injury Center,” *United States Centers for Disease Prevention and Control*, accessed January 7, 2021, <https://www.cdc.gov/injury/about/>.

Sexual violence involves a lack of freely given consent as well as situations in which the victim is unable to consent or refuse:

- *Consent*

Words or overt actions by a person who is legally or functionally competent to give informed approval, indicating a freely given agreement to have sexual intercourse or sexual contact.

- *Inability to Consent*

A freely given agreement to have sexual intercourse or sexual contact could not occur because of the victim's age, illness, mental or physical disability, being asleep or unconscious, or being too intoxicated (e.g., incapacitation, lack of consciousness, or lack of awareness) through their voluntary or involuntary use of alcohol or drugs.

- *Inability to Refuse*

Disagreement to engage in a sexual act was precluded because of the use or possession of guns or other non-bodily weapons, or due to physical violence, threats of physical violence, intimidation or pressure, or misuse of authority.<sup>5</sup>

Pennsylvania has enacted a number of criminal statutes to address various forms of sexual violence. These statutes can be found in the Crimes Code, Title 18 of the Pennsylvania Consolidated Statutes at Chapter 31. They are:

Section 3121 (relating to rape)

Section 3122.1 (relating to statutory sexual assault)

Section 3123 (relating to involuntary deviate sexual intercourse)

Section 3124.1 (relating to sexual assault)

Section 3124.2 (relating to institutional sexual assault)

Section 3124.3 (relating to sexual assault by sports official, volunteer or employee of nonprofit association)

Section 3125 (relating to aggravated indecent assault)

Section 3126 (relating to indecent assault)

Section 3127 (relating to indecent exposure)

Section 3129 (relating to sexual intercourse with animal)

Section 3130 (relating to conduct relating to sex offenders)

Section 3131 (unlawful dissemination of intimate image)

Section 3132 (relating to female mutilation)

Section 3133 (relating to sexual extortion)<sup>6</sup>

---

<sup>5</sup> Kathleen C. Basile, PhD, Sharon G. Smith, PhD, Matthew J. Breiding, PhD, Michele C. Black, PhD, MPH, and Reshma Mahendra, MPH, *Sexual Violence Surveillance: Uniform Definitions and Recommended Data Elements, Version 2.0*, (Atlanta, Georgia: CDC, National Center for Injury Prevention and Control, Division of Violence Prevention, 2014), 12.

<sup>6</sup> Sexual extortion was added to the Crimes Code via the act of November 27, 2019 (P.L. 691, No.100). The co-sponsorship memoranda that accompanied House Bill 1402 (2019), which became Act 100, described the crime and the intent of the legislation as follows:

In addition to imprisonment and fines resulting from a conviction under any of these statutes, a person convicted of rape, statutory sexual assault, involuntary deviate sexual intercourse, sexual assault, aggravated indecent assault, or indecent assault, or who is required to register as a sex offender may be required to forfeit to law enforcement any property or assets used to implement or facilitate the crime of which the perpetrator has been convicted.<sup>7</sup>

### *Criminal Justice Process Protections*

Within the Crimes Code sexual offenses chapter, several provisions seek to protect and support victims of sexual violence as they move through the process of bringing their attackers to justice.

#### *Past Conduct*

Pennsylvania enacted its original “rape shield law” in 1976 as an amendment to the Crimes Code.<sup>8</sup> Designed to prevent the use of a victim’s past sexual conduct to prevent efforts on the part of defendants to portray the victim’s character as promiscuous or that he or she had consented to a sexual encounter, it was part of a nationwide movement in the mid-1970s to provide greater protections to rape victims. It was intended to encourage victims to come forward and report rapes, while not being subjected to embarrassing and irrelevant questioning. It was also believed that limiting discussion of a victim’s sex life would allow juries to better judge the merits of a sexual assault case objectively.<sup>9</sup> Over the intervening years from then until now, the Pennsylvania appellate courts have further

---

Sexual extortion occurs in many settings—housing, workplaces, schools, legal systems, community settings, and online. This crime occurs when a person uses coercion and misuses their power to demand sexual acts, images, or videos from victims. Perpetrators withhold an essential service or thing of value from the victim, threaten a punishment, or offer a reward—contingent upon whether or not the victim complies with demands for sexual acts, images, or videos. Our current laws do not match the severity of this crime, or its effects on victims.

This bill will enable Pennsylvania to keep pace in a digital age that often facilitates certain types of sexual extortion. The Department of Justice recently reported sexual extortion is “by far the most significantly growing threat to children.” In fact, 71% of cases involve victims under the age of 18. A 2015 FBI sexual extortion investigation found that offenders were specifically seeking out children they considered easy targets because of their demonstrated willingness to post personal content online and engage in live-streaming video activity, whether the content was sexually explicit or not.

Pennsylvania General Assembly, House Co-Sponsorship Memorandum, March 4, 2019. House Co-Sponsorship Memoranda - PA House of Representatives (state.pa.us)

While 18 Pa.C.S. § 3133 makes sexual extortion a criminal offense, victims also retain the right to bring a civil cause of action for the unlawful dissemination of intimate image under 42 Pa.C.S. § 8316.1.

<sup>7</sup> 42 Pa.C.S. § 3141

<sup>8</sup> 18 Pa.C. § 3104, as amendment by the act of May 18, 1976 (P.L. 120, No. 53)

<sup>9</sup> R.W. Apple, Jr., “Rape Laws Undergoing Changes to Aid Victims,” *The New York Times*, last modified June 4, 1975. <https://www.nytimes.com/1975/06/04/archives/rape-laws-undergoing-changes-to-aid-victims-rape-laws-undergoing.html>.

defined the limits of this protection as balanced against the Constitutional right of the defendant to confront the witnesses against him or her and challenge the credibility of any individual witness.<sup>10</sup> In an effort to further define what sexual history can be introduced as evidence, House Bill 504 (2019) was introduced to protect victims from cross examination about times they were victimized, such as by acts of child abuse, assault, or rape.<sup>11</sup> House Bill 504 (2019) passed the House and Senate unanimously, and was signed into law as an amendment to 18 Pa.C.S. Section 3104, by the Governor as Act 24 of June 28, 2019. The amendments added a prohibition on the use of evidence of a victim's past sexual victimization and allegations of past sexual victimization. The amendments also added subsection 3104(c), to clarify that these protections apply not only to adult victims of sexual offenses, but also victims of incest and sexual assault and misconduct with, and sexual abuse of, children. Specifically, the statute states:

§ 3104. Evidence of victim's sexual conduct.

(a) General rule.--Evidence of specific instances of the alleged victim's past sexual conduct, past sexual victimization, allegations of past sexual victimization, opinion evidence of the alleged victim's past sexual conduct, and reputation evidence of the alleged victim's past sexual conduct shall not be admissible in prosecutions of any offense listed in subsection (c) except evidence of the alleged victim's past sexual conduct with the defendant where consent of the alleged victim is at issue and such evidence is otherwise admissible pursuant to the rules of evidence.

\* \* \*

(c) Applicability.--This section shall apply to prosecutions of any of the following offenses, including conspiracy, attempt or solicitation to commit any of the following offenses, enumerated in this title:

Chapter 27 (relating to assault).

Chapter 29 (relating to kidnapping).

Chapter 30 (relating to human trafficking).

Chapter 31 (relating to sexual offenses).

Section 4302 (relating to incest).

Section 4304 (relating to endangering welfare of children), if the offense involved sexual contact with the victim.

Section 6301(a)(1)(ii) (relating to corruption of minors).

Section 6312(b) (relating to sexual abuse of children).

Section 6318 (relating to unlawful contact with minor).

Section 6320 (relating to sexual exploitation of children).

---

<sup>10</sup> See, e.g., *Commonwealth v. Palmore*, 195 A3d 291 (2018 Pa. Super. 246) and cases cited therein.

<sup>11</sup> Pennsylvania General Assembly, House Co-Sponsorship Memorandum, February 5, 2019. House Co-Sponsorship Memoranda - PA House of Representatives ([state.pa.us](http://state.pa.us))

Until the last quarter of the 20<sup>th</sup> century, rape victims were subject to specific evidentiary rules governing the promptness of filing reports and complaints, the need for corroborating witnesses to attest to the rape, and jury instructions that had the potential to cast doubt on the veracity of the complaining victim.<sup>12</sup>

In more specific areas involving sexual violence, provisions like 18 Pa.C.S. § 3019(a) (relating to victim protection during prosecution), prohibit the release and disclosure of the names of victims of human trafficking.

### *Timeliness of Complaint*

Prompt reporting was required under Pennsylvania law until the 1976 enactment of the rape shield law, which as amended 18 Pa.C.S. § 3105. Prompt reporting of a sexual assault is no longer required to pursue a legal complaint and prosecution of a perpetrator, but evidence of the failure to promptly complain may be introduced in evidence under the court's rules of evidence. Timeliness is therefore not a bar to prosecution, but it could potentially be introduced to discredit the victim, and could end up being part of the debate on the credibility and reliability of the victim's testimony.

### *Corroborating Testimony and Cautionary Jury Instructions*

Pennsylvania abolished the requirement for corroborative testimony in sexual assault cases and applied the same standard as applied to any other crime in the 1976 rape shield law amendments.<sup>13</sup> Specific jury instructions that called for the testimony of sexual assault victims to be viewed with caution were also abolished in these amendments.

### *Evidence of Resistance*

Evidence of resistance by a victim has played multiple roles in criminal prosecutions of persons accused of committing sexual assault. A shrinking minority of states still require resistance on the part of the victim to prove an assault occurred, whether it be "utmost" resistance or "reasonable" resistance.<sup>14</sup> Pennsylvania was one of the earliest states to eliminate that requirement. However, resistance can still come into play in determining whether or not the victim consented. Pennsylvania's the statutory provisions still allow a defendant to introduce lack of resistance as part of the evidence to prove consent.<sup>15</sup>

---

<sup>12</sup> Michelle J. Anderson, "The Legacy of the Prompt Complaint Requirement, Corroboration Requirement, and Cautionary Instructions on Campus Sexual Assault," *Boston University Law Review*, 84 (October 2004): 945.

<sup>13</sup> 18 Pa.C.S. § 3106, added by the act of May 18, 1976 (P.L. 120, No.53)

<sup>14</sup> Margot Brooks, "But She Didn't Fight Back: Rape Law's Lingering Resistance Requirement and the Need for its Elimination," *Criminal Law Bulletin* 55, no. 3 (Summer 2019), accessed on Westlaw.

<sup>15</sup> 18 Pa.C.S. § 3107, added by the act of May 18, 1976 (P.L. 120, No.53)

### *Admissibility of Expert Testimony*

Since 2012, Pennsylvania courts may qualify witnesses as experts in sexual violence and victim responses. 42 Pa.C.S. § 5920(b) states that expert witnesses may provide opinions as to:

. . . criminal justice, behavioral sciences or victim services issues, related to sexual violence, that will assist the trier of fact in understanding the dynamics of sexual violence, victim responses to sexual violence and the impact of sexual violence on victims during and after being assaulted.

(2) If qualified as an expert, the witness may testify to facts and opinions regarding specific types of victim responses and victim behaviors.

(3) The witness's opinion regarding the credibility of any other witness, including the victim, shall not be admissible.

### *Victim and Witness Testimony*

Via an amendment to the Judiciary Code, the General Assembly enacted special provisions regarding the testimony of victims and witnesses in a number of criminal offenses, including sexual offenses under the Crimes Code, who have intellectual disabilities or autism. Out-of-court statements may be admissible after a court hearing on the reliability of the testimony, and a victim or witness may be declared “unavailable” as a witness if the court determines, after reviewing evidence presented, that in-person testimony would result in the individual suffering serious emotional distress that would substantially impact the individual’s ability to reasonably communicate.<sup>16</sup> The co-sponsorship memorandum for HB 503 (2019), the bill that became this amendment states that “According to the U.S. Department of Justice, people with intellectual disabilities are sexually assaulted at a rate seven times higher than those without disabilities. We also know that predators target people with disabilities or severe autism because they know these victims can be easier to manipulate or may have difficulty testifying later. These victims should not be made to suffer more because they cannot necessarily communicate effectively in court. If they have made statements outside of court that are deemed by a judge to be reliable, then these statements should be admissible.”<sup>17</sup>

### *Attendance at Proceedings*

Victims of sexual violence and domestic violence are entitled to be accompanied to all proceedings with a sexual assault counselor or domestic violence counselor, as the case may be.<sup>18</sup> Additionally, the Pennsylvania Crime Victims Act was amended in 2019 to align Pennsylvania’s statute with the federal Crime Victims Bill of Rights to allow a crime victim to attend the trial of the accused perpetrator of a crime against them unless

---

<sup>16</sup> 42 Pa.C.S., Ch. 59, Subch. E, §§ 5991-5993. Added by the act of June 28, 2019 (P.L. 228, No. 30).

<sup>17</sup> Pennsylvania General Assembly, House Co-Sponsorship Memorandum, February 5, 2019. House Co-Sponsorship Memoranda - PA House of Representatives (state.pa.us)

<sup>18</sup> 42 Pa.C.S. § 62A10 and 23 Pa.C.S. § 6111.

the court, based upon clear and convincing evidence, determines that testimony of the victim will be materially altered if the victim heard other testimony at trial.<sup>19</sup>

### *Evidence Collection and Preservation*

In 2006, Pennsylvania created a sexual assault testing and evidence collection program within the Pennsylvania Department of Health to “promote the health and safety of victims of sexual assault and to facilitate the prosecution of persons accused of sexual assault,” primarily by establishing minimum standards for sexual assault evidence collection and providing training on the proper collection of evidence and use of rape test kits.<sup>20</sup> The act further requires the department to collect data on untested sexual assault kits from local law enforcement agencies and publish an annual report. Amendments to the act in 2018 added a biennial report by the Pennsylvania State Police (in even-numbered years) on the volume of sexual assault kits for which testing is completed, average turnaround time for testing, and the reasons for any delays. The 2018 amendments added the requirement that health care facilities notify law enforcement within 12 hours of collecting sexual assault evidence, provided for the establishment of a designated telephone number for health care facilities to call when law enforcement does not take possession of the rape kit within 72 hours, and a requirement that testing must be completed within six months of submission to an approved laboratory.<sup>21</sup>

Further amendments to the Sexual Assault Testing and Evidence Collection Act (SATEC) were made in 2019, adding more responsibilities for the Pennsylvania State Police (PSP) in operating the kit collection telephone line. Language was added that required evidence to be retained and stored for the maximum applicable statute of limitations in those cases where the victim has not yet consented to testing of the evidence. The latest amendments also provide procedures to follow in cases where the victim agrees to submit a test kit to local law enforcement or PSP but does not wish to make a report to law enforcement. Victim’s rights are enumerated and expanded under these amendments, including the right to consult with a sexual assault counselor and information about the availability of protective orders. Victims also have the right to not be prevented from, or charged for, receiving a medical forensic examination, and to have the kit preserved without charge for the duration of the maximum applicable criminal statute of limitations.<sup>22</sup>

The amendments call for the development of a standard protocol to be used in notifying victims of information relating to evidence gathered regarding the victim. The amendments also changed the PSP report to an annual report, with a requirement of a

---

<sup>19</sup> Act of November 24, 1998 (P.L. 882, No. 111), known as the Crime Victims Act, as amended by the act of June 28, 2019 (P.L. 213, No. 23), 18 P.S. § 11.101 et seq.

<sup>20</sup> Act of November 29, 2006 (P.L. 1471, No.165), known as the Sexual Assault Testing and Evidence Collection Act; 35 P.S. § § 10172.1 et seq. (SATEC)

<sup>21</sup> Act of Oct. 24, 2018 (P.L. 1192, No. 164)

<sup>22</sup> Act of June 28, 2019 (P.L. 223, No. 29); amending sections 3 and 5.

review of current practices every two years.<sup>23</sup> The Department of Health's most recent report mandated under this statute was released in May 2020.<sup>24</sup>

### *Protection of Confidential Communications*

Sexual violence victims' confidential communications to various mental health professionals who may be assisting them are protected under various provisions of the Judicial Code, including:

- 42 Pa.C.S. § 5944 (relating to confidential communications to psychiatrists or licensed psychologists)
- 42 Pa.C.S. § 5945 (relating to confidential communications to school personnel) - except in cases of child protection services
- 42 Pa.C.S. § 5945.1 (relating to confidential communications with sexual assault counselors)
- 42 Pa.C.S. § 5945.3 (relating to confidential communications with human trafficking caseworkers)

Additionally, communications with sexual assault counselors in sexual violence protection order proceedings (42 Pa.C.S. 62A16) and with domestic abuse counselors in protection from abuse proceedings (23 Pa.C.S. § 6116) are protected confidential communications.

### *Privacy Protections*

Multiple statutory provisions exist to protect the privacy of victims, in particularly their home addresses. The Domestic and Sexual Violence Victim Address Confidentiality Act creates an address confidentiality program for victims.<sup>25</sup> Addresses are also confidential under the provisions of the protection from abuse chapter of the Domestic Relations Code<sup>26</sup> and the sexual violence protection order chapter of the Judicial Code.<sup>27</sup> The names of minor victims of sexual or physical abuse may not be disclosed to the public nor may records of prosecution involving the abuse of a minor child be open to public inspection.<sup>28</sup>

---

<sup>23</sup> *Ibid.*, amending section 6.

<sup>24</sup> *Untested Sexual Assault Kits and Backlogged Evidence* (Harrisburg, PA: Commonwealth of Pennsylvania, Department of Health, May 2020), <https://www.health.pa.gov/topics/Documents/Laboratories/2020%20DOH%20Backlogged%20Rape%20Kits%20Report.pdf>.

<sup>25</sup> 42 Pa.C.S. §§ 6701-6713, as added by the act of November 30, 2004 (P.L. 1474, No. 188)

<sup>26</sup> 23 Pa.C.S. § 6112, as added by the act of October 6, 1994 (P.L. 574, No. 85)

<sup>27</sup> 42 Pa.C.S. § 62A11, as added by the act of March 21, 2014 (P.L. 365, No. 25)

<sup>28</sup> 42 Pa.C.S. § 5988.



### *Costs of Procedures*

Amendments to the Judicial Code in 1995 provided that victims of sexual assault and domestic violence should not be charged for various costs and fees associated with the crimes committed against them.<sup>29</sup> Sexual assault victims may not be charged for forensic rape examinations or other physical examination for purposes of gathering evidence in a sexual assault case, nor may they be charged for medications prescribed to the victim. If the victim does not have insurance, reimbursement by the provider may be sought under the Crime Victims Act.<sup>30</sup> This provision will need to be read in conjunction with the 2019 amendments to SATEC section 5(a)(4), but the import of both provisions is that sexual assault victims should not be charged for medical forensic examinations.

In criminal cases involving domestic violence, the 1995 Judicial Code amendments also provided that no fees or costs associated with filing criminal charges, issuing a warrant, issuing a protection from abuse order, issuing a subpoena, or related costs may be charged to a victim.<sup>31</sup>

### *Statute of Limitations*

Amendments to the Judicial Code in 2019 also extended the statute of limitations for civil actions arising from sexual abuse cases. If the individual was under the age of 18 at the time the abuse occurred, the person has 37 years after attaining the age of 18 to file a civil suit. If the individual was between 18 and 24 years of age at time of the abuse, the person has until attaining the age of 30 to bring a civil action. In both cases, the filing of a criminal complaint is not necessary. For purposes of these suits, sexual abuse includes rape, deviate sexual intercourse, or indecent contact accomplished by forcible compulsion or threat of forcible compulsion.<sup>32</sup>

These amendments also affected the criminal statute of limitations for sexual offenses, including human trafficking, sexual servitude, rape, statutory sexual assault, involuntary deviate sexual intercourse, sexual assault, institutional sexual assault, aggravated indecent assault, and incest. Enumerated offenses involving a victim under the age of 18 have no applicable statute of limitations.<sup>33</sup> Sexual offenses committed against individuals under the age of 23 have a minimum statute of limitations of 20 years after the date of the offense.<sup>34</sup>

---

<sup>29</sup> Act of Sep. 26, 1995, Sp. Sess. 1 (P.L. 1056, No. 20).

<sup>30</sup> 42 Pa.C.S. § 1726.1

<sup>31</sup> 42 Pa.C.S. § 1726.2

<sup>32</sup> 42 Pa.C.S. § 5533, as added by the act of November 26, 2019 (P.L. 641, No. 87)

<sup>33</sup> 42 Pa.C.S. § 5551, as added by the act of November 26, 2019 (P.L. 641, No. 87)

<sup>34</sup> 42 Pa.C.S. § 5552, as added by the act of November 26, 2019 (P.L. 641, No. 87)

## *Registration and Notification Protections*

A number of statutory provisions exist that attempt to protect sexual assault survivors from re-victimization by their attackers.

### *Sexual Violence Protection Orders (SVPO)*

In 2014, Pennsylvania enacted a statute giving victims of sexual violence the ability to obtain a protection order from their assailant, even though not criminal case has brought against the perpetrator. In order to obtain a sexual violence protection order, the victim must assert that they have been a victim of sexual violence of intimidation by the defendant and that, by a preponderance of the evidence, the victim is at continued risk of harm from the defendant. Procedurally, SVPOs are similar in many ways to a domestic violence protection from abuse order. Primarily they are used to prevent contact by the perpetrator, who in these cases is NOT a family member or intimate partner, but may be a friend, stranger or co-worker, for example. Victims are exempt from paying fees, although once an order is issued, the fees may be charged against the defendant. Additionally, when an order is issued against a defendant, the defendant must pay a \$100 surcharge that is split between four entities. The PSP receives \$25 of each surcharge to use to establish and maintain a statewide registry of SVPOs that is accessible to courts, dispatchers, and law enforcement officers. The local sheriff and the local court both receive \$25 of the surcharge and the remaining \$25 is forwarded to the Department of Human Services to support domestic violence centers and rape crisis centers.<sup>35</sup>

### *Student Sexual Assault Victims*

The Public School Code of 1949 was amended in late 2020 to provide additional protections to students in K-12 schools who had been sexually assaulted by a fellow student. Public school entities are required to take action against students who have been convicted or adjudicated delinquent of sexual assault against another student enrolled at the same public school entity. This can include expulsion, transfer to an alternative education program, or reassignment to another school or educational program within the public school entity. Further the public school entity must ensure that the convicted or adjudicated student is not educated in the same building, transported on the same school vehicle, or allowed to participate in the same school sponsored activities at the same time as the victim.<sup>36</sup> The co-sponsorship memorandum for the legislation underlying this enactment state that “that no student victim in Pennsylvania would have to go to school with their attacker or need to consider transferring. Victims should not be in a position where they need to up-end their lives, their social network and source of support when they need it most, especially after a sexual assault.”<sup>37</sup>

---

<sup>35</sup> 42 Pa.C.S. § 62A01 et seq., as added by the act of March 21, 2014 (P.L. 365, No. 25)

<sup>36</sup> Section 1318.1 of the act of March 10, 1949 (P.L. 30, No. 14), known as the Public School Code of 1949, as amended by the act of November 3, 2020 (P.L. 1087, No. 110), 24 P.S. § 13-1318.1.

<sup>37</sup> Senate of Pennsylvania, Session of 2019 – 2020, Regular Session, Memorandum from Senator Scott Martin, March 11, 2019, introduced as Senate Bill 530.

## *Postsecondary Institution Reporting System*

For 30 years, the Clery Act<sup>38</sup> has required all colleges and universities that participate in federal financial aid programs to keep and disclose information about crime on and near their respective campuses. Compliance is monitored by the U.S. Department of Education, which can impose civil penalties against institutions for each infraction and can suspend institutions from participating in federal student financial aid programs. The Clery Act requires institutions to produce an Annual Security Report that includes statistics of campus crime for the preceding three calendar years, plus details about efforts taken to improve campus safety. These reports must also include policy statements regarding topics such as crime reporting, campus facility security and access, law enforcement authority, incidence of alcohol and drug use, and the prevention of/response to sexual assault, domestic or dating violence, and stalking. Crimes covered include: Criminal offenses, including criminal homicide, sexual assault, robbery, aggravated assault, burglary, motor vehicle theft, an arson

- Hate crimes, such as Larceny-theft, simple assault, intimidation, and destruction/damage/vandalism of property
- Violence Against Women's Act offenses, such as domestic violence, dating violence, and stalking
- Arrests and referrals for disciplinary action, including weapons law violations, drug abuse violations, and liquor law violations

Clery Act crime reporting covers an extensive area on and around campus, including:

- On-campus (anywhere)
- On-campus student housing
- Public property within campus bounds
- Public property immediately adjacent to the campus
- Noncampus buildings and property owned or controlled by the organization that are used for educational purposes and frequently used by students but not a part of the core campus, or those owned or controlled by a student organization officially recognized by the institution

---

<https://www.legis.state.pa.us/cfdocs/Legis/CSM/showMemoPublic.cfm?chamber=S&SPick=20190&cosponId=28734>.

<sup>38</sup> The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act or Clery Act, Pub.L. 101-542 (1990, 20 U.S.C. § 1092(f), with implementing regulations at 34 CFR 668.46.

The Clery Act requires timely warnings and emergency notifications to the campus community, requires provision of prevention education, student and employee rights and requirements for disciplinary proceedings.<sup>39</sup>

Amendments in 2019 to the Public School Code of 1949 addressed sexual harassment and sexual violence on at post-secondary educational institutions in Pennsylvania. Specifically, these amendments require any institution located within the Commonwealth that is authorized to grant an associate or higher academic degree, which is a broader field of covered institutions than the Clery Act. Each institution is required to adopt a policy on sexual harassment and sexual violence that informs victims of their rights under federal and state law, including the crime victims bill of rights.<sup>40</sup> Institutions are further required to maintain an online reporting system for incidents of sexual harassment and sexual violence, which allows for anonymous reporting. There is also a safe harbor for victims and witnesses who report the incident in good faith that protects them from being sanctioned for admitting in the report to a violation of the institution's study conduct policy on the personal use of drugs or alcohol. These provisions also include restrictions on the use and access to data collected under this system.<sup>41</sup>

### *Child Abuse Protections*

In 2012, the General Assembly's Task Force on Child Protection, assisted by the staff of the Joint State Government Commission, issued a report recommending substantial revisions to Pennsylvania's child abuse laws. Many of those provisions were enacted, and revisions to the statute continue through each legislative session since then. During the 2019-2020 session, legislation passed that increased the penalties for mandated reporters of child abuse who willfully fails to report an ongoing case of child abuse when the reporter knows or has reason to suspect the child is being subjected to abuse by the same individual, or that the individual continues to have direct contact with children through that individual's employment, program, activity or service. A failure to report under these circumstances has been increased from a misdemeanor to a felony.<sup>42</sup>

A 2019 amendment to the Judicial Code voids nondisclosure agreements that restrict or limit the ability of victims of childhood sexual abuse from disclosing relevant information to law enforcement authorities.<sup>43</sup>

---

<sup>39</sup> "Summary of the Jeanne Clery Act," *Clery Center*, accessed January 19, 2021, <https://clerycenter.org/policy-resources/the-clery-act/>.

<sup>40</sup> *See*, information regarding the Pennsylvania Crime Victims Bill of Rights in this chapter at pages 22-24.

<sup>41</sup> Article XX-J of the act of March 10, 1949 (P.L.30, No.14), known as the Public School Code of 1949, as added by the act of June 28, 2019 (P.L. 117, No. 16), 24 P.S. § 20-2001-J et seq.

<sup>42</sup> 23 Pa.C.S. § 6319, as amended by the act of November 26, 2019 (P.L. 648, No. 88)

<sup>43</sup> 42 Pa.C.S. § 8316.2, as added by the act of November 26, 2019 (P.L. 649, No. 89)

## *Registration of Sex Offenders*

In 1995, Pennsylvania enacted its version of the federal Megan's Law,<sup>44</sup> which required sexually violent predators to register with the Pennsylvania State Police, update their addresses when they change, and provide notification of release date to victims and the local community in which the offender will be residing. Sexually violent predators were defined as persons convicted of the following crimes against minors: kidnapping, rape, involuntary deviate sexual intercourse, aggravated indecent assault, prostitution and related offenses, and offenses related to obscene and other sexual materials and performances. Conviction for offenses committed against persons of any age include rape, involuntary deviate sexual intercourse, and aggravated indecent assault.<sup>45</sup>

Megan's Law was superseded by the Adam Walsh Child Protection and Safety Act of 2006, Title I of which is the Sex Offender Registration and Notification Act (SORNA).<sup>46</sup> In 2011, Pennsylvania replaced its Megan's Law provisions with its version of SORNA, with Megan's Law applicable to offenses committed under it until December 20, 2012 (SORNA's effective date in Pennsylvania).<sup>47</sup> SORNA created three tiers of registration based upon the type and severity of the crime committed, and significantly expanded the list of sex-related offenses that required registration. These provisions were further revised in 2018 to address Pennsylvania Superior Court decisions that had found provisions of the act that required registration of offenders under the stricter SORNA provisions who committed offenses prior to its effective date of December 20, 2012 to be unconstitutional *ex post facto* laws.<sup>48</sup>

Under these latest revisions, SORNA registration is only applicable offenses committed on or after December 20, 2012, for which the individual was convicted. An additional subchapter, Subchapter I, was added to require continued registration of persons who were convicted of a sexually violent offense that occurred between April 22, 1996 to December 20, 2012 and whose registration has not expired or who were required to register with the PSP under a former sexual offender registration law (Megan's Law) whose period of registration has not expired.<sup>49</sup>

## *Notification of Pending Release of Perpetrator*

Under SORNA, victims are notified when their assailant initially registers with their local police department or the Pennsylvania State Police. Additional information under the provisions of SORNA applicable after December 20, 2012 that must be provided to victims include residence, place of employment, where the person is enrolled in school as a student, and in the case of a transient registrant, places the person frequents. Persons

---

<sup>44</sup> Pub.L. 104-145, 110 Stat. 1345, May 17, 1996

<sup>45</sup> Act of October 24, 1995 Sp. Sess. 1 (P.L. 1079, No. 24), adding 42 Pa.C.S. §§ 9791 to 9799.5.

<sup>46</sup> Pub.L. 109-248, January 3, 2006; 34 U.S.C. § 20911 et seq.

<sup>47</sup> 42 Pa.C.S. Subch. H, §§ 9799.10-9799.42, as added by the act of December 20, 2011 (P.L. 446, No. 111)

<sup>48</sup> 42 Pa.C.S., Subch. I, §§ 9799.51-9799.75, as added by the act of February 21, 2018 (P.L. 27, No. 10) and amendments to 42 Pa.C.S. Subch. H.

<sup>49</sup> 42 Pa.C.S., Subch. I, §§ 9799.51-9799.75, as added by the act of February 21, 2018 (P.L. 27, No. 10)

required to register under Megan’s Law must report changes of address which are then provided to their victims.<sup>50</sup>

Under the Crime Victims Act, victims receive notice of the scheduled parole of the assailant and are granted an opportunity to submit a pre-parole statement regarding concerns related to the potential parole. The parole board may deny a parole or impose special conditions of parole based upon the continuing effect of the crime on the victim. Additionally, parole can be denied if the parole board finds that the offender would pose a risk or danger to the victim or the family of the victim if released.<sup>51</sup>

The Pennsylvania Office of Victims Services, under the Pennsylvania Commission on Crime Delinquency, provides information about offender releases, transfers, and escapes. Once a crime victim registers with the Pennsylvania Statewide Automated Victim Information and Notification (PA SAVIN), notification can be received regarding offenders under the supervision of county jails, state prisons, and state parole.<sup>52</sup>

### *Termination of Parental Rights*

In 2020, amendments were made to the Domestic Relations Code that addressed the involuntary termination of rights of a father of a child conceived as the result of rape or incest. In 1992, amendments to the adoption provisions of the Domestic Relations Code the fact the child is the result of rape has been grounds for involuntary termination of the father’s parental rights.<sup>53</sup> In 1996, this was amended to include fathers of children conceived as the result of incest.<sup>54</sup> Under prior law, in order to terminate parental rights, the petition to terminate had to aver that the petitioner will assume custody of the child until such time as the child is adopted, that an adoption was presently contemplated or that a person with a present intention to adopt exists, unless the petitioner was an agency, in which case no such averments were necessary. The 2020 amendments extended these averment exemptions to the parent of a child conceived as a result of rape or incest, so that sexual assault victims can terminate the parental rights of their assailants and retain custody of their child.<sup>55</sup>

### *Crime Victim Bill of Rights (Marsy’s Law)*

At the general election held on November 5, 2019, the voters of Pennsylvania approved an amendment to the Pennsylvania Constitution, in the form of the addition of

---

<sup>50</sup> 42 Pa.C.S. §§ 9799.26 and 9799.61.

<sup>51</sup> Section 501 of the act of November 24, 1998 (P.L. 882, No. 111), known as the Crime Victims Act, 18 P.S. § 11.501.

<sup>52</sup> “Register for Offender Release Notification,” *Pennsylvania Commission on Crime and Delinquency, Office of Victim Services*, accessed February 8, 2021, <https://pcv.pccd.pa.gov/available-services/Pages/Register-for-Offender-Release-Notification.aspx>.

<sup>53</sup> 23 Pa.C.S. § 2511(a)(7), as added by the act of May 21, 1992 (P.L. 228, No. 34)

<sup>54</sup> 23 Pa.C.S. § 2511(a)(7) as amended by the act of April 4, 1996 (P.L. 58, No. 20)

<sup>55</sup> 23 Pa.C.S. §§ 2512(b) and 2514, as amended and added respectively by the act of October 29, 2020 (P.L. 780, No. 95)

section 9.1 to Article I, entitled "rights of victims of crimes." The amendment reads as follows:

§ 9.1. Rights of victims of crime.

(a) To secure for victims justice and due process throughout the criminal and juvenile justice systems, a victim shall have the following rights, as further provided and as defined by the General Assembly, which shall be protected in a manner no less vigorous than the rights afforded to the accused: to be treated with fairness and respect for the victim's safety, dignity and privacy; to have the safety of the victim and the victim's family considered in fixing the amount of bail and release conditions for the accused; to reasonable and timely notice of and to be present at all public proceedings involving the criminal or delinquent conduct; to be notified of any pretrial disposition of the case; with the exception of grand jury proceedings, to be heard in any proceeding where a right of the victim is implicated, including, but not limited to, release, plea, sentencing, disposition, parole and pardon; to be notified of all parole procedures, to participate in the parole process, to provide information to be considered before the parole of the offender, and to be notified of the parole of the offender; to reasonable protection from the accused or any person acting on behalf of the accused; to reasonable notice of any release or escape of the accused; to refuse an interview, deposition or other discovery request made by the accused or any person acting on behalf of the accused; full and timely restitution from the person or entity convicted for the unlawful conduct; full and timely restitution as determined by the court in a juvenile delinquency proceeding; to the prompt return of property when no longer needed as evidence; to proceedings free from unreasonable delay and a prompt and final conclusion of the case and any related postconviction proceedings; to confer with the attorney for the government; and to be informed of all rights enumerated in this section.

(b) The victim or the attorney for the government upon request of the victim may assert in any trial or appellate court, or before any other authority, with jurisdiction over the case, and have enforced, the rights enumerated in this section and any other right afforded to the victim by law. This section does not grant the victim party status or create any cause of action for compensation or damages against the Commonwealth or any political subdivision, nor any officer, employee or agent of the Commonwealth or any political subdivision, or any officer or employee of the court.

(c) As used in this section and as further defined by the General Assembly, the term "victim" includes any person against whom the criminal offense or delinquent act is committed or who is directly harmed by the commission of the offense or act. The term "victim" does not include the

accused or a person whom the court finds would not act in the best interests of a deceased, incompetent, minor or incapacitated victim.<sup>56</sup>

The amendment was challenged in Commonwealth Court, which found that the amendment was unconstitutional, in that it impermissibly extended new powers to the General Assembly, infringed on the authority of the Pennsylvania Supreme Court and the Governor, and amended multiple existing constitutional articles and sections pertaining to multiple subjects (a violation of Pennsylvania’s “single subject” rule).<sup>57</sup>

---

<sup>56</sup> “Proposed Constitutional Amendment: Crime Victim Rights (Marsy’s Law),” *Pennsylvania Department of State*, accessed February 16, 2021, <https://www.dos.pa.gov/VotingElections/CandidatesCommittees/RunningforOffice/Pages/Joint-Resolution-2019-1.aspx>.

<sup>57</sup> *League of Women Voters of PA et al. v. Kathy Boockvar, the Acting Secretary of the Commonwealth*, No. 578 M.D. 2019, 2021 WL 62268 (January 7, 2021).



## **CURRENT PROGRAMS AND SERVICES TO ASSIST SEXUAL ASSAULT AND RAPE SURVIVORS IN PENNSYLVANIA**

---

In many ways, Pennsylvania already has the framework in place to provide mental health services to victims of sexual violence, especially those who seek medical attention immediately following the physical assault. However, provider shortages and other gaps to services occur, so that not every survivor seeking help can access appropriate supports.

### *Telephone Hotlines*

There are a number of national telephone hotlines and text crisis lines that can assist sexual assault survivors in reaching providers of counseling and mental health services. This abundance of potential resources can present a confusing array of choices to a person who has already been traumatized by a sexual assault and now must decide what group is going to be best able to help him or her. A more streamlined approach may be to follow the lead of the human trafficking hotline and notice postings process.<sup>58</sup> Notice of the hotlines could be posted in hospital emergency departments, law enforcement agencies, women's health centers, drinking establishments, college and university student centers, and other locations that survivors might likely be found. Additionally, the Pennsylvania Office of Victims' Services could be directed to develop a model informational form that could be used by any person having contact with sexual violence survivor that provides hotline numbers, plus a directory of local service organizations for victims of sexual violence, and a directory of benefits for victims of sexual violence under Federal and State law.

---

<sup>58</sup> Act of October 25, 2012 (P.L. 1618, No. 197), known as the National Human Trafficking Resource Center Hotline Notification Act; 43 P.S. § 1491

Some of the larger national, state, and regional organizations with 24/7 hotlines are listed in the chart below.

**Organizations with 24/7 Hotlines  
for Victims of Sexual Violence**

Name of Organization	Hotline Number
Rape, Abuse & Incest National Network (RAINN) National Sexual Abuse Hotline	800-656-HOPE (4673)
Pennsylvania Coalition Against Rape (PCAR)	888-772-7227
National Domestic Violence Hotline National Teen Dating Abuse Hotline	800-799-SAFE (7233)
National Center for Victims of Crime VictimConnect <sup>59</sup>	855-4VICTIM (489-2846)
U.S. Department of Defense Self Helpline	877-995-5347
LGBT National Help Center	
LGBT National Hotline	888-843-4564
LGBT National Youth Talkline	800-246-7743
LGBT National Senior Hotline	888-234-7243
National Human Trafficking Hotline	888-373-7888
National Suicide Prevention Lifeline	800-273-8255
The Trevor Project (LGBT youth suicide prevention)	866-488-7386
Safe Berks	844-789-SAFE (7233) or text SAFE BERKS to 20121
WOAR-Philadelphia Center Against Sexual Violence (formerly Women Organized Against Rape)	215-985-3333
Pittsburgh Action Against Rape (PAAR)	866-END-RAPE (386-7273)

<sup>59</sup> “About Our Services,” *Victims Connect Resource Center*, accessed February 16, 2021, <https://victimconnect.org/about-us/about-our-services/>.

## *Emergency Departments and Services*

Medical attention that is sensitive to the needs of sexual assault victims are important to help diminish mental health responses to the assault. Pennsylvania's health care community has a number of ways in which to help make the medical response to sexual assault less traumatic to survivors.

### *Emergency Medical Service Providers*

Emergency medical service (EMS) providers, such as paramedics, are often a first point of contact with the health care system for victims of sexual violence. They provide care in the field, en route to the hospital and in community settings. Pennsylvania has certification and training requirements, including continuing education requires for emergency medical responders (EMR), emergency medical technician (EMT), advanced emergency medical technician (AEMT) and paramedics. EMRs provide the lowest level of service, primarily in the form of first aid and CPR. Under the National EMS Education Standards issued by the National Highway Traffic Safety Administration, EMTs, AEMTs, and paramedics are required to have training in the medical assessment of sexual assault.<sup>60</sup> Various educational programs are available to EMS providers to assist in providing emotional support to survivors. For example, the National Association of Emergency Medical Technicians offers a course how to address psychological trauma in EMS patients.<sup>61</sup>

In many sexual assault cases, emotional first aid can begin the process of healing for a survivor. EMS providers are uniquely situated to assist in this first step. This can be accomplished simply by remaining non-judgmental and allowing the victim to re-assert control over their situation.<sup>62</sup>

### *Emergency Department Minimum Services*

The Pennsylvania Department of Health, under its regulatory authority granted by the Health Care Facilities Act<sup>63</sup> issued regulations establishing minimum standards for sexual assault emergency services provided by Pennsylvania hospitals.

---

<sup>60</sup> *National Emergency Medical Service Education Standards* (New Jersey: National Highway Traffic Safety Administration, 2021), [https://emseducationstandards.redflashgroup.com/wp-content/uploads/2020/11/National\\_EMS\\_Education\\_Standards\\_Nov\\_2020-1.pdf](https://emseducationstandards.redflashgroup.com/wp-content/uploads/2020/11/National_EMS_Education_Standards_Nov_2020-1.pdf).

<sup>61</sup> "Psychological Trauma in EMS Patients," *National Association of Emergency Medical Technicians*, accessed February 16, 2021, [www.naemt.org/education/ptep](http://www.naemt.org/education/ptep).

<sup>62</sup> "Tips for Talking with Survivors of Sexual Assault," *Rape, Abuse & Incest National Network (RAINN)*, accessed February 16, 2021, <https://www.rainn.org/articles/tips-talking-survivors-sexual-assault>; Abigail T. Harning, "Provide Emotional First Aid When Responding to Sexually Assaulted Patients," *The Journal of Emergency Medical Services*, last modified September 28, 2015, <https://www.jems.com/patient-care/provide-emotional-first-aid-when-responding-to-sexually-assaulted-patients/#:~:text=EMOTIONAL%20FIRST%20AID%20Sexual%20assault%20is%20a%20violent,part%20of%20a%20host%20of%20emotions%20they%20experience>.

<sup>63</sup> Act of July 19, 1979 (P.L. 130, No. 48), known as the Health Care Facilities Act, 35 P.S. § 448.101 et seq.)

These regulations address:

- the provision of medical examinations and diagnostic tests;
- information about the possibility of sexually transmitted disease (STD) and pregnancy;
- information on accepted medical procedures, medications and any contraindications;
- testing, examination and provision of medication for STD prophylaxis;
- emergency contraception; and
- information on the availability and phone number of a local rape crisis center or sexual assault counselor.

At the victim's request, a rape crisis center or sexual assault counselor must be contacted on the behalf of the victim, and the victim must be given the opportunity to consult with the rape crisis center or sexual assault counselor in person and in private at the hospital. Provision is also made for the immediate free transport of the victim to the nearest facility that provides emergency contraception if the victim first presents at a facility that does not provide emergency contraception on the basis of a religious or moral exemption.<sup>64</sup>

In 2020, the American College of Emergency Physicians (ACEP) approved an updated version of its policy statement on the treatment of sexual assault victims in the emergency room, which includes guidelines such as:

- Community plans should be developed in coordination with local governments, law enforcement agencies, hospitals, courts, and other relevant organizations to ensure that capable, trained personnel and appropriate equipment are available to treat victims of sexual assault.
- Community plans should address the medical, psychological, safety, and legal needs of victims, including counseling, and addressing pregnancy and STD treatment.
- Each hospital should provide for access to appropriate medical, technical, and psychological support for sexual assault patients. A community may elect to establish an alternative medical site specializing in treatment of sexual assault patients.

---

<sup>64</sup> 28 Pa. Code §§ 117.51 to 117.58, adopted January 25, 2008, 38 Pa.B. 573.

- Victims of sexual assault should be offered prophylaxis for STDs and pregnancy. Providers who have moral objections to these treatments or practice at hospitals that prohibit these treatments should refer patients to another provider in a timely manner.
- Specially trained, non-physician medical personnel should be allowed to perform evidentiary examinations in jurisdictions where evidence so collected is admissible in criminal cases.<sup>65</sup>

Some of these guidelines can be found in Pennsylvania's minimum sexual assault emergency services regulations.

The ACEP recommendations as to community plans would encompass the development and use of sexual assault response teams (SART), which will be further examined later in this chapter.

In 2019, Illinois expanded its Sexual Assault Survivors Emergency Treatment Act to ensure that sexual assault survivors receive specialized sexual assault care in emergency departments.<sup>66</sup> Among the significant changes made were:

- Qualified medical provider requirement (QMP). Starting January 1, 2022, any survivor of a sexual assault that has occurred within the past seven days who presents at a hospital must be provided with a medical forensic exam done by a medical professional who is trained in sexual assault forensic examination. The examiner must be a sexual assault nurse examiner (SANE) or sexual assault forensic examiner (SAFE), which could be a physician or physician's assistance.
- Establishment of a statewide Sexual Assault Nurse Examiner Program with the Office of the Attorney General to maintain a list of SANEs who have completed training consistent with the Sexual Assault Nurse Examiner Education Guidelines established by the International Association of Forensic Nurses. The SANE Program is required to develop and make available to hospitals two hours of online sexual assault training for emergency department clinical staff to meet the training requirements of the act, which can be counted toward continuing medical education and continuing nursing education credits for physicians, physician assistants, advanced practice registered nurses, and registered professional nurses.

---

<sup>65</sup> American College of Emergency Physicians, Policy Statement, "Management of the Patient with the Complaint of Sexual Assault," approved February 2020, <https://www.acep.org/patient-care/policy-statements/management-of-the-patient-with-the-complaint-of-sexual-assault/>. A handbook has been developed by ACEP to assist communities in developing a plan: <https://www.acep.org/globalassets/new-pdfs/sexual-assault-e-book.pdf>.

<sup>66</sup> Illinois Public Act 100-0775, effective January 1, 2019, 410 ILCS 70/1 et seq.

- Every hospital in Illinois must choose one of three classifications under the act: a treatment hospital (providing medical forensic services to both adult and pediatric sexual assault survivors); a treatment hospital with approved pediatric transfer (providing services to adults and adolescents and transferring pediatric patients after a screening exam and stabilization if need); and transfer hospital (providing medical screening exam and appropriate stabilization, but transferring all patients for forensic medical examination to a treatment hospital or approved pediatric health care facility).
- In all counties except Cook County, a least one hospital located within a 20-mile radius of a four-year public university must provide medical forensic services.
- Every provider performing a medical forensic exam must offer photo documentation of injuries. If the patient consents, guidance is provided on photographic record retention.<sup>67</sup>

Some hospitals set aside separate rooms or suites reserved exclusively for sexual assault victims. For example, Penn State Milton S. Hershey Medical Center expanded and remodeled its emergency department to include a dedicated sexual assault examination suite designed to separate sexual assault patients from main patient triage and waiting areas.<sup>68</sup> An example in a smaller setting is UPMC Susquehanna Williamsport, which has two sexual assault specialty rooms designed to enhance the security and privacy of survivors.<sup>69</sup>

A project at the University of Chicago Hospital’s emergency department involved a survey of emergency department providers’ self-reported knowledge of and comfort with sexual assault patient care at an urban adult academic adult emergency department. An educational intervention was developed to improve emergency department residents’ ability to provide sexual assault patient care. The intervention, led-by a sexual assault nurse examiner,<sup>70</sup> involved a didactic lecture, two standardized patient cases, and a forensic pelvic examination simulation. Participants surveyed post interventions reported that they had experienced an increased self-perceived ability to avoid re-traumatizing patients, comfort with conducting forensic examinations, and understanding laws and policies.<sup>71</sup> A

---

<sup>67</sup> “Illinois Law Changes in Care of Sexual Assault Patients – 2019,” *Illinois College of Emergency Physicians*, accessed February 16, 2021, [https://www.icep.org/advocacy-key-issues/illinois-law-changes-in-care-of-sexual-assault-patients-2019/#:~:text=Illinois%20Law%20Changes%20in%20Care%20of%20Sexual%20Assault,examiners%20\(SANEs\),%20child%20abuse%20pediatricians,%20and%20rape.](https://www.icep.org/advocacy-key-issues/illinois-law-changes-in-care-of-sexual-assault-patients-2019/#:~:text=Illinois%20Law%20Changes%20in%20Care%20of%20Sexual%20Assault,examiners%20(SANEs),%20child%20abuse%20pediatricians,%20and%20rape.)

<sup>68</sup> “The Medical Minute: Getting Help Following a Sexual Assault,” *Penn State Health News*, last modified October 14, 2020, <https://pennstatehealthnews.org/2020/10/the-medical-minute-getting-help-following-a-sexual-assault/>.

<sup>69</sup> “Emergency Department at Williamsport,” *UPMC*, accessed February 16, 2021, <https://www.susquehannahealth.org/locations/upmc-williamsport/services/emergency-services.>

<sup>70</sup> See next subchapter.

<sup>71</sup> Ayushi Chandramani *et al.*, “A Needs Assessment and Educational Intervention Addressing the Care of Sexual Assault Patients in the Emergency Department,” *Journal of Forensic Nursing*, 16, no. 2 (April-June 2020), DOI: 10.1097/JFN000000000000290.

program like this could be introduced to Pennsylvania's academic medical centers to assist training residents providing qualitative and sensitized treatment for sexual assault and rape survivors presenting in the emergency room.

### *Sexual Assault Nurse Examiner (SANE) Programs*

SANE programs are designed to ensure that a trained forensic examiner is available to provide care to every sexual assault patient who presents to a hospital. "Furthermore, the SANE is instrumental in assisting with a coordinated response from advocacy, law enforcement, and prosecution."<sup>72</sup> SANE programs were first established in the mid-1970s, but saw an exponential growth in the 1990s after the formation of the International Association of Forensic Nurses (IAFN). As a result of the IAFN's efforts, forensic nursing became a recognized subspecialty of nursing, and the Office of Victims of Crime (OVC) of the U.S. Department of Justice supported the development of the first SANE Development and Operation Guide.<sup>73</sup>

An early study of SANE programs found that "from the information that is available, it appears that SANE programs promote the psychological recovery of rape survivors, provide comprehensive medical care, obtain forensic evidence correctly and accurately, and facilitate the prosecution of rape cases."<sup>74</sup> Surveys of patient "satisfaction" with their encounters with SANEs have indicated improved psychological well-being as a result the encounter.<sup>75</sup> A survey of 460 sexual assault survivors in Maryland evaluated survivors' satisfaction with five groups of personnel encountered in the criminal justice system response to their cases. The five groups were: patrol officers, detectives, forensic nurses, victim advocates, and State's Attorney's Office staff (the equivalent of district attorney office staff in Pennsylvania). Advocates and forensic nurses scored highest on the satisfaction study, in large part as a result of the perception that those persons treated them with respect, clearly explained procedures, believed their story, and demonstrated cultural sensitivity.<sup>76</sup> Studies released in 2011 and 2012 found that involvement of SANEs in the investigation phase of a sexual assault case was associated with increased likelihood of referral for prosecution due to collection of additional types of evidence to support the

---

<sup>72</sup> "History and Development of SANE Programs," *U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime, SANE Program Development and Operation Guide*, accessed February 16, 2021, <https://www.ovcttac.gov/saneguide/introduction/history-and-development-of-sane-programs/>.

<sup>73</sup> *Ibid.*

<sup>74</sup> Rebecca Campbell, Debra Patterson, and Lauren F. Lichty, "The Effectiveness of Sexual Assault Nurse Examiner (SANE) Programs: A Review of Psychological, Medical, Legal and Community Outcomes," *Trauma, Violence & Abuse* 6, no. 4 (October 2005): 313-329, 324, DOI: 10.1177/1524838005280328.

<sup>75</sup> Rebecca Campbell, Debra Patterson, Adrienne E. Adams, Renae Diegel, and Sue Coats, "A Participatory Evaluation Project to Measure SANE Nursing Practice and Adult Sexual Assault Patients' Psychological Well-Being," *Journal of Forensic Nursing* 4, no. 1 (April 2, 2008): 19-28, DOI: 10.1111/j.1939-3938.2008.00003.x.

<sup>76</sup> Amy L. Henninger, Michiko Iwasaki, Marianna E. Carlucci, and Jeffrey M. Lating, "Reporting Sexual Assault: Survivors' Satisfaction With Sexual Assault Response Personnel," *Violence Against Women* 11 (September 2020): 1-21, 13, DOI: 10.1177/1077801219857831.

case,<sup>77</sup> and increased likelihood of prosecutions progressing through the criminal justice system to a final resolution of a guilty conviction or plea bargain.<sup>78</sup>

According to the IAFN website, there are 974 programs in the United States, with 42 programs located in Pennsylvania.<sup>79</sup> However, some of the data has not been updated since 2017. A review of the list of programs provided in the IAFN database shows that 34 distinct SANE programs exist in Pennsylvania, plus an additional four SART programs that include SANE services as part of the overall program. The 34 SANE programs are located in 25 of Pennsylvania's 67 counties. Other SANE programs may exist in Pennsylvania but are not included in the IAFN database. Two of the programs identified by IAFN are not hospital-based programs and function differently from the rest of the programs.

In Bucks County, the Network of Victims Assistance (NOVA), which is the county's only rape crisis center, operates the county's SANE program. NOVA staff and trained volunteers coordinate SANE services and accompany sexual assault victims to four hospital emergency departments in Bucks County – Doylestown Hospital, Jefferson Bucks, St. Mary Medical Center, and Lower Bucks Hospital.

In Philadelphia, the Philadelphia Sexual Assault Response Center provides SANE services citywide in a medical office setting located adjacent to the Special Victims Unit of the Philadelphia Police Department.

The following chart lists the SANE programs found in Pennsylvania, as identified through the IAFN website and visits to the individual hospitals' websites.

---

<sup>77</sup> Rebecca Campbell, Deborah Bybee, Kathleen D. Kelley, Emily R. Dworkin, and Debra Patterson. "The Impact of Sexual Assault Nurse Examiner (SANE) Program Services on Law Enforcement Investigational Practices: A Mediation Analysis," *Criminal Justice and Behavior* 39, no. 2 (December 28, 2011), DOI: 10.1177/0093854811428038.

<sup>78</sup> Rebecca Campbell, Debra Patterson, and Deborah Bybee, "Prosecution of Adult Sexual Assault Cases: A Longitudinal Analysis of the Impact of a Sexual Assault Nurse Examiner Program," *Violence Against Women* 18, no. 2 (2012): 223, DOI: 10.1177/1077801212440158; see also Rebecca Campbell, Deborah Bybee, Stephanie M. Townsend, Jessica Shaw, Nidal Karim, and Jennifer Markowitz, "The Impact of Sexual Assault Nurse Examiner Programs on Criminal Justice Case Outcomes: A Multisite Replication Study," *Violence Against Women* 20, no. 5 (2014): 607, DOI: 10.1077/1077801214536286.

<sup>79</sup> "International Association of Forensic Nurses, Member Search Results," *International Association of Forensic Nurses*, accessed January 22, 2021, <https://www.forensicnurses.org/search/newsearch.asp>.



**Sexual Assault Nurse Examiner (SANE) Programs  
Pennsylvania  
2021**

<b>County</b>	<b>Location</b>	<b>Hospital/Health System</b>	<b>Program Name</b>
Adams	Gettysburg	Wellspan Health	Gettysburg Hospital Forensic Team
Berks	West Reading	Tower Health	Reading Hospital SANE Program
Bradford	Sayre	The Guthrie Clinic	Guthrie Robert Packer Hospital SAFE/SANE Program
Bucks	Doylestown	Doylestown Health	Doylestown Hospital SAFE Team
Bucks	Langhorne	Jefferson Health	Frankford Hospital SANE Program
Bucks	Jamison	Bucks County Rape Crisis Center	Network of Victim Assistance (NOVA)
Butler	Butler	Butler Health System	Butler Memorial Hospital
Centre	State College	Mount Nittany Health	Mount Nittany Medical Center
Chester	Coatesville	Tower Health	Brandywine Hospital
Chester	Phoenixville	Tower Health	Phoenixville Hospital
Cumberland	Carlisle	UPMC Pinnacle	UPMC Carlisle (formerly Carlisle Regional Medical Center)
Cumberland	Camp Hill	Penn State Health	Penn State Health Holy Spirit Medical Center (formerly Holy Spirit Hospital SANE Program)
Dauphin	Harrisburg	UMPC Pinnacle	UPMC Pinnacle Harrisburg (formerly Harrisburg Hospital)
Delaware	Media	Main Line Health	Riddle Memorial Hospital SANE Program
Erie	Erie	Allegheny Health Network	AHN Saint Vincent (formerly St. Vincent Health Center)
Erie	Erie	UPMC Harmot	UPMC Harmot Forensic Team
Indiana	Indiana	Indiana Regional Medical Center	Indiana Regional Medical Center
Lackawanna	Scranton	Geisinger Health	Geisinger Community Medical Center
Lancaster	Lancaster	Penn Medicine	Penn Medicine Lancaster General Health (formerly Lancaster General SAFE Program)

**Sexual Assault Nurse Examiner (SANE) Programs  
Pennsylvania  
2021**

<b>County</b>	<b>Location</b>	<b>Hospital/Health System</b>	<b>Program Name</b>
Lebanon	Lebanon	Wellspan	Wellspan Good Samaritan Hospital
Lehigh	Bethlehem	St. Luke's University Health Network	St. Luke's University Health Network
Lycoming	Williamsport	UMPC Susquehanna Williamsport	SAFNET Susquehanna Health <sup>80</sup>
McKean	Bradford	Upper Allegheny Health System	Bradford Regional Medical Center
Monroe	East Stroudsburg	Lehigh Valley Health Network	Lehigh Valley Hospital – Pocono (formerly Pocono Medical Center SAFE Team)
Montgomery	Abington	Jefferson Health	Abington Memorial Hospital – Clinical Forensic Examiner Program
Montgomery	Lansdale	Jefferson Health	Lansdale Hospital
Philadelphia	Philadelphia	Private, not-for-profit medical office setting	Philadelphia Sexual Assault Response Center
Philadelphia	Philadelphia	Temple Health	Temple University Hospital – Episcopal Campus
Philadelphia	Philadelphia	Jefferson Health	Thomas Jefferson University Hospital, Department of Emergency Medicine, Center City Campus
Union	Lewisburg	Evangelical Community Hospital	Evangelical Community Hospital
Venango	Seneca	UMPC Northwest	UPMC Northwest
Warren	Warren	Warren General Hospital	Warren General Hospital
York	Hanover	UPMC Pinnacle	UPMC Hanover (formerly Hanover Hospital)
York	York	Wellspan Health	York Hospital Forensic Examiner Team

<sup>80</sup> Williamsport Hospital and Medical Center, now UPMC Williamsport, established the Sexual Assault Forensic Nurse Examiners Team (SAFNET), accessed at <https://www.susquehannahealth.org/in-the-community/blog/safnet-providing-20-years-of-sexual-abuse-services-to-northcentral>.

The Crime Victim Center of Erie County is engaged in a fundraising campaign to build a designated Sexual Assault Response Center (SARC) in downtown Erie. The SARC would provide a secure and private medical office setting for forensic rape examinations and evidence collection by SANES. As of February 1, 2021, the campaign had reached 75 percent of its goal.<sup>81</sup>

Not all SANES have received certification from IAFN. A study of the availability of SANES in rural counties of Pennsylvania revealed that a minority of those counties (16.7 percent) have an IAFN-certified SANE practicing in their hospitals. Conversely, 68.4 percent of nonrural counties have an IAFN-certified SANE practicing in their hospitals. The report identified 49 individual SANES living 21 counties in Pennsylvania. Eight rural counties accounted for 12 IAFN-certified SANES and the remaining 37 SANES were located in 13 nonrural counties. The study looked at the distribution of SANES in the 40 rural hospitals surveyed for the report. 29 of these rural hospitals have access to nurses with some type of SANE training, 29 in-house and 3 on-call. Only six of the hospitals had access to SANES with IAFN certification, of which three were in-house and three were available via telehealth.<sup>82</sup> For purposes of perspective, Pennsylvania had 147 acute care hospitals, of which 53 provided comprehensive emergency services in 2019.<sup>83</sup> This study highlights the scarcity of highly trained forensic examiners to conduct comprehensive exams in Pennsylvania in general, and concern that sexual assault victims in rural areas may not be receiving the same level of sexual assault care found in nonrural areas.

The federal government has supported efforts to develop SANE programs to increase the number of SANES practicing across the country. In October 2020, the Office of Justice Programs' (OJP) Office for Victims of Crime (OVC) announced that it has awarded almost \$4 million to support the establishment or expansion of SANE programs that offer medical forensic care, advocacy and other victim services to sexual assault survivors on campuses of higher education. Eight institutions nationwide received grants, two of them in Pennsylvania. Duquesne University received \$499,382, and Penn State University received \$500,000.<sup>84</sup> Currently, the U.S. Department of Health and Human Services has a grant program to fund advance nursing education to train and certify nurses as sexual assault nurse examiners. The program received \$4 million for fiscal year 2021,

---

<sup>81</sup> "Building Fund for Sexual Assault Victims," *The Crime Victim Center of Erie County*, accessed February 1, 2021, [www.cvcerie.org/sarc/](http://www.cvcerie.org/sarc/).

<sup>82</sup> Elizabeth Thiede and Sheridan Miyamoto, "Rural Availability of Sexual Assault Nurse Examiners (SANES)," *The Journal of Rural Health* 37, no. 1 (2021): 81-91, DOI: 10.1111/jrh.12544.

<sup>83</sup> Pennsylvania Department of Health – Division of Informatics, Data From Questionnaire, Reporting Period: January 1, 2019, through December 31, 2019, Report 4, Emergency Services Capability and Utilization by Facility and County, Excluding Federal Hospitals.

<sup>84</sup> U.S. Department of Justice, Office of Public Affairs, Press Release, "Office for Victims of Crime Awards Nearly \$4 Million to Support Sexual Assault Nurse Examiner Programs," October 22, 2020, <https://www.justice.gov/opa/pr/office-victims-crime-awards-nearly-4-million-support-sexual-assault-nurse-examiner-programs>; *see also*, "SAFE-T Center Receives Grant to Increase Access to SANE Services on Campus," *Penn State News*, last modified November 3, 2020, <https://news.psu.edu/story/637672/2020/11/03/research/safe-t-center-receives-grant-increase-access-sane-services-campus>.

which is expected to provide grants of up to \$500,000 each. The application due date is February 17, 2021.<sup>85</sup>

One method of addressing the limited number of certified SANEs is through the use of telehealth. Since 2012, OVC has been funding the use of telemedicine technology to enhance access to sexual assault forensic exams, known as SAFE programs.<sup>86</sup> The first program established was the National Sexual Assault Telenursing Center (NTC) through the Massachusetts Department of Health, which has had a SANE program since 1995. In addition to providing services to sexual assault victims in Massachusetts, the NTC has supported programs in Arizona, California, and Tennessee. In 2019, the NTC had 21 certified SANES supporting three teleSANE sites, with the expectation of adding 9 more by 2021.<sup>87</sup> A study of the NTC pilot program at six hospitals in California, Arizona, and Massachusetts conducted over the period May 1, 2015 to March 31, 2018 found that a larger majority of patients (86 percent) were willing to consent to the use of telehealth as part of their forensic examinations. Two of the sites were naval hospitals, which had lower levels of consent, and if only civilian patients are counted, the consent rate was closer to 97 percent. Technological issues were considered minor, especially in light of the fact that the average length of live telehealth services was 2.5 hours. Site clinicians reported highly satisfactory experiences in terms of support and education received.<sup>88</sup>

Pennsylvania became home to the second OVC funded telenursing program in 2016 through a \$1.1 million grant to Pennsylvania State University. Penn State's Sexual Assault Forensic Examination Telehealth, or SAFE-T, established in 2017, is a statewide program to provide SANE telehealth services to rural and remote providers.<sup>89</sup> A \$ 2.4 million grant in 2019 from the Pennsylvania Commission on Crime and Delinquency allowed the

---

<sup>85</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, Division of Nursing and Public Health Advanced Nursing Education – Sexual Assault Nurse Examiners (ANE-SANE) Program, Notice of Funding Opportunity, Fiscal Year 2021, Funding Opportunity Number: HRSA-21-016, issued November 17, 2020. As initially issued, the grant was anticipated to be funded by a \$8 million federal appropriation that would fund approximately 16 grants. In the final Consolidated Appropriations Act, 2021, State and Local Law Enforcement Assistance (1)(10)(d), the appropriation was set at \$4 million. See page 181 at <https://rules.house.gov/sites/democrats.rules.house.gov/files/BILLS-116HR133SA-RCP-116-68.pdf>.

<sup>86</sup> “Providing Victims of Sexual Assault the Care They Deserve,” *U.S. Department of Justice, Office of Justice Programs*, last modified April 23, 2020, <https://www.ojp.gov/news/ojp-blogs/2020-ojp-blogs/providing-victims-sexual-assault-care-they-deserve>.

<sup>87</sup> “Sexual Assault Nurse Exams through the National TeleNursing Center,” *Rural Health Information Hub, 2019*, accessed January 18, 2021, <https://www.ruralhealthinfo.org/project-examples/889>.

<sup>88</sup> Wendy A. Walsh, Joan Meunier-Sham, and Cheryl Re, “Using Telehealth for Sexual Assault Forensic Examinations: A Process Evaluation of a National Pilot Program,” *Journal of Forensic Nursing* 15, no. 3, (July-September 2019):152-162, DOI: 10.1097/JFN.0000000000000254.

<sup>89</sup> Ellis Stump, “Department of Justice Grant to Develop Pennsylvania SAFE-T Center,” *Penn State News*, last modified December 8, 2016, <https://news.psu.edu/story/441132/2016/12/08/research/department-justice-grant-develop-pennsylvania-safe-t-center#:~:text=Department%20of%20Justice%20grant%20to%20develop%20Pennsylvania%20SAFE-T,to%20sexual%20assault%20forensic%20exams%20in%20underserved%20populations>.

program to expand to additional hospitals.<sup>90</sup> As of late 2020, The SAFE-T Center program supports SANE services in eight hospitals:

- Guthrie Robert Packer Hospital (Bradford County)
- Clarion Hospital (Clarion County)
- Penn Highlands Dubois, formerly the Dubois Hospital (Clearfield County)
- UMPC Susquehanna Lock Haven, formerly the Lock Haven Hospital (Clinton County)
- Penn State Milton S. Hershey Medical Center (Dauphin County)
- Penn Highlands Huntingdon, formerly the J.C. Blair Memorial Hospital (Huntingdon County)
- UMPC Susquehanna Williamsport, formerly the Williamsport Hospital and Regional Medical Center (Lycoming County)
- UMPC Wellsboro, formerly the Soldiers and Sailors Memorial Hospital (Tioga County).<sup>91</sup>

The SAFE-T provided a description of the foundations of its model and approach in an article released in 2021.<sup>92</sup>

Access to SANE services could also be improved via telehealth with the adoption of the national Nurse Licensure Compact that would allow SANEs located in other compact states to provide services to Pennsylvania patients. One proposed method to increase the number of SANEs would be for Pennsylvania to join the Nurse Licensure Compact. During the 2019-2020 legislative session, Senate Bill 655 was introduced to authorize Pennsylvania to join the Nurse Licensure Compact. The bill passed the Senate on June 24, 2020, by a vote of 50-0, and was referred to the House Professional Licensure Committee on June 29, 2020. Co-sponsorship memoranda in the House and Senate are currently circulating that would reintroduce this legislation for the 2021-2022 General Assembly.

---

<sup>90</sup> Kristie Auman-Bauer, "SAFE-T Center Expands Efforts to Support Sexual-Assault Nurse Examiners," *Penn State News*, last modified October 30, 2019, <https://news.psu.edu/story/595637/2019/10/30/research/safe-t-center-expands-efforts-support-sexual-assault-nurse>.

<sup>91</sup>"Partner Sites," *Pennsylvania State University College of Nursing, SAFE-T Center*, accessed January 27, 2021, <https://safetcenter.psu.edu/#pilot>.

<sup>92</sup> Sheridan Miyamoto, *et al.*, "The Sexual Assault Forensic Examination Telehealth (SAFE-T) Center: A Comprehensive, Nurse-led Telehealth Model to Address Disparities in Sexual Assault Care," *The Journal of Rural Health* 37, no. 1 (2021): 92-102, DOI: 10.1111/jrh.12474.

In 2019, the Texas legislature created a statewide telehealth center for sexual assault forensic medical examination, funded by a \$1 million appropriation. The Center of Excellence in Forensic Nursing is located at Texas A&M College of Nursing. SANE certification is administered by the Office of the Attorney General of Texas.<sup>93</sup> Funding from the U.S. Office for Victims of Crime in the form of a \$4 million grant supports the Texas Teleforensic Remote Assistance Center (Tex-TRAC) as it plans, develops and pilot tests a statewide sexual assault nurse examiner (SANE) telehealth program to serve rural and underserved communities in Texas. The program was in development in 2020, and expected to go live at some point in 2021.<sup>94</sup>

In 2018, ACEP released a policy statement on in support of SANE programs and Sexual Assault Response Team (SART) programs.<sup>95</sup> SART teams include SANEs.

### ***Sexual Assault Response Teams (SART)***

A sexual assault response team is a community-based team that coordinates the response to victims of sexual assault. The teams usually include medical providers, law enforcement, and community-based victims' advocates. Where there are SANE programs, they are part of the local SART.

The National Sexual Violence Resource Center (NSVRC) was established in 2000 to provide a national information and resource hub. It was founded by the Pennsylvania Coalition Against Rape (PCAR), and is funded through the U.S. Centers for Disease Control and Prevention Division of Violence Prevention.<sup>96</sup> Through funding supplied the OVC, the NSVRC created the first Sexual Assault Response Team toolkit in 2011 to promote and develop victim-centered first response to survivors of sexual assault nationwide. The toolkit provides protocols and guidelines for SARTs, and was most recently updated in 2018.<sup>97</sup>

---

<sup>93</sup> Kala McCain, "State's First Telehealth Program to Share Forensic Nurses' Expertise," *Vital Record: News from Texas A&M Health*, last modified September 5, 2019, <https://vitalrecord.tamhsc.edu/states-first-telehealth-program-to-share-forensic-nurses-expertise/>.

<sup>94</sup> Kala McCain, "Federal Grant to Develop Teleforensic Remote Assistance Center," *Vital Record: News from Texas A&M Health*, last modified October 9, 2019, <https://vitalrecord.tamhsc.edu/federal-grant-to-develop-teleforensic-remote-assistance-center/>. See also, "Tex-TRAC," *Texas A&M Health, Center of Excellence in Forensic Nursing, Tex-TRAC*, accessed February 16, 2021, <https://tex-trac.tamu.edu/>.

<sup>95</sup> "Selective Triage for Victims of Sexual Assault to Designated Exam Facilities," *American College of Emergency Physicians, Policy Statement*, last modified February 2018, <https://www.acep.org/patient-care/policy-statements/selective-triage-for-victims-of-sexual-assault-to-designated-exam-facilities/>.

<sup>96</sup> "About the National Sexual Violence Resource Center," *National Sexual Violence Resource Center (NSVRC)*, accessed February 1, 2021, <https://www.nsvrc.org/about/national-sexual-violence-resource-center>.

<sup>97</sup> "Sexual Assault Response Teams," NSVRC, accessed February 1, 2021, <https://www.nsvrc.org/sarts>.

SARTs are found in a number of states and regions. In Pennsylvania, examples of SARTs include the teams identified below:

**Sexual Assault Response Teams  
Pennsylvania Counties**

<b>SART Location</b>	<b>Date est'd</b>	<b>Affiliated Rape Crisis Center</b>	<b>Affiliated Hospitals/ SANE Programs</b>
Berks County <sup>98</sup>	2019	SafeBerks	Reading Hospital, Penn State Health St. Joseph Medical Center, Berks Community Health Foundation
Cambria County <sup>99</sup>	2011	The Women's Help Center, Victim Services, Inc.	Conemaugh Memorial Medical Center (currently Conemaugh Health System)
Centre County <sup>100</sup>	--	CentreSafe (formerly Centre County Women's Resource Center)	Mount Nittany Medical Center, University Health Services
Franklin County <sup>101</sup>	2002	Women in Need, Inc.	Chambersburg and Waynesboro Hospital (formerly Summit Health, currently Wellspan Health)

Source: Compiled by Joint State Government Commission staff via Internet search by Pennsylvania county conducted February 2, 2021.

SARTs have also been identified in Beaver County in the County Detective Bureau,<sup>102</sup> Clinton County in the Court of Common Pleas Office of Victim and Witness

<sup>98</sup> Jim Vasil, "SafeBerks, DA Assemble Sexual Assault Response Team," *WFMZ-TV69*, last modified October 29, 2020, [https://www.wfinz.com/news/area/berks/safeberks-da-assemble-sexual-assault-response-team/article\\_ba718dd6-1a22-11eb-8d76-2ba93355b03e.html](https://www.wfinz.com/news/area/berks/safeberks-da-assemble-sexual-assault-response-team/article_ba718dd6-1a22-11eb-8d76-2ba93355b03e.html).

<sup>99</sup> Cambria County Sexual Assault Protocol, revised March 2020, accessed February 1, 2021, [https://evawintl.org/wp-content/uploads/CambriaSAProtocolRevised3\\_20.pdf](https://evawintl.org/wp-content/uploads/CambriaSAProtocolRevised3_20.pdf).

<sup>100</sup> "Fiscal Year 2017-2018 Statistics," *CentreSafe*, accessed February 1, 2021, <https://www.centresafe.org/about-us/statistics/>.

<sup>101</sup> "Tools for Evaluating & Assessing Your SART/SANE Program," (Enola, PA: PCAR), accessed February 1, 2021, [https://www.pcar.org/sites/default/files/resource-pdfs/tools\\_for\\_evaluating\\_assessing\\_your\\_sart-sane\\_program.pdf#:~:text=The%20Franklin%20County%20Sexual%20Assault%20Response%20Team%20\(SART\),meeting%20of%20several%20key%20stakeholders%20in%20the%20community.](https://www.pcar.org/sites/default/files/resource-pdfs/tools_for_evaluating_assessing_your_sart-sane_program.pdf#:~:text=The%20Franklin%20County%20Sexual%20Assault%20Response%20Team%20(SART),meeting%20of%20several%20key%20stakeholders%20in%20the%20community.)

<sup>102</sup> Chrissy Suttle and Daveen Rae Kurutz, "Despite #MeToo Movement, Sexual Assaults Remain Difficult to Prosecute," *The Times*, last modified September 30, 2019, <https://www.timesonline.com/news/20190929/despite-metoo-movement-sexual-assaults-remain-difficult-to-prosecute>.

Services,<sup>103</sup> and in Fayette County in the Crime Victims' Center of Fayette County,<sup>104</sup> but additional information was not found.

The Children's Hospital of Philadelphia (CHOP) established a pediatric SART program based in its Emergency Department in 2009. It has provided care for more than 1,000 pediatric patients from Philadelphia, its surrounding suburbs as well as children from other states, including New Jersey, Maryland, Delaware and Florida. The team includes emergency department nurses, advanced practice providers, child life specialists, social workers, pediatric emergency medicine and trauma physicians, child abuse pediatrics physicians and special immunology providers. Evaluation typically includes a medical history, a complete physical examination with photo documentation, forensic evidence collection, pregnancy and STI screening, and prophylaxis for sexually transmitted infections. Department of Human Services and police reports are filed. After discharge, medical and mental health follow-up services and care are coordinated through CHOP's Safe Place: The Center for Child Protection and Health and the Safe Place's outpatient clinical care service.<sup>105</sup>

### ***Rape Crisis and Domestic Violence Crisis Centers***

Pennsylvania has been in the vanguard of advocacy and services for victims of sexual and domestic violence. The Pennsylvania Coalition Against Rape (PCAR) was established in 1975 as the nation's first statewide anti-rape coalition.<sup>106</sup> Similarly, the Pennsylvania Coalition Against Domestic Violence (PCADV) was established in 1976 as the nation's first statewide domestic violence coalition.<sup>107</sup>

PCAR partners with a network of 49 rape crisis centers to provide services to victims of sexual violence in all 67 of Pennsylvania's counties. Services include:

- Free and confidential crisis counseling 24 hours a day (Some exceptions apply due to mandated reporter requirements)
- Prevention education programs to schools, organizations, and other public groups
- Services for the victim's family, friends, partners, or spouses
- Information and referrals to other services.

---

<sup>103</sup> "Victim & Witness," *Clinton County Pennsylvania*, accessed February 1, 2021, <https://www.clintoncountypa.com/government/court-services/victim-witness>.

<sup>104</sup> "Medical Advocacy," *Crime Victims' Center of Fayette County*, accessed February 1, 2021, <https://www.crimevictimscenter.com/index.php/services/medical-advocacy.html>.

<sup>105</sup> "Sexual Assault Response Team (SART)," Children's Hospital of Philadelphia, accessed February 2, 2021, <https://www.chop.edu/centers-programs/sexual-assault-response-team-sart>.

<sup>106</sup> PCAR, Press Release, "Pennsylvania Coalition Against Rape, National Sexual Violence Resource Center celebrate 40th and 15th anniversaries," 2015, <https://pcar.org/news/pennsylvania-coalition-against-rape-national-sexual-violence-resource-center-celebrate-40th-and>.

<sup>107</sup> "About Us," PCADV, accessed February 16, 2021, <https://www.pcadv.org/about-pcadv/>.



Additionally, advocates from rape crisis centers are available to accompany sexual assault victims to the hospital or to other medical facilities, to the police station, and to court. Advocates may also intervene or act on behalf of the survivor’s wishes or needs, and assist in navigating the processes within the medical, law enforcement, and court systems.<sup>108</sup> A number of the rape crisis centers also serve as domestic violence programs, providing civil legal representation and/or emergency safe houses, and sexual assault services. Twenty-one stand-alone domestic violence programs offer civil legal representation and/or emergency safe house services only. The table below, lists the rape crisis centers in Pennsylvania, identifying the counties they serve and whether they also provide domestic violence services, and to what degree.

**Rape Crisis Centers in Pennsylvania  
By County, Services Provided  
2021**

<b>Name of Rape Crisis Center</b>	<b>Counties Served</b>	<b>Domestic Violence Center</b>	<b>Emergency Safe Housing</b>	<b>Civil Legal Representation</b>
A Safe Place	Forest, Warren	Yes	--	--
A Way Out	Potter	Yes	--	--
Abuse and Rape Crisis Center	Bradford	Yes	Yes	--
Alice Paul House	Indiana	Yes	Yes	--
AWARE, Inc.	Mercer	Yes	Yes	--
Blackburn Center	Westmoreland	Yes	Yes	--
CAPSEA, Inc.	Cameron, Elk	Yes	Yes	--
Center for Victims	Allegheny	Yes	Yes	--
CentreSafe	Centre	Yes	Yes	--
Crisis Shelter of Lawrence County	Lawrence	Yes	Yes	--
Community Resources of Fayette County	Fayette	--	--	--
Crime Victim Center of Erie County, Inc.	Erie	--	--	--
Crime Victims Council of Lehigh Valley	Lehigh, Northampton	--	--	--
Delaware County Women Against Rape	Delaware	--	--	--

<sup>108</sup> “Help in Pennsylvania: Find Services,” PCAR, accessed February 16, 2021, <https://pcar.org/help-pa/find-services>.

**Rape Crisis Centers in Pennsylvania  
By County, Services Provided  
2021**

<b>Name of Rape Crisis Center</b>	<b>Counties Served</b>	<b>Domestic Violence Center</b>	<b>Emergency Safe Housing</b>	<b>Civil Legal Representation</b>
Family Services, Inc./Victim Services Program	Blair	--	--	--
Haven of Tioga County	Tioga	Yes	Yes	--
Helping All Victims in Need (HAVIN, Inc.)	Armstrong	Yes	Yes	--
Network of Victim Assistance (NOVA)	Bucks	--	--	--
Passages, Inc.	Clarion, Clearfield, Jefferson	--	--	--
Pittsburgh Action Against Rape	Allegheny	--	--	--
PPC Violence Free Network	Venango	Yes	Yes	--
Roads to Peace/Clinton County Women's Center	Clinton	Yes	Yes	--
SafeBerks	Berks	Yes	Yes	Yes
Sexual Assault Resource and Counseling Center	Lebanon	--	--	--
Sexual Assault Resource & Counseling Center of Schuylkill County	Schuylkill	--	--	--
SPHS C.A.R.E. Center S.T.T.A.R.S. Program	Greene, Washington	--	--	--
Sullivan County Victims Services	Sullivan	Yes	--	--
The Abuse Network	Huntingdon, Juniata, Mifflin	Yes	Yes	--
The Crime Victims Center of Chester County	Chester	--	--	--
The Women's Center, Inc. of Columbia/Montour	Columbia, Montour	Yes	Yes	--
Transitions	Northumberland, Snyder, Union	Yes	Yes	--
Victim Outreach Intervention Center	Butler	Yes	Yes	Yes
Victim Services Center of Montgomery County	Montgomery	--	--	--

**Rape Crisis Centers in Pennsylvania  
By County, Services Provided  
2021**

<b>Name of Rape Crisis Center</b>	<b>Counties Served</b>	<b>Domestic Violence Center</b>	<b>Emergency Safe Housing</b>	<b>Civil Legal Representation</b>
Victim Services, Inc.	Cambria, Somerset	--	--	--
Victims Intervention Program	Pike, Wayne	Yes	--	Yes
Victims Resource Center	Carbon, Luzerne, Wyoming	Yes	--	--
WIN/Victim Services	Franklin, Fulton	Yes	Yes	--
WOAR	Philadelphia	--	--	--
Women's Center of Beaver County	Beaver	Yes	Yes	--
Women's Resource Center, Inc.	Lackawanna, Susquehanna	Yes	Yes	--
Women's Resources of Monroe County, Inc.	Monroe	Yes	Yes	--
Women's Services, Inc.	Crawford	Yes	Yes	--
Your 'Safe Haven', Inc.	Bedford	Yes	--	Yes
YWCA Bradford – Victims' Resource Center	McKean	Yes	--	--
YWCA Lancaster – Sexual Assault Prevention & Counseling Center	Lancaster	--	--	--
YWCA Northcentral – Wise Options	Lycoming	Yes	Yes	--
YWCA of Carlisle – Sexual Assault/Rape Crisis Services of Cumberland County	Cumberland	--	--	--
YWCA of Greater Harrisburg – Violence Intervention Prevention Program	Dauphin, Perry	Yes	Yes	Yes
YWCA York – Victim Assistance Center	Adams, York	Yes	Yes	Yes

Source: Table compiled by Joint State Government Commission staff from PCAR and PCADV website program locators, accessed February 5, 2021.

## *Counseling Services*

Mental health treatment for sexual assault providers can be provided by the following types of health care providers:

- Psychiatrists (medical doctors with a specialty psychiatry, or MD);
- Licensed Psychologists (doctoral degree of either Doctor of Philosophy, or PhD, or Doctor of Psychology, or PsyD);
- Licensed professional counselors (masters or doctorate in counseling or a closely related field approved by the state licensing board); or
- Licensed social workers (masters or doctorate in social work)<sup>109</sup>

Data from the Pennsylvania Department of State indicates that there are 6,301 licensed psychologists, 7,720 clinical social workers, 9,286 master’s level social workers, and 10,002 licensed professional counselors.<sup>110</sup> However, staff was unable to find information on the number of mental health providers who provide mental health services to sexual assault survivors, not the level of education or training these professionals have in services to sexual assault survivors.

## *Telehealth and Telepsychiatry*

While the assistance of a sexual assault nurse examiner at the time medical treatment is sought following a sexual assault or rape can help abate the initial trauma of the violence, one persistent barrier to providing mental health care to sex assault victims in the Commonwealth as part of their continuing treatment and recovery is the shortage of qualified mental health care professionals, particularly in certain underserved rural and urban areas. The Commission has twice written on this topic, in *Pennsylvania Mental Health Care Workforce Shortage: Challenges and Solutions* and *Pennsylvania Health Care Workforce Needs*. In both reports telemedicine’s potential benefits to patients and providers as an adjunct to other forms of healthcare were discussed at length.

---

<sup>109</sup> Social workers and professional counselors are licensed in Pennsylvania under the act of July 9, 1987 (P.L.220, No.39), known as the Social Workers, Marriage and Family Therapists and Professional Counselors Act, 63 P.S. § 1901 et seq.

<sup>110</sup> “Pennsylvania Licensing System (PALS),” Pennsylvania Department of State, Bureau of Professional and Occupational Affairs, accessed February 7, 2021, <https://www.pals.pa.gov/#/page/default>.

However, since the onset of the COVID-19 pandemic in early 2020, telemedicine’s potential contribution to the Commonwealth has been magnified. And this is doubly so in the field of mental health care, as mental health diagnosis and therapy are generally conducted by interview without a physical examination.

The general absence of a need to undergo a physical examination makes telemedicine an ideal means for delivering mental health care. Further, telemedicine can bring the mental health provider to the patient and “the ease of accessing a provider at a nearby facility or even in the home can facilitate treatment initiation and engagement.”<sup>111</sup> Telemedicine provided directly to a patient while the patient is in the comfort and privacy of their own home can alleviate a patient’s fear of potential public stigma associated with venturing out to a hospital or mental health facility.

Other benefits of telemedicine include reducing delays in care, reducing needed trips to the emergency room for mental health issues, improving the continuity of care and physician follow-up, reducing the need to take time off from work or school or find childcare, and potentially helping to integrate primary medical care with mental health care.

The benefits of telemedicine in mental health care appear to be resonating with patients nationwide. A recent study reviewing millions of privately insured enrollees from 2005 to 2017 found that “the majority of telemedicine visits were for mental health, with over 50% annual compound growth in the number of tele-mental health service visits over more than a decade, although overall use rates were less than two visits per 1,000 enrollees annually.”<sup>112</sup> Telemedicine use was found to be much higher among populations with serious illnesses.<sup>113</sup>

The American Psychiatric Association (APA) refers to telemedicine for mental health services as “telepsychiatry.” According to the APA, telepsychiatry can provide “a range of services including psychiatric evaluations, therapy (including individual therapy, group therapy, and family therapy), patient education and medication management.” Telepsychiatry can involve direct interaction between a psychiatrist and the patient, the aspect most relevant to this report, or psychiatrists consulting with general practice or other physicians.<sup>114</sup>

The use of telemedicine to deliver mental health care has experienced growing acceptance in the medical community. In 2018, the APA updated its policy regarding

---

<sup>111</sup> Michael L. Barnett and Haiden A. Huskamp, “Telemedicine for Mental Health in the United States: Making Progress, Still a Long Way to Go,” *Psychiatry Online* 71, no. 2 (Dec. 18, 2019): 197-198, DOI: 10.1176/appi.ps.201900555.

<sup>112</sup> Michael L. Barnett *et al.*, “Trends in Telemedicine Use in a Large Commercially insured Population, 2005–2017,” *JAMA* 320, no. 20 (Nov. 27, 2018): 2147-2149, Research Letter, doi:10.1001/jama.2018.12354.

<sup>113</sup> A. Mehotra *et al.*, “Rapid Growth in Mental Health Telemedicine Use among Rural Medicare Beneficiaries, Wide Variation Across States,” *Health Affairs* 36, no. 5 (May 1, 2017): 909–917, DOI: 10.1377/hlthaff.2016.1461.

<sup>114</sup> “What is Telepsychiatry?,” *American Psychiatric Association*, accessed January 7, 2021, <https://www.psychiatry.org/patients-families/what-is-telepsychiatry>.

telepsychiatry, stating that it “is a validated and effective practice of medicine that increases access to care... [the APA supports] the use of telemedicine as a legitimate component of a mental health delivery system to the extent that its use is for the benefit of the patient [and] protects patient autonomy, confidentiality, and privacy.”<sup>115</sup>

One of the main impediments to the expansion of telehealth, and particularly telepsychiatry, is the slow rate of acceptance by health insurance companies. Further, the difference in reimbursement rates for healthcare provided via telehealth is also an impediment to practitioners offering services via telemedicine. This presents a problem because if insurance providers have no obligation to reimburse for reasonable telemedicine services at the same rate as in-person services, health care professionals may be disincentivized to offer and provide such services to underserved populations, such as sexual assault victims.<sup>116</sup>

The Pennsylvania Psychological Association (PPA) also supports greater use of telemedicine in the mental health care field. In 2018, it expressed support for Senate Bill 780 of 2017, which would have offered guidelines about who can deliver telemedicine and provide rules regarding insurance company reimbursement for telemedicine. In the PPA’s view, such a bill would have reduced barriers to access for patients in need of psychological counseling and would have provided much-needed clarity and consistency regarding payment from insurers.<sup>117</sup> The bill passed the Senate by a vote of 49-0, but did not pass the House.

Senate Bill 780 (2017) was reintroduced as Senate Bill 857 of 2019. This proposal was passed by the General Assembly April 21, 2020 and would have required insurance coverage for telemedicine services. While he expressed support for inclusion of language in the bill to require health insurers to reimburse health care providers for telemedicine during the COVID-19 emergency at the same rate as in-person services, Governor Wolf vetoed the bill because of its delayed implementation of the coverage provisions and because the legislation “arbitrarily restricts the use of telemedicine for certain doctor-patient interactions. As amended, this bill interferes with women’s health care and the critical decision-making between patients and their physicians.”<sup>118</sup> At least three co-sponsorship memoranda are currently circulating in the General Assembly that would once again tackle the provision of telemedicine and insurance reimbursements in the 2021-2022 legislative session.

With the onset of the COVID-19 pandemic, the Pennsylvania Department of State - whose Bureau of Professional and Occupational Affairs oversees the licensing of health

---

<sup>115</sup> “Telepsychiatry — The APA Position on Telepsychiatry,” *American Psychiatric Association*, accessed January 7, 2021, <https://www.psychiatry.org/psychiatrists/practice/telepsychiatry>.

<sup>116</sup> Pennsylvania General Assembly, Joint State Government Commission, *Pennsylvania Mental Health Care Workforce Shortage: Challenges and Solutions*, June 2020 p. 108, [http://jsg.legis.state.pa.us/resources/documents/ftp/publications/2020-06-04%20HR193\\_Mental%20Health%20Workforce.pdf](http://jsg.legis.state.pa.us/resources/documents/ftp/publications/2020-06-04%20HR193_Mental%20Health%20Workforce.pdf).

<sup>117</sup> “Advocacy Day — State Advocacy Alert: Senate Bill 780 (Telemedicine),” *Pennsylvania Psychological Association*, accessed January 7, 2021, <https://www.papsy.org/page/AdvocacyDay>.

<sup>118</sup> Governor’s Veto Message, Veto No.4, April 29, 2020.

care professionals - issued guidance to those professionals regulated by the individual licensing boards to provide services via telemedicine where appropriate. The professionals given authority to offer telemedicine services include those regulated by the Board of Medicine, the Board of Psychology, the Board of Osteopathic Medicine, and the Board of Social Workers, Marriage and Family Therapists, and Professional Counselors.<sup>119</sup> With substantially more professional counselors and marriage and family therapists than psychiatrists and psychologists in the Commonwealth, broadening the ability to provide mental health services via telemedicine to all practitioners can help ensure access to these services by those who may otherwise have gone without them.

Additionally, in February 2020, the Pennsylvania Department of Human Services, through the Office of Mental Health and Substance Abuse Services (OHMSAS) issued guidelines for the use of telehealth technology for the delivery of behavioral health services. In response to the COVID-19 emergency declaration in Pennsylvania, OHMSAS issued a memorandum addressing further expansion of the telehealth technology approval for the duration of the state of emergency for Medical Assistance recipients.<sup>120</sup>

At the federal level, pursuant to the Coronavirus Preparedness and Response Supplemental Appropriations Act and Section 1135 waiver authority (relating to when the President declares a disaster emergency), the Centers for Medicare & Medicaid Services (CMS) broadened access to Medicare telemedicine services. Among the newly authorized telemedicine services that Medicare authorizes on a fee-for-service basis are individual psychotherapy and psychiatric diagnostic interview examination.<sup>121</sup> However, it should be noted that professional counselors are not among the professionals listed by the CMS as eligible to furnish behavioral health diagnoses or treatments.<sup>122</sup>

Prior to the COVID-19 pandemic, coverage of telemedicine services varied by private health insurers varied by carrier and procedure. In many cases, the practitioner delivering a telemedicine service was reimbursed at a lower rate than for a comparable in-person service. According to a survey by the National Conference of State Legislatures, 32 states and the District of Columbia have some form of private payer law, with 23 of these states requiring “full parity” between in-person and telemedicine services. Full parity exists where both coverage and reimbursement for telemedicine services are comparable to those for in-person services.<sup>123</sup>

---

<sup>119</sup> Pennsylvania Department of State, “Pennsylvania Authorizes Licensed Health Care Professionals to Provide Services via Telemedicine During Coronavirus Emergency,” Press Release, (March 18, 2020), <https://www.dos.pa.gov/Documents/2020-03-18-Telemedicine-Summary.pdf>.

<sup>120</sup> “Guidelines for the Use of Telehealth Technology in the Delivery of Behavioral Health Services,” *Pennsylvania Department of Human Services*, OMHSAS Bulletin OMHSAS-20-02, February 20, 2020, <https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OMHSAS/Final%20-%20OMHSAS%20Telehealth%20Bulletin%202.20.20.pdf>.

<sup>121</sup> “Telehealth Services,” *United States Department of Health and Human Services, Centers for Medicare and Medicaid Services*, last modified March 2020, <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcfsctsh.pdf>.

<sup>122</sup> “Medicare Mental Health,” *United States Department of Health and Human Services, Centers for Medicare and Medicaid Services*, last modified January 2020, <https://www.cms.gov/files/document/medicare-mental-health.pdf>, 7.

<sup>123</sup> *Telehealth Policy Trends and Considerations*, (NCSL, 2015),

After the onset of the COVID-19 pandemic, private health insurers began embracing telemedicine. The use of telemedicine services grew by over 3,000 percent between October 2019 and October 2020. By October 2020, telemedicine services comprised 5.6 percent of all “claim lines” processed by insurers. A claim line is an individual service or procedure listed on an insurance claim. However, usage of telemedicine services as a percentage of all health claims peaked at 13 percent in April 2020. Mental health consultations made up roughly 50 percent of all telehealth services utilized in October 2020, giving weight to the idea that mental health services are particularly suited to delivery via telemedicine methods.<sup>124</sup>

The Children’s Hospital of Philadelphia (CHOP) offers a call-in center for primary care physicians to consult with a psychiatrist. Known as the Telephonic Psychiatric Consultation Service Program, or TiPS, the call center is staffed by psychiatrists and other members of CHOP’s behavioral health care team. TiPS gives pediatricians and other primary care providers access to expertise which allows them to handle their patients’ mental health care needs, such as medication management. In addition to providing immediate “troubleshooting” for patients presenting to primary care physicians with behavioral health concerns, it helps primary care providers feel more comfortable handling their patients’ mental health symptoms on their own. Currently, TiPS is available to physicians treating Medicaid patients from the five-county Philadelphia region, which encompasses 400,000 children.<sup>125</sup> It should be noted that CHOP is not the only institution to implement a TiPS program. There are five TiPS centers across the Commonwealth which are divided by region. Penn State Children’s Hospital operates the TiPS hotline for central and northeastern Pennsylvania, and Children’s Community Pediatrics operates the TiPS hotline for the northwestern and southwestern regions of the Commonwealth.<sup>126</sup>

Given the benefits of telemedicine as well as the shift in its acceptance by providers, private insurers, and the CMS, the Pennsylvania Commission on Crime and Delinquency’s Victims Compensation Assistance Program should consider authorizing mental health counseling via telemedicine as well as in-person counseling. Due to Act 87 of 2019’s expansion of mental health services to victims of sexual assault by VCAP, the PCCD should draft guidance permitting these services to be rendered remotely. The statute is silent as to how these services are to be delivered, and neither provides for nor rules out the delivery of the mandated mental health services via telehealth tools.

---

<https://www.ncsl.org/documents/health/telehealth2015.pdf>, 14.

<sup>124</sup> Mandy Roth, “Telehealth Usage Rises with Increase of COVID-19 Cases,” *HealthLeaders*, last modified January 7, 2021, <https://www.healthleadersmedia.com/innovation/telehealth-usage-rises-increase-covid-19-cases>.

<sup>125</sup> “Innovative Solutions at CHOP are Removing Barriers to Mental Health Care,” *Children’s Hospital of Philadelphia*, last modified June 25, 2018, <https://www.chop.edu/news/innovative-solutions-chop-are-removing-barriers-mental-health-care#:~:text=Innovative%20Solutions%20at%20CHOP%20Are%20Removing%20Barriers%20to,her%20CHOP%20primary%20care%20office%20in%20South%20Philadelphia.>

<sup>126</sup> “Telephonic Psychiatric Consultation Service Program (TiPS),” *Pennsylvania Department of Human Services*, accessed February 12, 2020, <https://www.dhs.pa.gov/providers/Providers/Pages/TiPS.aspx>.



## SEXUAL ASSAULT TREATMENT TRAINING AND EDUCATION FOR MENTAL HEALTH PROVIDERS

---

Trauma-informed care for clients with a myriad of symptoms and experiences has grown increasingly popular over the years. A 2009 survey of 225 substance abuse counselors found that 97 percent of counselors encountered clients with some sort of trauma in their past. The prevalence of trauma history among those seeking counseling therefore increases the necessity for mental health professionals to be trained in trauma-informed care.<sup>127</sup> Those properly trained would be able to “realize the prevalence of trauma, recognize trauma symptoms, respond to clients with knowledge in trauma, as well as resist re-traumatization in treatment.”<sup>128</sup> This is a long-term treatment strategy, not a crisis response.<sup>129</sup>

Although there is little academic research on the inclusion of trauma-informed curriculum in graduate schools, a 2006 study found that most graduate programs do not consider trauma education important, or even offer elective courses on the subject.<sup>130</sup> More recently, a 2020 survey of doctoral interns at university counseling centers found that 55.1 percent of those surveyed had taken courses that covered trauma victims, but 73.5 percent did not take courses specifically covering treatment of sexual assault survivors.<sup>131</sup> Especially in a university setting, it is important for counselors to be properly educated on treating sexual assault survivors, as college students are at higher risk than the general public.<sup>132</sup>

Many of the doctoral interns sought out external experience and training to increase their familiarity with the treatment, with 46.9 percent doing so through practicum and externships, and 38.8 through internships and other optional training opportunities that dealt specifically with sexual assault. These interns were aware of the likelihood that they would be expected to treat a sexual assault survivor, with 95.9 percent selecting “yes” when asked “Prior to beginning your internship, did you expect to provide psychological services

---

<sup>127</sup> SeriaShia Chatters and Peihuan Liu, “Are Counselors Prepared?: Integrating Trauma Education into Counselor Education Programs,” *The Journal of Counselor Preparation and Supervision* 13, no. 1(2020): 3, DOI: 10.7729/131.1305.

<sup>128</sup> *Ibid.*, 4.

<sup>129</sup> *Ibid.*, 4.

<sup>130</sup> *Ibid.*, 5.

<sup>131</sup> Kendahl M. Shortway, Marissa DeStefano, Arika Aggarwal *et al.*, “Doctoral Interns’ Perceptions of Preparedness to Work with Victims and Survivors of Sexual Assault at University Counseling Centers Doctoral Interns,” *Journal of College Student Psychotherapy* 34, no. 3 (2020): 233, DOI: 10.1080/87568225.2019.1592731.

<sup>132</sup> *Ibid.*, 228.

to recent victims of sexual assault during internship?”<sup>133</sup> Those looking to work with survivors in the future were intentional about increasing their competency.

Additionally, three clinicians interviewed for a graduate paper in 2013 noted that they did not feel confident in treating sexual assault survivors immediately after graduating from their programs. All three sought out additional training on their own to buttress their competency. They noted that competency continued to improve with increased experience in the field. These clinicians also found strong supervision and role models who had experience with survivors was integral to their competency. All three clinicians indicated that their graduate programs would have benefitted from more coverage of trauma in the programs.<sup>134</sup>

Though interns and clinicians are seeking out external experiences to increase their ability to adequately treat sexual assault survivors, these experiences and training are not standardized. They do not have learning objectives or universal curriculum, and no national oversight. Therefore there is no way to evaluate or regulate the education they receive to ensure its efficacy.<sup>135</sup> Many researchers have advocated for the inclusion of training on how to treat survivors of sexual assault, but there is currently no national requirement or standard for graduate programs to include this in their curriculum.

#### *Nationally Accepted Certification*

There are national certification programs that address sexual abuse and trauma in their curriculum. The American Association of Sexuality Educators, Counselors and Therapists (AASECT) advocates for responsible education and counseling on sexuality and established a certification program in 1972 for sexuality educators, counselors, and therapists.<sup>136</sup> Sexuality counselors and sex therapists are trained to treat a myriad of sexual issues, including sexual abuse, assault, and coercion. Sexuality counselors and therapists must have 90 hours of core knowledge sexuality education, three for each category enumerated in the certification requirements, one of which is “Sexual exploitation, including sexual abuse, sexual harassment and sexual assault.”<sup>137</sup> AASECT has more than 2500 members, with 1100 certified as educators, counselors and therapists.<sup>138</sup> There are 78 AASECT accredited educators, counselors and therapists in Pennsylvania. Survivors who

---

<sup>133</sup> Shortway, “Doctoral Interns’ Perceptions,” 234.

<sup>134</sup> Grace Meyer, “Developing Competency in Counseling Survivors of Sexual Assault,” *Educational Specialist* 56 (Spring 2013): 25-26.

<sup>135</sup> Martha Anne Kitzrow, “Survey of CACREP-Accredited Programs: Training Counselors to Provide Treatment for Sexual Abuse,” *Counselor Education and Supervision* 42, no. 2 (December 2002): 114.

<sup>136</sup> “About Us,” *American Association of Sexuality Educators, Counselors and Therapists*, accessed January 14, 2021, <https://www.aasect.org/about-us>.

<sup>137</sup> “Sexuality Counselor Requirements,” *American Association of Sexuality Educators, Counselors and Therapists*, accessed January 14, 2021, <https://www.aasect.org/sexuality-counselor-requirements>.

<sup>138</sup> “About Us,” *American Association of Sexuality Educators, Counselors and Therapists*, accessed January 14, 2021, <https://www.aasect.org/about-us>.

are looking for a professional specifically educated on treating sexual abuse can utilize the AASECT website to locate an accredited therapist or counselor.<sup>139</sup>

The U.S. Department of Justice also offers Sexual Assault Advocate/Counselor Training (SAACT), which is available on an online platform. It is geared toward volunteers or staff at rape crisis centers, but can also be utilized by counselors who have not received formal training on treating sexual assault survivors. This program is a helpful tool in the absence of a national standard, but it is not to be used as a certification program. It simply purports to enhance basic training.<sup>140</sup> Many similar education programs from organizations like the National Sexual Violence Resource Center can be utilized to train inexperienced counselors and therapists.

Researchers who study this topic, however, spend little time discussing specific certification programs. They have focused their attention on the standards of the Council for Accreditation of Counseling and Related Educational Programs (CACREP). The CACREP establishes doctoral standards for accredited programs that are updated at six or seven year increments, the most recent update being in 2016. Currently, there are 405 CACREP accredited graduate counseling programs.<sup>141</sup> The current CACREP standards include language about the impact of crisis and trauma on victims, which likely accounts for the 2020 survey of doctoral interns showing higher rates of trauma education than older studies. Still, explicit mentions of knowledge of sexual abuse or assault are not included in the current standards.<sup>142</sup> Some of those who have researched this topic have gone so far as to say that “counselor education programs might have an ethical responsibility to prepare students to counsel the significant number of clients who have experienced childhood sexual abuse.”<sup>143</sup> The next revision of the standards could include the addition of specific education on sexual assault. The next revision to CACREP standards will take place in 2023. The Standards Revision Committee has begun to work on the 2023 draft.<sup>144</sup>

Martha Anne Kitzrow, author of a 2002 survey of 136 graduate counseling programs accredited by CACREP, called for involvement of CACREP in the development of a national standard for training, noting that this programming could either be integrated with other coursework or presented on its own, but it must be clearly presented as material on treatment of sexual abuse victims. Kitzrow advocated for the inclusion of both didactic and clinical training in any programming offered. The programming should also be evaluated continually so that proper adjustments can be made, and future research on training will be easily gathered. Creating and integrating this curriculum and establishing

---

<sup>139</sup> “The Following Professionals Were Found in Pennsylvania,” *American Association of Sexuality Educators, Counselors and Therapists*, accessed January 14, 2021, <https://www.aasect.org/find-professional/2/PA/all>.

<sup>140</sup> “Sexual Assault Advocate/Counselor Training,” *OVC TTAC*, accessed January 14, 2021, <https://www.ovcttac.gov/SAACT/index.cfm>.

<sup>141</sup> “Welcome to CACREP,” *CACREP*, accessed January 14, 2021, <https://www.cacrep.org/>.

<sup>142</sup> “2016 CACREP Standards,” *CACREP*, accessed January 14, 2021, <https://www.cacrep.org/for-programs/2016-cacrep-standards/>.

<sup>143</sup> Kitzrow, “Survey of CACREP-Accredited Programs,” 109.

<sup>144</sup> “Standards Revision Committee News,” *CACREP*, accessed January 14, 2021, <https://www.cacrep.org/src-2023/>.

proper evaluation is a large undertaking. It is not currently being pursued by the CACREP. In the absence of such a standard, Kitzrow suggested that CACREP advocate for additional training for those working with sexually abused clients.<sup>145</sup> CACREP could also provide funding opportunities for programs looking to include such training, as lack of financial resources was one of the reasons given for the lack of training available.<sup>146</sup>

The need for proper training on treatment of sexual abuse and assault survivors is evident, especially given the risk of re-traumatization and victim blaming if a provider is not properly trained in their language and attitude toward sexual assault. Though graduate students are able to seek out programs and training that increase their competence and experience and heighten their confidence in treating survivors, these types of experiences are not required and are not held to a national universal standard. Given that the probability of a therapist or counselor treating a survivor of sexual assault is high, a national standard would be instrumental in guaranteeing proper care to victims. This standard should originate from a reputable organization and be informed by the empirical research available on treatment of victims of sexual assault. In the absence of such a standard, there are certifications or training programs available that can increase a provider's knowledge and a victim's peace of mind.

---

<sup>145</sup> Kitzrow, "Survey of CACREP-Accredited Programs," 113.

<sup>146</sup> *Ibid.*, 112.

## **FACTORS THAT DETER VICTIMS FROM SEEKING MENTAL HEALTH SERVICES**

---

It is well settled in the literature that survivors of sexual assault are at a higher risk of developing mental health problems and psychological disorders, in particular depressive disorders (including suicidality) and post-traumatic stress disorder. Generally, the earlier treatment, both medical and psychological are initiated, the better long-term mental health outcomes for survivors.

### *The Psychological Impact of Sexual Assault and Rape*

While no person will walk away from any assault without some kind of psychic injury, victims of sexual assault are at particular risk. In a meta-analysis of studies published between 1970 and 2014, representing 497 estimates of the relationship between sexual assault and psychopathology that included 238,623 sexual assault survivors, several findings of note were made. Sexual assault has a broad impact on a range of psychological disorders. The strongest associations were with suicidality, trauma, and stressor-related conditions. Smaller associations existed between depression, anxiety, eating disorders, and substance use disorder. The highest association was found to be between sexual assault and risk of suicidality. There were also some indications found that there is an increased risk for bipolar conditions and obsessive compulsion conditions. Whether these conditions are a direct result of the sexual assault or if the sexual assault triggered an already dormant condition is not clear. Substance use disorder was found to be at a lower level of risk than other psychological disorders. The authors concluded:

There is strong evidence that SA victimization is associated with increased risk for multiple forms of psychopathology across most populations, assault types, and methodological differences in studies. This indicates that conditions beyond PTSD alone should be considered in relation to histories of trauma exposure in research and practice, and that increased dissemination of evidence-based practices for trauma-related conditions to SA survivors is critically needed.<sup>147</sup>

---

<sup>147</sup> Emily R. Dworkin, Suvarna V. Menon, Jonathan Bystrynski, and Nicole E. Allen, "Sexual Assault Victimization and Psychopathology: A Review and Meta-Analysis," *Clinical Psychology Review* 56 (August 2017): 63-81, DOI: 10.1016/j.cpr.2017.06.002.

In a further refinement of that meta-analysis, the principal author conducted a study of 39 studies, representing 88,539 participants. While the prior study looked at prevalence of various types of psychological diagnoses among survivors of sexual assault, this study examined the relative prevalence of various specific mental disorders (psychiatric diagnoses) in people who have been sexually assault versus people who have not been. This study found that there is a significantly higher risk associated with sexual assault for anxiety disorders, depressive disorders lifetime bulimia nervosa, OCD, PTSD, and substance use disorders. Depressive disorders and PTSD were found to be the most common effect. 36 percent of people evidenced lifetime PTSD, and 39 percent evidenced lifetime depressive disorders.<sup>148</sup>

Understanding the responses of a survivor to a sexual assault or rape are fundamental to ensuring appropriate psychological care is offered. An early (1990) study identified phases of response of a victim/survivor of sexual violence:

- Anticipatory or threat phase: recognition of a potentially dangerous situation
- Impact phase: when the attack can no longer be avoided, problem solving actions may come into play: to physically fight back, to try to appease the assailant in order to stay alive; emotional responses such as shock, disbelief, denial, intense fear, terror, helplessness, humiliation, and vulnerability
- Recoil or immediate phase: Denial, symptom formation, and anger occur. Denial may manifest as an assertion of control that provides an outward appearance of adjustments. Symptom formation refers to long-term psychological responses, such as anxiety and fear, depressive symptom, phobic-avoidance reactions.
- Resolution phase: Incorporating the experience into the person's past as part of the person's formative experiences.<sup>149</sup>

Even though mental health care is an important resource for survivors, according to a representative sample, only about 54 percent of sexual assault survivors sought out formal assistance from mental health care providers. Demographically, those seeking assistance were more likely to be white, older, not heterosexual, and more highly educated. The characteristics of an assault can also determine likelihood of a survivor seeking mental health care; victims of rape that is violent, perpetrated by a stranger, or has a weapon involved are more likely to seek assistance. Victims who received positive social reactions from telling close friends and family are more likely to disclose to formal support systems.<sup>150</sup> A 1996 survey of sexual assault victims in Los Angeles, California found friends and family, rape crisis centers, and mental health care professionals to provide the

---

<sup>148</sup> Emily R. Dworkin, "Risk for Mental Disorders Associated with Sexual Assault: A Meta-Analysis," *Trauma, Violence, and Abuse* 21, no. 5 (2020): 1011-1028, DOI: 10.1177/1524838018813198.

<sup>149</sup> Rebeka Moscarello, "Psychological Management of Victims of Sexual Assault," *Canadian Journal of Psychiatry* 35, no. 1, February 1990): 25-26, DOI: 10.1177/070674379003500104.

<sup>150</sup> Ullman and Lorenz, "African American Sexual Assault Survivors," 1942-1943.

most effective emotional support, while physicians and police gave more negative social reactions to disclosure.<sup>151</sup>

A number of factors can influence the post traumatic responses identified above. These include the severity of the attack, violent versus non-violent, dangerous location versus a perceived “safe” place, stranger versus acquaintance, blitz attack versus seemingly trustworthy perpetrator, multiple assailants, and mock tenderness. The age and developmental stage of the survivor have implications for the level of response, but the greatest factor identified with respect to modifying the impact on a survivor is the existence of a robust social support system.<sup>152</sup>

### *Specific Barriers That Prevent Survivors from Seeking Treatment*

The encounters a survivor of sexual assault and rape experiences within the medical, mental health, legal, and criminal justice systems can greatly impact their long-term psychological recovery. Secondary victimization is a term used to describe the additional traumatization of sexual assault victims by negative experiences with the social service system meant to help them.

#### *Provider Attitudes*

Proper mental health care following a sexual assault or rape is an important step on the road to recovery for survivors as they combat PTSD, depression, or other mental health sequelae. In such a crucial moment of vulnerability, a negative reaction from a therapist or counselor to disclosure of assault can deepen trauma and cause survivors to refuse mental health care in the future. One survivor who spoke with a therapist after attempting suicide remembers the therapist posing offensive and unhelpful questions: “...I had a therapist, I was talking to them, and they were asking, ‘well, what were you wearing’ and I just like look, it doesn’t matter, I coulda been wearing a spacesuit. You know that doesn’t really help to justify the situation.”<sup>153</sup> Conversely, a positive social reaction from a mental health care professional can prove instrumental in a survivor’s journey of recovery. “Given the authority and expertise of professionals, their belief and validation may be especially healing for survivors harboring feelings of self-blame and/or responsibility for their assaults.”<sup>154</sup>

---

<sup>151</sup> Sarah E. Ullman, “Do Social Reactions to Sexual Assault Victims Vary by Support Provider?” *Violence and Victims* 11, no. 2 (1996): 155.

<sup>152</sup> Moscarello, “Psychological Management,” 27.

<sup>153</sup> Sarah E. Ullman and Katherine Lorenz, “African American Sexual Assault Survivors and Mental Health Help-Seeking: A Mixed Methods Study,” *Violence Against Women* 26, no. 15-16 (2020): 1956, DOI: 10.1177/1077801219892650.

<sup>154</sup> *Ibid.*, 1959.

A meta-analysis of 15 studies on the impact of early interventions with survivors of sexual assault and rape looked at: the types of experiences with responders in the early aftermath of the assault that are associated with post-traumatic stress; the duration of effects on posttraumatic stress; and the timing of the responses in the development of posttraumatic stress. The study found that contact any responder was not associated with significant differences in posttraumatic stress, and found insignificant evidence to associate the timing of seeking help with posttraumatic stress. The study found that the type of help sought and the timing of seeking that help did not make much of a difference in whether a sexual assault survivor developed posttraumatic stress. Instead, the greater takeaway from this study may be that the **quality** of services provided and the survivor's **perceptions** of interactions with specific responders had a greater impact on the development of PTSD.<sup>155</sup> In this vein, adequate and specialized training in the care and treatment of survivors of sexual assault and rape may be paramount in mitigating some of the psychological impact of sexual violence.

Consistent with the meta-analysis cited above, is a study conducted at Harborview Medical Center in Seattle. Harborview is an urban, public, academic hospital with a Level I trauma center. The cases of 521 persons who had sought acute medical care for rape during the period January 2011 to December 2012 were reviewed, using administrative data, survivor self-report, and provider observational data. The study's goal was to attempt to determine what factors were closely associated with sexual assault survivors' attendance at follow-up appointments to assess medical and psychosocial needs after the acute care visit. Only 28 percent of the rape victims attended the recommended follow-up appointment. Factors found to be associated with a failure to attend follow-up were having a developmental or other disability, having a current mental illness, and being assaulted in public were associated with reduced odds of attendance. Conversely, having a prior mental health condition, a completed SANE examination, and social support available to help with the assault were associated with an increased odds of attending a follow-up appointment. Particularly significant was the finding that survivors who identified having social support post-rape were three times as likely to attend the follow-up appointment.<sup>156</sup> This study suggests that incorporating natural social supports in the care and treatment of survivors, as well as providing SANE forensic examinations could help increase the likelihood that a survivor will pursue additional medical and psychological care post-assault.

A review of 31 published qualitative studies on adult responses to sexual violence, representing over 1,000 individuals, focused on the use of professional services by survivors. All studies in the review were published before 2006. Regardless of the profession of the provider – legal/criminal justice personnel, physicians, nurses, mental health counselors and therapists, and educators – reported experiences were never neutral, and instead were positive or negative on the basis of three criteria: abuse focus (believed

---

<sup>155</sup> Emily R. Dworkin and Julie A. Schumacher, "Preventing Posttraumatic Stress Related to Sexual Assault Through Early Intervention: A Systemic Review," *Trauma, Violence and Abuse* 19, no. 4 (October 2018): 459-472, DOI: 10.1177/1524838016669518.

<sup>156</sup> Doyanne Darnell *et al.*, "Factors Associated with Follow-Up Attendance Among Rape Victims Seen in Acute Medical Care," *Psychiatry* 78(2015):89-101, DOI: 10.1080/00332747.2015.1015901.



and validated about the abuse); interpersonal interactions; and professional competence.<sup>157</sup> This study further supports the notion that the attitude and professionalism of all persons interacting with a sexual assault survivor are paramount in the survivor's overall recovery, and by implication, willingness to pursue mental health services.

Providers must be properly trained to ensure they do not perpetuate the dismissal of reports of certain kinds of assault.<sup>158</sup> Providers should be educated about the use of language and attitudes that reinforce the "rape myth," defined by Kushmider, Beebe, and Black as myths that "insinuate that victims are lying, imply a rape did not occur, or the perpetrator was provoked.... that the victim deserved to be assaulted based on appearance, behavior, or style of dress."<sup>159</sup> Rape myth language is frequently used to make excuses and allowances for male sexual aggression.

Though counselors were found to have a higher level of positive attitudes toward rape victims than the general public, there is still a portion of professionals who have negative and judgmental attitudes about victims of sexual assault. Men are more likely than women in the field to hold these views. Responses that are informed by these biases can affect victims' recovery.<sup>160</sup> A 2015 study examining the prevalence of rape myths in counselor's discourse found "an increased need for practitioner training specific to sexual assault, rape, and trauma as well as the need for critical conversations between supervisors, counselors-in-training, and early career counseling professionals about their personal assumptions and biases specific to victims/survivors of sexual assault."<sup>161</sup> A national standard for sexual assault treatment training could include a course on rape myths, their prevalence, and ways to combat them.

### *Survivor Beliefs*

Some survivors also reported feelings of mistrust for their providers. Trust is one of the most important aspects of the relationship between providers and clients, and it is crucial that it is established and maintained. One way that many survivors felt this trust was broken was when providers told a parent or other person in the client's life about the assault without allowing the client to do so themselves. One survivor noted that after her doctor disclosed her assault to her mother, she avoided telling him anything that could have "gotten back to [her] mom."<sup>162</sup> This breach of trust undermined the success of further treatment. Because of the nature of sexual assault, survivors have had control over their lives taken from them. Proper treatment, then, allows the survivor to maintain as much

---

<sup>157</sup> Donna S. Martsolf *et al.*, "A Meta-Summary of Qualitative Findings about Professional Services for Survivors of Sexual Violence," *The Qualitative Report* 15, no. 3 (May 2010): 489-506, <https://nsuworks.nova.edu/tqr/vol15/iss3/3/>.

<sup>158</sup> Laura L. Starzynski, Sarah E. Ullman, Henrietta H. Filipas *et al.*, "Correlates of Women's Sexual Assault Disclosure to Informal and Formal Support Sources," *Violence and Victims* 20, no. 4 (2005): 428.

<sup>159</sup> Kristin D. Kushmider, Jennifer E. Beebe and Linda L. Black, "Rape Myth Acceptance: Implications for Counselor Education Programs," *The Journal of Counselor Preparation and Supervision* 7, no. 3 (October 2015): 3.

<sup>160</sup> Kushmider, "Rape Myth Acceptance," 7.

<sup>161</sup> *Ibid.*, 22.

<sup>162</sup> *Ibid.*, 1956.

control as possible. Providers must be educated in this dynamic and how to build and preserve trust with clients.<sup>163</sup>

Some women may seek treatment for their mental health without disclosing a history of abuse. A 2001 study found that only 42 percent of surveyed sexual assault victims appearing at public health primary care clinics disclosed to clinicians.<sup>164</sup> The most influential factors were “immigrant status and concerns about confidentiality,” and other factors included were “patients’ perception that clinicians did not ask directly about abuse, belief that clinicians lack time/interest in discussing abuse, fears about involving police/courts....”<sup>165</sup> Providers must be adequately equipped to treat victims with trauma histories in a way that recognizes and takes into account these fears and concerns that they might harbor. A client may seek treatment for PTSD, depression or other symptoms of trauma history, and later reveal a history of assault.<sup>166</sup>

Acceptance of rape myths that excuse perpetrator behavior and shift blame to victims is also related to rape acknowledgement. Unacknowledged rape is defined as when an individual experiences an event that meets the legal definition of rape but the individual does not label it as a rape. A 2005 survey of sexual assault survivors revealed that victims of more violent rape by strangers were more likely to report the abuse to informal and formal sources. Sexual assault or rape perpetrated by a person the victim knew went unreported more often. Some victims did not even consider what they experienced as assault at first, because they were not educated on what constitutes rape or assault.<sup>167</sup> These victims experience similar psychological outcomes, but may feel less justified in seeking mental health care.<sup>168</sup> In these cases, it is important for a mental health care provider to provide a safe space for victims to disclose their abuse and be encouraged and supported.<sup>169</sup> Some victims might be seeking a professional’s validation that what happened to them is considered assault.

### *Law Enforcement/Criminal Justice System Responses*

While sexual assault is recognized as a pervasive problem in American society, reports indicate that a majority number of cases do not progress from the initial police encounter with the survivor to formal prosecution. A number of factors involving both survivor and law enforcement attitudes impact the decision to pursue a full police investigation and formally charge a perpetrator.<sup>170</sup> While this topic is beyond the scope of

---

<sup>163</sup> Ullman and Lorenz, “African American Sexual Assault Survivors,” 1961.

<sup>164</sup> Sarah E. Ullman, “Mental Health Services Seeking in Sexual Assault Victims,” *Women & Therapy* 30, no. 1-2 (2007): 74, DOI: 10.1300/J015v30n01\_04.

<sup>165</sup> *Ibid.*, 74.

<sup>166</sup> *Ibid.*, 74.

<sup>167</sup> Starzynski, “Correlates of Women’s Sexual Assault Disclosure,” 428.

<sup>168</sup> Laura L. Starzynski, Sarah E. Ullman, Stephanie M. Townsend *et al.*, “What Factors Predict Women’s Disclosure of Sexual Assault to Mental Health Professionals?” *Journal of Community Psychology* 35, no. 5 (2007): 621, DOI: 10.1002/jcop.20168.

<sup>169</sup> Starzynski, “Correlates of Women’s Sexual Assault Disclosure,” 428.

<sup>170</sup> Jessica Shaw, Rebecca Campbell, and Debi Cain, “The View from Inside the System: How Police Explain Their Response to Sexual Assault,” *American Journal of Community Psychology* 58 (2016): 446-462, DOI: 10.1002/ajcp.12096.

the directives are HR642, it should be noted that participating in the criminal justice system may trigger or rekindle mental health responses to the original assault and can present opportunities to refer survivors to mental health services at that time.

Factors that may deter a person from seeking medical services or mental health services are fears of an encounter with the police, which may stem from a lack of trust or previous negative experience with law enforcement, having engaged in other illegal activities (such prostitution and human trafficking), underage drinking, use of illegal substances, and immigration status.

### *Other Interpersonal Issues*

Some barriers to seeking help are not easily addressed legislatively. Some survivors may not seek help from fear of further danger, including retaliation. Cultural and religious beliefs about gender roles, and family issues, such as the perpetrator is a close relative or that the victim is financially dependent on the perpetrator may also play a role. In these situations, efforts to provide public information such as publication of hotline numbers and provision of brochures at physician offices and community health care clinics that explain victims' legal rights may be the most effective way to reach those individuals who would not otherwise visit an emergency department or contact a rape crisis center.

The costs of medical interventions and mental health services may be another barrier that deters survivors from seeking help. These issues can be addressed legislatively by mandating free forensic examinations, expansion of telehealth options, and parity of insurance reimbursements for both telehealth and in-person or telephonic mental health services. Again, provision of public information on the availability of reimbursed mental health services as provided in Act 87 of 2019 (discussed in the following chapter) would help to get the message out that financial status does not dictate the receipt of services by survivors.

### *Specific Populations*

A number of subgroups of sexual violence survivors, based on individual characteristics, such as college students, military personnel, domestic violence victims, immigrants, incarcerated persons, children, men, LGBTQIA+ persons, and others will most likely need additional mental health supports and referrals from the emergency for these patients should be sensitive to the need for specialized services.



## **SOURCES OF FUNDING FOR MENTAL HEALTH SERVICES FOR VICTIMS OF SEXUAL VIOLENCE**

---

In the 2019-2020 fiscal year, the Pennsylvania Commission on Crime and Delinquency (PCCD) received a state appropriation of \$9.735 million, with an additional \$1.3 million state appropriation “for victims of juvenile offenders.”<sup>171</sup> The budget does not parse what percentage of that appropriation is afforded to its Victims Compensation Assistance Program (VCAP) or to mental health services for victims of sexual assault.

During the same fiscal year, Pennsylvania was funded via federal appropriations for certain program areas of the PCCD. These include a federal appropriation for crime victims’ compensation services in the amount of \$8.5 million, a further \$130 million for “crime victims’ assistance” plus \$5 million for its administration, and \$7 million under the Violence Against Women Formula Grant Program plus an additional \$600,000 for its administration.<sup>172</sup>

The figures for crime victims’ compensation services and crime victims’ assistance are broad, and the budget items for these federal appropriations are not earmarked with any spending specifically for mental health services for sexual assault victims. Data from the Department of Justice indicate that in 2017, Pennsylvania spent \$3,000,000 on assisting and compensating victims of sexual assault crimes, representing four percent of the Commonwealth’s victim assistance grant for that year.<sup>173</sup>

Comparing federal funding of PCCD to its state appropriation, it is self-evident that the federal government outweighs the Commonwealth as a source of funding. The specific federal grant that is the source of the \$130 million appropriation for “crime victims’ assistance” for VCAP is the Victim Assistance Formula Grant Program. For the reporting period of October 2017 to September 2018, Pennsylvania received \$128,806,626 from this grant program according to data collected by the U.S. Department of Justice.<sup>174</sup> Looking solely at the Commonwealth’s budget, it would appear that this figure is for one fiscal year only. However, referencing other sources makes it clear that this appropriation from the federal government is aggregated over four grants covering four fiscal years.<sup>175</sup>

---

<sup>171</sup> Section 202 of the act of June 28, 2019 (P.L., No. 1A), known as the General Appropriation Act of 2019.

<sup>172</sup> *Id.*

<sup>173</sup> United States Department of Justice, Office for Victims of Crime, “PA Annual State Performance Report, Victims Assistance Formula Grant Program, Reporting Period Oct. 1, 2017 to Sept. 30, 2018,” (April 14, 2019), [https://ovc.ojp.gov/sites/g/files/xyckuh226/files/media/document/pennsylvania-508\\_0.pdf](https://ovc.ojp.gov/sites/g/files/xyckuh226/files/media/document/pennsylvania-508_0.pdf).

<sup>174</sup> *Id.* It is unclear why there is a \$2,000,000 discrepancy in the federal award between the amount as reported by the Commonwealth to the DOJ and the amount listed in the budget.

<sup>175</sup> See e.g. United States Department of Justice, Office of the Inspector General, “Audit of the Office of Justice Programs Office for Victims of Crime Victim Assistance Formula Grants Awarded to the

The Commonwealth's 2019-2020 budget federal appropriation for crime victims' assistance and crime victims' compensation was received pursuant to the Victims of Crime Act (VOCA). Passed by Congress in 1984, the Victims of Crime Act created the Office for Victims of Crime (OVC) within the U.S. Department of Justice and requires that a Director be appointed to make grants to qualified State programs for crime victims' assistance. The Director is appointed by the President and reports to the U.S. Attorney General. It further requires the Director to make grants to the chief executive of each state for the compensation of crime victims. States that receive grants under this program must prioritize funding to victims of sexual assault, spousal abuse, or child abuse. This statute also permits the DOJ to promulgate rules for sub-recipients of these grant funds, which are typically community-based organizations and non-profits to which the state awards VOCA funds to provide services to victims.<sup>176</sup>

The Commonwealth's budget does not show what percentage of the state or federal appropriations for victims' assistance or victims' compensation is spent for mental health services for victims of sexual assault. However, Act 87 of 2019 required VCAP to provide counseling services to victims of sexual assault and appropriated \$5 million from the Commonwealth's General Fund for that purpose.<sup>177</sup> The Act limits the amount expended per victim for counseling services to \$5,000 if the victim is 18 or older at the time they are victimized or \$10,000 if the victim is under 18 at the time of the victimization.<sup>178</sup> Further, this reimbursement is a secondary payer arrangement, in that the compensation is offset by payments for counseling services for the victim from any other sources, including the perpetrator.<sup>179</sup> It also exempts the provision of counseling services to sexual assault victims from the requirement that the victim report the crime to law enforcement and that the victim cooperate with a law enforcement investigation.<sup>180</sup>

There are also mandated spending areas attached to the federal grants. PCCD, as the state administering agency of VOCA funds, is required to allocate 30 percent of its VOCA victims' assistance grant funds to the three federal priority categories at 10 percent of total funding each. Those categories are sexual assault, spousal abuse, and child abuse. A further 10 percent of VOCA victims' assistance funds must be spent on services for underserved victims of crime.<sup>181</sup> These funds must be passed on to non-profit community organizations which provide services directly to victims.

A state administering agency can spend no more than 10 percent of its VOCA victims' assistance grant to fund its own direct service projects.<sup>182</sup> Thus, PCCD is required to disburse the majority of the funds to organizations that provide direct services to victims, such as rape treatment centers, domestic violence shelters, centers for missing children,

---

Pennsylvania Commission on Crime and Delinquency, Harrisburg, Pennsylvania," (Sept. 2017), p.8, Table 3, <https://www.oversight.gov/sites/default/files/oig-reports/g7017008.pdf>.

<sup>176</sup> Victims of Crime Act of 1984, Pub. L. 98-473, 98 Stat. 2170; 34 U.S.C. § 20101 *et seq.*

<sup>177</sup> 42 Pa.C.S. § 9730.2, as added by the act of Nov. 26, 2019 (P.L 641, No. 87)

<sup>178</sup> 42 Pa.C.S. § 9730.3(b)(1).

<sup>179</sup> 42 Pa.C.S. § 9730.3(b)(2).

<sup>180</sup> 42 Pa.C.S. § 9730.3(a)(2).

<sup>181</sup> 28 CFR § 94.104(b) and (c).

<sup>182</sup> 28 CFR § 94.104(f).

and other community-based victim coalitions and support organizations. PCCD has discretion to determine which organizations receive such grant funds.

States which receive a grant for crime victims’ assistance or crime victims’ compensation are required to furnish the OVC with an annual state performance report on their crime victims’ programs. Data collected by the OVC for Pennsylvania show that from October 2017 to September 2018 the Commonwealth received 6,202 applications for sexual assault forensic examinations.<sup>183</sup> The data also include payments by type of crime on a quarterly basis. These expenditures of VCAP pursuant to the federal victim compensation formula grant program are shown below in **Table 1**.

**Table 1**  
**Pennsylvania VCAP Expenditure of**  
**Federal Victim Compensation Formula Grant Program Funds**  
**October 2017 - September 2018**

Type of Crime	Total Applications Paid	Total Amount Paid
Sexual Assault	1,436	\$1,240,762
Child Sexual Abuse	5,577	\$7,604,880

Source: U.S. DOJ OVC, Victim Compensation Formula Grant Program, Annual Performance Measures Report, October 1, 2017-September 30, 2018.

Pennsylvania’s VCAP reported to the OVC that there has been an increase in the number of victims’ compensation claims in the 2017-2018 reporting year when compared to previous reporting years. The PCCD believes that this increase in claims is the result of an increase in VOCA assistance funds. These funds have been distributed to private non-profit victims’ assistance organizations and have allowed them to enhance or expand their services. These additional resources have also allowed them to go beyond merely notifying victims of the compensation program and directly aid victims in filling out VCAP compensation claim forms.<sup>184</sup>

Aside from providing the States with victims’ assistance and victims’ compensation funding, OVC also awards competitive direct grants to private non-profit and community organizations that work with victims. Some of the grantees work with a specific kind of victim or victims of specific crimes, while others are more generalist and assist victims of any crime from any background. Listed below in **Table 2** are those organizations which have received an OVC grant for sexual assault services and are listed by the OVC as “active,” the total amount of the grant award, and the organization’s mission or the required program area for expenditure.

<sup>183</sup> *Victim Compensation Formula Grant Program, Annual Performance Measures Report, October 1, 2017-September 30, 2018*, (United States Department of Justice, Office for Victims of Crime, October 12, 2018), <https://ovc.ojp.gov/sites/g/files/xyckuh226/files/media/document/pennsylvania-2018-voca-compensation-state-report.pdf>, 4-7.

<sup>184</sup> *Id.* at p. 8.

**Table 2**  
**Active OVC Awards in Pennsylvania**

Organization	Total Funding	Mission or Use of Funds
Friends of Farmworkers, d/b/a/ Justice at Work	\$649,977	Provide legal assistance, mental health services, and empowerment services to victims of human trafficking
A Woman’s Place	\$550,000	Serves human trafficking victims in Bucks County
Pennsylvania Sexual Assault Forensic Examination and Training (SAFE-T) Center at Penn State	\$1,143,143	Create or expand statewide telemedicine center for sexual assault medical forensic exams; Staff the telemedicine resource center 24/7 with Sexual Assault Nurse Examiners who will directly assist with the examinations being conducted at four pilot sites in three rural areas and one correctional facility
Pennsylvania Coalition Against Rape	\$1,200,000	Serves incarcerated survivors of sexual assault in county correctional facilities
YWCA Greater Harrisburg	\$925,000	Direct services to support victims of human trafficking

Source: U.S. DOJ OVC, Active Awards in Pennsylvania.

Not all of these grants to non-profits are from the current fiscal year. These are the grants that are listed as “active” by the OVC. The “Total Funding” may be cumulative over several years.

Although the OVC’s VOCA grants to non-profits are statutorily capped at \$10,000 per recipient,<sup>185</sup> not all grants from the OVC are VOCA grants. The OVC offers other grants with different qualifications that organizations must meet in order to be eligible for the grant.<sup>186</sup> **Table 3** below lists the different grants which have been awarded by the OVC in the past that pertain to funding programs and services for victims of sexual assault and related crimes, all of which are closed.

<sup>185</sup> 34 U.S.C. § 20103(c)(2)(C).

<sup>186</sup> “Expired Funding Opportunities,” *United States Department of Justice Office for Victims of Crime*, [https://ovc.ojp.gov/funding/expired-funding-opportunities?fiscal\\_year=&search=&sort\\_by=field\\_closing\\_date\\_value&sort\\_order=DESC&topic=All&page=0#funding-opportunities-block-3-khd8cephdharlnma](https://ovc.ojp.gov/funding/expired-funding-opportunities?fiscal_year=&search=&sort_by=field_closing_date_value&sort_order=DESC&topic=All&page=0#funding-opportunities-block-3-khd8cephdharlnma).



**Table 3**  
**Examples of Previously Available Grants**  
**for Non-Profits Serving Sexual Assault Victims**  
**2016-2020**

<b>Solicitation Number</b>	<b>Year</b>	<b>Title or Purpose of Grant</b>	<b>Available Funds</b>	<b>Number of Awards</b>
OVC-2019-15589	2019	Direct services to support victims of human trafficking program	\$53,111,278	77
OVC-2016-9381	2016	Develop or enhance statewide telemedicine programs to deliver expert Sexual Assault Nurse Examiner guidance	\$1,143,143	1
OVC-2020-18633	2020	Develop, expand, and strengthen assistance programs for minor victims of sex trafficking, achieve increased safety, self-sufficiency, and well-being for minor victims of sex trafficking	\$6,867,700	4
OVC-2020-18332	2020	Develop, expand, or strengthen victim service programs for victims of human trafficking	\$23,305,425	42
OVC-2020-18113*	2020	Establish and/or expand Sexual Assault Nurse Examiner (SANE) programs that will offer medical forensic care, advocacy, and other victim services to sexual assault survivors on college campuses	\$4,000,000	--
OVC-2018-14041	2018	Enhance the quality and quantity of specialized services available to assist victims of human trafficking, specifically including programs that focus on mental health services	\$16,488,103	24
OVC-2017-12280	2017	One purpose area is to increase the capacity of victim and mental health service providers to provide mental health services to victims of domestic violence and sexual assault	\$3,681,451	9
OVC-2017-13260	2017	Development and enhancement of partnerships between correction agencies and community based victim service providers with the goal of increasing access to outside support services for incarcerated survivors of sexual abuse.	\$3,600,000	4

**Table 3**  
**Examples of Previously Available Grants**  
**for Non-Profits Serving Sexual Assault Victims**  
**2016-2020**

Solicitation Number	Year	Title or Purpose of Grant	Available Funds	Number of Awards
OVC-2017-11578	2017	Enhance the quality and quantity of specialized services available to assist all victims of human trafficking, including services for underserved or unserved populations	\$7,505,413	13

Source: U.S. Department of Justice Office for Victims of Crimes, Expired Funding Opportunities  
 \* Data on the number of awards is to be determined, but if the maximum amount of individual awards is granted to each recipient, there could be as few as eight awards.

Although many of these grant programs offered by OVC are not specifically for mental health services for sexual assault victims, their parameters are broad enough that organizations which specialize in providing such services would be eligible to receive funds pursuant to the listed grant. The grants highlighted in yellow in **Table 3** are those which are specifically for mental health services for sexual assault victims.

In addition to the direct OVC grants, in 2018 there were 2017 non-profit organizations which received grants from the PCCD as sub-grantees of federal VOCA Victim Assistance Formula Grant Program funds allocated to the Commonwealth for victims’ assistance programs. The Commonwealth has reported data to the OVC on the number of sub-grantees the PCCD funds for victims’ assistance, as well as other data points such as what types of victims they work with and the number of individuals who actually received services from the sub-grantees based on presenting a victimization.<sup>187</sup> The data on the number and type of organization is presented below in **Table 4**. The row highlighted in yellow encompasses sub-grantees that specifically provide services to victims of sexual assault.

---

<sup>187</sup> *PA Annual State Performance Report, Victim Assistance Formula Grant Program, Reporting Period: Oct. 1, 2018 to Sept. 30 2019*, (United States Department of Justice, Office for Victims of Crime, Dec. 31, 2019), <https://ovc.ojp.gov/sites/g/files/xyckuh226/files/media/document/va-fy-19-pennsylvania-annual-report-508.pdf>.

**Table 4**  
**Number of Non-Profit Pennsylvania Sub-Grantees**  
**by Type of Organization and Year**  
**2016-2018**

Type of Organization	2016-VA- GX-0048	2017-VA- GX-0069	2018-V2- GX-0068
Child Abuse Services	26	33	31
Coalition	0	6	3
Domestic and Family Violence	56	48	42
Faith-based	0	0	0
Domestic, Family Violence, and Sexual Assault Services	41	38	28
Organization by/for underserved victims (e.g. drunk driving, homicide, elder abuse)	16	20	15
Sexual Assault Services (e.g. rape crisis center)	15	13	11
Multiservice agency	65	59	57
Other	13	28	20

Source: U.S. Department of Justice Office for Victims of Crime, PA Annual State Performance Report Victim Assistance Formula Grant Program, Reporting Period: Oct. 1, 2018 to Sept. 30, 2019.

For fiscal year 2019-2020, the PCCD has disbursed approximately \$9,508,922 in funds to 77 separate recipients for victims’ services across the Commonwealth. Of those recipients, 27 of them were made to organizations which provide services to victims of sexual assault and were grants which could, by their terms, fund mental health services to victims of sexual assault. Those 27 grants are listed below in **Table 5**.

However, it should be emphasized that it is not known how much, if any, of the funds awarded under the following grants are used for providing mental health services to sexual assault victims. Unless the grant specifies that it is to be used for therapy, counseling, or other mental health services, an organization which provides mental health services to victims of sexual assault as one of a number of activities it engages in could use these grant funds for any number of purposes.

**Table 5**  
**PCCD Victims' Services Grants Awarded**  
**Fiscal Year 2019-2020**

<b>Organization</b>	<b>Funding Source</b>	<b>Amount</b>	<b>Grant Title</b>
Nationalities Service Center of Philadelphia	VOCA	\$170,617	Anti-Human Trafficking Program Extension
Network of Victim Assistance	VOCA	\$263,253	Enhancing Services to Underserved Victims Extension
A Woman's Place	VOCA	\$300,000	VOCA 19-20 Comp 1 year Extension
The Lincoln Center for Family and Youth	VOCA	\$267,299	EVMS-19-20
Family Support Line of Delaware County, Inc.	VOCA	\$60,314	Family Advocacy: A Holistic Approach to Healing
SAFE Berks	VOCA	\$154,389	VOCA Competitive Extension
Crime Victims Council of Lehigh Valley, Inc.	VOCA	\$43,828	Therapy in Lehigh and Northampton Counties
Valley Youth House Committee, Inc.	VOCA	\$219,243	Mobile Trauma Focused Services Extension
Women's Resources of Monroe County, Inc.	VOCA	\$45,381	Expansion and Partnership for Service Provision
Victim's Intervention Program (Wayne County)	VOCA	\$35,550	VOCA Competitive #1 Extension
Family Service Association of Northeastern Pennsylvania	VOCA	\$50,555	Trauma Therapist
Schuylkill Women In Crisis	VOCA	\$20,000	Abuse Victims Facing Mental Health and Addiction
Sexual Assault Resource & Counseling Center of Lebanon County	VOCA	\$58,115	Evidence-based Therapy for Sexual Trauma
Young Women's Christian Association of Lancaster	VOCA	\$139,486	YWCA Lancaster VOCA
The Women's Center (Columbia County)	VOCA	\$25,174	Serving Rural and Elderly Victims of Crime

**Table 5**  
**PCCD Victims' Services Grants Awarded**  
**Fiscal Year 2019-2020**

<b>Organization</b>	<b>Funding Source</b>	<b>Amount</b>	<b>Grant Title</b>
Pennsylvania Coalition Against Rape	Sexual Assault Services	\$567,543	Sexual Assault Services Program
A Way Out (Potter County)	VOCA	\$16,248	VOCA Competitive Extension
Centre Safe (Centre County)	VOCA	\$25,000	Therapy for Victims of SA and DV
Turning Point Women's Counseling and Advocacy Center	VOCA	\$76,507	Turning Point Men's Counseling & Advocacy
Your "Safe Haven" Inc. (Bedford County)	VOCA	\$25,883	VOCA Comp Ext. 2019-2020
Blackburn Center (Westmoreland County)	VOCA	\$239,571	Underserved Populations/Emerging Victimization
Domestic Violence Services of Southwestern Pennsylvania	VOCA	\$87,106	Tri-County Licensed Therapist
Pittsburgh Action Against Rape	VOCA	\$240,113	Services to victims of sex trafficking & SV
Center for Victims (Allegheny County)	VOCA	\$396,647	VOCA Comp #1 Ext – Innovative and Enhanced Service
Crisis Center North, Inc. (Allegheny County)	VOCA	\$80,631	Continuation of Mobile Counseling Services
Women's Center of Beaver County	VOCA	\$88,884	VOCA Competitive 2019-2020 Extension #1
Crisis Shelter of Lawrence County	VOCA	\$70,414	Lawrence County VOCA Competitive Grant
Women's Services, Inc. (Crawford County)	VOCA	\$45,787	Therapeutic Support Services Program

Source: Pennsylvania Commission on Crime and Delinquency, Funding Grants App.

All but one of the grants from the PCCD to a community organization for victim services ultimately originates from federal VOCA funds. PCCD, as the state administering agency, makes the decision as to which organizations receive VOCA grant monies and under what parameters. Some of the grants are fairly vague, such as the “Lawrence County VOCA Competitive Grant,” but are awarded to organizations that provide counseling to sexual assault victims. Other grant programs are specifically for mental health services or services for sexual assault victims. Left off of **Table 5** are grants that are awarded to organizations that do not provide mental health services to sexual assault victims and grants that are designated for specific purposes other than providing services for sexual assault victims.<sup>188</sup>

VOCA is not the only source of funding for victims’ compensation and victims’ assistance services. One other source of federal funding is the Justice Assistance Grant (JAG). As of October 2020, the PCCD plans to disburse federal JAG funds to “eligible governmental and non-governmental agencies and organizations wishing to implement projects and programs that directly address the PCCD Objectives and Strategies outlined in PCCD’s Strategic Plan.” The funding is available for a wide range of projects, among them victim services. According to the PCCD, the projects which usually received funding from the federal JAG program “are typically connected to well formulated, localized planning efforts.”<sup>189</sup>

Pennsylvania also received \$7 million from the federal government from the Violence Against Women Formula Grant Program, also referred to as the STOP Violence Against Women Grant or the STOP Grant. These funds are used for a variety of programs aimed at combatting domestic violence and sexual assault crimes, including “allow[ing] local victim service agencies to provide life-saving services to victims and their children.”<sup>190</sup> Although there are no data on exactly how much of this funding stream ends up in providing mental health care for sexual assault victims, “enhancement of direct victim services” is an allowable expenditure area. The federal Violence Against Women grants are administered by PCCD on a competitive basis.<sup>191</sup>

The Office on Violence Against Women (OVAW) within the U.S. Department of Justice administers 19 grant programs authorized by the 1994 Violence Against Women Act (VAWA). Four of the programs are “formula,” meaning that the enacting legislation specifies how the funds are to be distributed. The Violence Against Women Formula Grant Program is one of four formula grant programs offered by the OVAW.

---

<sup>188</sup> “Funding — Grants App,” *Pennsylvania Commission on Crime and Delinquency*, last accessed October 27, 2020, <https://www.pccd.pa.gov/Funding/Pages/Grants-App.aspx>.

<sup>189</sup> “Anticipated Funding Announcements,” *Pennsylvania Commission on Crime and Delinquency*, last accessed October 23, 2020, [https://www.pccd.pa.gov/Funding/Documents/Calendar\\_of\\_Anticipated\\_Funding%20Announcements.pdf](https://www.pccd.pa.gov/Funding/Documents/Calendar_of_Anticipated_Funding%20Announcements.pdf).

<sup>190</sup> “Pennsylvania Commission on Crime and Delinquency Announces Funding to Combat Domestic Violence and Sexual Assault,” *Pennsylvania Commission on Crime and Delinquency*, last modified June 20, 2015, <https://www.pccd.pa.gov/AboutUs/Pages/Press%20Releases/Pennsylvania-Commission-on-Crime-and-Delinquency-Announces-Funding-to-Combat-Domestic-Violence-and-Sexual-Assault.aspx>.

<sup>191</sup> *STOP Implementation Plan FY 2017-2020*, (Pennsylvania Commission on Crime and Delinquency, January 29, 2019), <https://www.pccd.pa.gov/Victim-Services/Documents/finaldraftplan%204.24.17.pdf>.

One of the formula grant programs administered by OVAW — the Sexual Assault Services Formula Grant Program — is the “first federal funding stream solely dedicated to the provision of direct intervention and related assistance for victims of sexual assault.”<sup>192</sup> According to a copy of a letter sent to PCCD by OVAW, PCCD received \$457,829 under the Sexual Assault Services Formula Grant Program in 2015.<sup>193</sup> However, this award was not reflected in the Commonwealth’s budget for fiscal year 2014-2015 or 2015-2016.

According to OVAW, the Sexual Assault Services Formula Grant is awarded to states and territories and it made 56 awards totaling \$23 million in 2018 — one for each state and territory.<sup>194</sup> Further, in the disbursed grants listed in Table 5, the \$567,543 awarded to the Pennsylvania Coalition Against Rape comes originates from this particular federal grant. Pennsylvania does receive some funding via this grant but it is not reflected as a separate line item in the Commonwealth’s budget.

Other sources of state funding contribute to providing mental health services for sexual assault victims as well. In 1990, Pennsylvania passed Act 222 amending the Marriage Law to include an additional ten dollar fee to the cost of a marriage license. The money collected from this fee is forwarded to the Department of Public Welfare (now the Department of Human Services) to be used for victims of domestic violence in accordance with the provisions of section 2333 of the Administrative Code of 1929.<sup>195</sup> That section of the Administrative Code requires the Department of Human Services to provide grants to domestic violence centers and rape crisis centers.<sup>196</sup> Surcharges on sexual violence protection orders also providing funding for programs under section 2333 of the Administrative Code of 1929.<sup>197</sup> Additionally, Pennsylvania has provided some financial assistance for volunteers and advocates working with a rape crisis center or domestic violence center by providing an exemption from the fees charged to obtain a child abuse clearance from the Department of Human Services.<sup>198</sup>

### *Awareness and Utilization*

From the perspective of the victims of sexual assault, a more practical issue arises aside from the source of funds for victims’ services — are there mental health services available. The answer, for now, appears to be “yes.” As mentioned, VCAP is now required by law to provide counseling to any victim of sexual assault and cannot require a victim to

---

<sup>192</sup> “OVW Grants and Programs,” *United States Department of Justice, Office on Violence Against Women*, last modified February 5, 2019, <https://www.justice.gov/ovw/grant-programs>.

<sup>193</sup> Letter sent by the Office on Violence Against Women of the U.S. DOJ to the PCCD, dated Sept. 10, 2015, available at <https://www.pccd.pa.gov/Funding/Documents/PCCD%20Federal%20Awards/2015%20Sexual%20Assault%20Services%20Program.pdf>.

<sup>194</sup> “Formula Grants Programs,” *United States Department of Justice, Office on Violence Against Women*, accessed February 16, 2021, <https://www.justice.gov/ovw/page/file/1117621/download>.

<sup>195</sup> 23 Pa. C.S. § 1105, as amended by the act of December 20, 1990 (P.L. 1471, No. 222)

<sup>196</sup> Section 2333 of the act of April 9, 1929 (P.L. 177, No. 175), known as the Administrative Code of 1929, as added by the act of Mar. 30, 1988 (P.L. 329, No. 44); 71 P.S. § 611.13.

<sup>197</sup> 42 Pa.C.S. § 62A05(c.1)(3)

<sup>198</sup> Section 2336 of the act of April 9, 1929 (P.L. 177, No. 175), known as the Administrative Code of 1929, as added by the act of October 30, 2017 (P.L. 379, No. 40); 71 P.S. § 611.16.

report the crime to law enforcement or to cooperate with law enforcement as a condition of receiving these services. Five million dollars was allocated from the Commonwealth's General Fund for this purpose. Further, VCAP also allows for a victim of sexual assault to be reimbursed for out-of-pocket expenses for counseling they receive, irrespective of whether they report the crime or cooperate with law enforcement authorities. The claim form is available on VCAP's website.<sup>199</sup>

In its report to the OVC, the PCCD noted that it has fielded more claims and awarded more funds in victims' compensation in the 2018-2019 reporting year than in prior reporting years. It credited more assistance being given to victims in filling out VCAP's victim compensation form by victims' services organizations, which it in turn attributed to an increase in VOCA funds. This would indicate that simply filling out the VCAP claims form is a barrier to providing assistance and compensation to victims, and that this barrier is lessened or overcome by someone with familiarity with the claim system assisting victims in completing the form.

One potential policy action to increase awareness and utilization of VCAP assistance and compensation would be to require that organizations that receive grant funding assist victims with submitting a claim form to VCAP. According to the PCCD's 2017-2020 STOP implementation plan, "many victims [the victims' services organizations] work with/respond to have co-occurring issues with mental health, drug and alcohol dependency and physical or cognitive impairments."<sup>200</sup> Given these other struggles in many victims' lives, it may be prudent to have someone guide the victim through the claims process to ensure that the paperwork associated with claiming victims' compensation does not present a barrier to obtaining services.

---

<sup>199</sup> "Sexual Assault Counseling Claim Form," *Pennsylvania Commission on Crime and Delinquency, Victims Compensation Assistance Program*, accessed February 16, 2021, <https://pcv.pccd.pa.gov/Documents/Claim%20form.pdf>.

<sup>200</sup> PCCD, STOP Implementation Plan FY 2017-2020, *supra* n. 20 at p. 36.



THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 642 Session of 2019

INTRODUCED BY McNEILL, READSHAW, DELOZIER, MOUL, KINSEY, HILL-EVANS, YOUNGBLOOD, RYAN, MURT, SCHLOSSBERG, FREEMAN, DELLOSO, FITZGERALD, KENYATTA, DeLUCA, COMITTA, HOWARD, ISAACSON, SAPPEY, MERSKI, THOMAS, HARKINS, ULLMAN, OTTEN, McCLINTON, SHUSTERMAN, O'MARA, T. DAVIS, DONATUCCI, FRANKEL, NEILSON, MULLINS, PASHINSKI, RABB, MADDEN, SIMS, HANBIDGE, JOHNSON-HARRELL, KOSIEROWSKI, KRUEGER, KIRKLAND, DALEY, GILLEN, SCHWEYER, DRISCOLL, BOBACK, JAMES, MARKOSEK, RAVENSTAHL AND KORTZ, DECEMBER 16, 2019

REFERRED TO COMMITTEE ON HUMAN SERVICES, DECEMBER 16, 2019

A RESOLUTION

1 Directing the Joint State Government Commission to conduct a  
2 study on the shortcomings of mental health services available  
3 to victims of sexual assault and rape in this Commonwealth  
4 and how mental health services can be improved.  
5 WHEREAS, The damaging and traumatic effects of sexual assault  
6 and rape permeate through our culture, stripping thousands of  
7 individuals of their dignity and safety; and  
8 WHEREAS, There are more than 430,000 victims who report  
9 sexual assault and rape each year in the United States, with 570  
10 people reporting sexual assault or rape daily; and  
11 WHEREAS, Ninety percent of victims who report sexual assault  
12 or rape are women, while three percent of men have been raped or  
13 assaulted at some point in their lifetime; and  
14 WHEREAS, Every 73 seconds an American is sexually assaulted,  
15 making it one of the most urgent public health crises our nation

1 faces today; and

2 WHEREAS, Many survivors live in silence, as 63% of victims  
3 never report their suffering for fear of negative public  
4 perception or retaliation; and

5 WHEREAS, Sexual assault and rape survivors often experience a  
6 detrimental and severe impact on their mental health, causing  
7 the individual to feel deep shame and to believe they are alone  
8 or worthless; and

9 WHEREAS, Ninety-four percent of female survivors experience  
10 symptoms of post-traumatic stress disorder (PTSD) within the  
11 first two weeks following the event and 30% will continue to  
12 suffer from PTSD symptoms after nine months; and

13 WHEREAS, Survivors often report feelings of hopelessness,  
14 isolation and self-doubt or blame; and

15 WHEREAS, Depression and anxiety are common results of sexual  
16 assault or rape, which can lead to a spiraling decline in the  
17 survivor's mental health; and

18 WHEREAS, Thirty-three percent of women who survive rape  
19 contemplate suicide, with 13% following through with an attempt  
20 to end their lives; and

21 WHEREAS, The average national annual cost associated with  
22 sexual assault and rape is \$127 billion, more than any other  
23 crime, including almost double the cost associated with  
24 homicide; and

25 WHEREAS, Individual costs associated with sexual assault or  
26 rape can total as high as \$120,000 over a lifetime; and

27 WHEREAS, An overwhelming disconnect appears for survivors  
28 attempting to access mental health care to handle the emotional  
29 distress many struggle with after their trauma; and

30 WHEREAS, For the many victims who do not report sexual

1 assault or rape, some feel as though they cannot disclose their  
2 pain to a mental health care provider; and

3 WHEREAS, For the victims who do come forward to seek mental  
4 health services, a confusing and ambiguous process in how to  
5 reach local providers may require victims to recount their  
6 painful trauma multiple times before finding a match; and

7 WHEREAS, Victims find it challenging to locate a mental  
8 health care provider who has expertise and experience in  
9 treating victims of sexual assault and rape and may be deterred  
10 by the challenge; and

11 WHEREAS, Though states receive Federal funding to support  
12 victims, mental health services can be financially burdensome  
13 and should not be a barrier for individuals seeking help after  
14 sexual assault and rape; and

15 WHEREAS, It is imperative that victims feel supported and are  
16 aware of their options when it comes to their mental health and  
17 healing; and

18 WHEREAS, The Commonwealth has a moral obligation to ensure  
19 reliable access to mental health services for victims of rape  
20 and sexual assault, regardless of their gender, age or ability  
21 to pay; and

22 WHEREAS, In a country that has consistently failed the  
23 survivors of sexual assault and rape, it is time that the  
24 Commonwealth strengthen its efforts and address the gaps in  
25 mental health services provided to these brave and strong  
26 individuals; therefore be it

27 RESOLVED, That the House of Representatives direct the Joint  
28 State Government Commission to conduct a study on the  
29 shortcomings of mental health services available to victims of  
30 sexual assault and rape in this Commonwealth and how mental

1 health services can be improved; and be it further

2 RESOLVED, That the Joint State Government Commission prepare  
3 a report of its findings that shall, at a minimum:

4 (1) Identify the factors that deter victims from seeking  
5 mental health services.

6 (2) Identify the sources of funding for mental health  
7 services, including the Victims Compensation Assistance  
8 Program, and how they could be better advertised and  
9 utilized.

10 (3) Determine how resources such as telephone hotlines  
11 could be better structured to result in a more streamlined  
12 process in connecting the caller with their local mental  
13 health care providers.

14 (4) Determine how services such as telemedicine could be  
15 implemented to bridge the gap in the mental health care  
16 provider shortage.

17 (5) Determine whether a nationally accepted  
18 certification for mental health care providers would be  
19 appropriate to assist victims in finding a provider who has  
20 experience in treating individuals who present with sexual  
21 assault or rape trauma.

22 (6) Make recommendations regarding:

23 (i) How to best connect victims who report to  
24 hospitals for sexual assault examinations with mental  
25 health services materials prior to leaving the hospital.

26 (ii) Any other solutions to better serve victims of  
27 sexual assault and rape who are seeking mental health  
28 treatment;

29 and be it further

30 RESOLVED, That the Joint State Government Commission submit

20190HR0642PN3023

- 4 -

1 its report to the House of Representatives no later than one  
2 year after the adoption of this resolution.