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*

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The report is also available at [http://jsg.legis.state.pa.us](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.¹

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.² 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.

¹ Act of July 1, 1937 (P.L.2460, No.459); 46 P.S. §§ 65–69.
² 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.3

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.

3 1 Pa.C.S. § 1939.
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
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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.
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.
**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 of 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.
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. 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.

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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.5

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)6

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5 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.

6 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.  

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. 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. 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.

7 42 Pa.C.S. § 3141

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

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. 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. 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).

11 Pennsylvania General Assembly, House Co-Sponsorship Memorandum, February 5, 2019. House Co-Sponsorship Memoranda - PA House of Representatives (state.pa.us)
Until the last quarter of the 20th 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.\textsuperscript{12}

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.

\textit{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.

\textit{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.\textsuperscript{13} Specific jury instructions that called for the testimony of sexual assault victims to be viewed with caution were also abolished in these amendments.

\textit{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.\textsuperscript{14} 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.\textsuperscript{15}


\textsuperscript{13} 18 Pa.C.S. § 3106, added by the act of May 18, 1976 (P.L. 120, No.53)


\textsuperscript{15} 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.16 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.”17

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.18 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

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17 Pennsylvania General Assembly, House Co-Sponsorship Memorandum, February 5, 2019. House Co-Sponsorship Memoranda - PA House of Representatives (state.pa.us)
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.\textsuperscript{19}

\section*{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.\textsuperscript{20} 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 in 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.\textsuperscript{21}

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.\textsuperscript{22}

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

\textsuperscript{19} 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.

\textsuperscript{20} 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)

\textsuperscript{21} Act of Oct. 24, 2018 (P.L. 1192, No. 164)

\textsuperscript{22} Act of June 28, 2019 (P.L. 223, No. 29); amending sections 3 and 5.
review of current practices every two years. The Department of Health’s most recent report mandated under this statute was released in May 2020.

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. Addresses are also confidential under the provisions of the protection from abuse chapter of the Domestic Relations Code and the sexual violence protection order chapter of the Judicial Code. 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.

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23 Ibid., amending section 6.
25 42 Pa.C.S. §§ 6701-6713, as added by the act of November 30, 2004 (P.L. 1474, No. 188)
26 23 Pa.C.S. § 6112, as added by the act of October 6, 1994 (P.L. 574, No. 85)
27 42 Pa.C.S. § 62A11, as added by the act of March 21, 2014 (P.L. 365, No. 25)
28 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.²⁹ 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.³⁰ 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.³¹

**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 or 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.³²

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.³³ 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.³⁴

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³⁰ 42 Pa.C.S. § 1726.1
³¹ 42 Pa.C.S. § 1726.2
³² 42 Pa.C.S. § 5533, as added by the act of November 26, 2019 (P.L. 641, No. 87)
³³ 42 Pa.C.S. § 5551, as added by the act of November 26, 2019 (P.L. 641, No. 87)
³⁴ 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.  

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. 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.”

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35 42 Pa.C.S. § 62A01 et seq., as added by the act of March 21, 2014 (P.L. 365, No. 25)
Postsecondary Institution Reporting System

For 30 years, the Clery Act\(^{38}\) 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

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. 39

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.40 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.41

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.42

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

40 See, information regarding the Pennsylvania Crime Victims Bill of Rights in this chapter at pages 22-24.
41 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.
42 23 Pa.C.S. § 6319, as amended by the act of November 26, 2019 (P.L. 648, No. 88)
43 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,\(^{44}\) 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.\(^{45}\)

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).\(^{46}\) 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).\(^{47}\) 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 \textit{ex post facto} laws.\(^{48}\)

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.\(^{49}\)

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

\(^{47}\) 42 Pa.C.S. Subch. H, §§ 9799.10-9799.42, as added by the act of December 20, 2011 (P.L. 446, No. 111)
\(^{48}\) 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.
\(^{49}\) 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.\textsuperscript{50}

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.\textsuperscript{51}

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.\textsuperscript{52}

\textit{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 fact the child is the result of rape has been grounds for involuntary termination of the father’s parental rights.\textsuperscript{53} In 1996, this was amended to include fathers of children conceived as the result of incest.\textsuperscript{54} 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.\textsuperscript{55}

\textit{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

\textsuperscript{50} 42 Pa.C.S. §§ 9799.26 and 9799.61.
\textsuperscript{53} 23 Pa.C.S. § 2511(a)(7), as added by the act of May 21, 1992 (P.L. 228, No. 34)
\textsuperscript{54} 23 Pa.C.S. § 2511(a)(7) as amended by the act of April 4, 1996 (P.L. 58, No. 20)
\textsuperscript{55} 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:


(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.56

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).57


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. 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.

58 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**

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

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 requirements 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. 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 on how to address psychological trauma in EMS patients.

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.

Emergency Department Minimum Services

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

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63 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.\textsuperscript{64}

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.

- 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.65

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.66 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.


66 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.67

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.68 An example in a smaller setting is UMPC Susquehanna Williamsport, which has two sexual assault specialty rooms designed to enhance the security and privacy of survivors.69

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,70 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.71

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70 See next subchapter.
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.” 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.

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.” Surveys of patient “satisfaction” with their encounters with SANEs have indicated improved psychological well-being as a result the encounter. 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. 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

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73 Ibid.
and increased likelihood of prosecutions progressing through the criminal justice system to a final resolution of a guilty conviction or plea bargain.\textsuperscript{78}

According to the IAFN website, there are 974 programs in the United States, with 42 programs located in Pennsylvania.\textsuperscript{79} 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.


<table>
<thead>
<tr>
<th>County</th>
<th>Location</th>
<th>Hospital/Health System</th>
<th>Program Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adams</td>
<td>Gettysburg</td>
<td>Wellspan Health</td>
<td>Gettysburg Hospital Forensic Team</td>
</tr>
<tr>
<td>Berks</td>
<td>West Reading</td>
<td>Tower Health</td>
<td>Reading Hospital SANE Program</td>
</tr>
<tr>
<td>Bradford</td>
<td>Sayre</td>
<td>The Guthrie Clinic</td>
<td>Guthrie Robert Packer Hospital SAFE/SANE Program</td>
</tr>
<tr>
<td>Bucks</td>
<td>Doylestown</td>
<td>Doylestown Health</td>
<td>Doylestown Hospital SAFE Team</td>
</tr>
<tr>
<td>Bucks</td>
<td>Langhome</td>
<td>Jefferson Health</td>
<td>Frankford Hospital SANE Program</td>
</tr>
<tr>
<td>Bucks</td>
<td>Jamison</td>
<td>Bucks County Rape Crisis Center</td>
<td>Network of Victim Assistance (NOVA)</td>
</tr>
<tr>
<td>Butler</td>
<td>Butler</td>
<td>Butler Health System</td>
<td>Butler Memorial Hospital</td>
</tr>
<tr>
<td>Centre</td>
<td>State College</td>
<td>Mount Nittany Health</td>
<td>Mount Nittany Medical Center</td>
</tr>
<tr>
<td>Chester</td>
<td>Coatesville</td>
<td>Tower Health</td>
<td>Brandywine Hospital</td>
</tr>
<tr>
<td>Chester</td>
<td>Phoenixville</td>
<td>Tower Health</td>
<td>Phoenixville Hospital</td>
</tr>
<tr>
<td>Cumberland</td>
<td>Carlisle</td>
<td>UPMC Pinnacle</td>
<td>UPMC Carlisle (formerly Carlisle Regional Medical Center)</td>
</tr>
<tr>
<td>Cumberland</td>
<td>Camp Hill</td>
<td>Penn State Health</td>
<td>Penn State Health Holy Spirit Medical Center (formerly Holy Spirit Hospital SANE Program)</td>
</tr>
<tr>
<td>Dauphin</td>
<td>Harrisburg</td>
<td>UMPC Pinnacle</td>
<td>UPMC Pinnacle Harrisburg (formerly Harrisburg Hospital)</td>
</tr>
<tr>
<td>Delaware</td>
<td>Media</td>
<td>Main Line Health</td>
<td>Riddle Memorial Hospital SANE Program</td>
</tr>
<tr>
<td>Erie</td>
<td>Erie</td>
<td>Allegheny Health Network</td>
<td>AHN Saint Vincent (formerly St. Vincent Health Center)</td>
</tr>
<tr>
<td>Erie</td>
<td>Erie</td>
<td>UPMC Harmot</td>
<td>UPMC Harmot Forensic Team</td>
</tr>
<tr>
<td>Indiana</td>
<td>Indiana</td>
<td>Indiana Regional Medical Center</td>
<td>Indiana Regional Medical Center</td>
</tr>
<tr>
<td>Lackawanna</td>
<td>Scranton</td>
<td>Geisinger Health</td>
<td>Geisinger Community Medical Center</td>
</tr>
<tr>
<td>Lancaster</td>
<td>Lancaster</td>
<td>Penn Medicine</td>
<td>Penn Medicine Lancaster General Health (formerly Lancaster General SAFE Program)</td>
</tr>
<tr>
<td>County</td>
<td>Location</td>
<td>Hospital/Health System</td>
<td>Program Name</td>
</tr>
<tr>
<td>----------</td>
<td>---------------</td>
<td>---------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Lebanon</td>
<td>Lebanon</td>
<td>Wellspan</td>
<td>Wellspan Good Samaritan Hospital</td>
</tr>
<tr>
<td>Lehigh</td>
<td>Bethlehem</td>
<td>St. Luke’s University Health Network</td>
<td>St. Luke’s University Health Network</td>
</tr>
<tr>
<td>Lycoming</td>
<td>Williamsport</td>
<td>UMPC Susquehanna Williamsport</td>
<td>SAFNET Susquehanna Health[80]</td>
</tr>
<tr>
<td>McKean</td>
<td>Bradford</td>
<td>Upper Allegheny Health System</td>
<td>Bradford Regional Medical Center</td>
</tr>
<tr>
<td>Monroe</td>
<td>East Stroudsburg</td>
<td>Lehigh Valley Health Network</td>
<td>Lehigh Valley Hospital – Pocono (formerly Pocono Medical Center SAFE Team)</td>
</tr>
<tr>
<td>Montgomery</td>
<td>Abington</td>
<td>Jefferson Health</td>
<td>Abington Memorial Hospital – Clinical Forensic Examiner Program</td>
</tr>
<tr>
<td>Montgomery</td>
<td>Lansdale</td>
<td>Jefferson Health</td>
<td>Lansdale Hospital</td>
</tr>
<tr>
<td>Philadelphia</td>
<td>Philadelphia</td>
<td>Private, not-for-profit medical office setting</td>
<td>Philadelphia Sexual Assault Response Center</td>
</tr>
<tr>
<td>Philadelphia</td>
<td>Philadelphia</td>
<td>Temple Health</td>
<td>Temple University Hospital – Episcopal Campus</td>
</tr>
<tr>
<td>Philadelphia</td>
<td>Philadelphia</td>
<td>Jefferson Health</td>
<td>Thomas Jefferson University Hospital, Department of Emergency Medicine, Center City Campus</td>
</tr>
<tr>
<td>Union</td>
<td>Lewisburg</td>
<td>Evangelical Community Hospital</td>
<td>Evangelical Community Hospital</td>
</tr>
<tr>
<td>Venango</td>
<td>Seneca</td>
<td>UMPC Northwest</td>
<td>UPMC Northwest</td>
</tr>
<tr>
<td>Warren</td>
<td>Warren</td>
<td>Warren General Hospital</td>
<td>Warren General Hospital</td>
</tr>
<tr>
<td>York</td>
<td>Hanover</td>
<td>UPMC Pinnacle</td>
<td>UPMC Hanover (formerly Hanover Hospital)</td>
</tr>
<tr>
<td>York</td>
<td>York</td>
<td>Wellspan Health</td>
<td>York Hospital Forensic Examiner Team</td>
</tr>
</tbody>
</table>

[80] 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.  

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. For purposes of perspective, Pennsylvania had 147 acute care hospitals, of which 53 provided comprehensive emergency services in 2019. 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. 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.

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83 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.
which is expected to provide grants of up to $500,000 each. The application due date is February 17, 2021.85

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.86 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 2021.87 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.88

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.89 A $ 2.4 million grant in 2019 from the Pennsylvania Commission on Crime and Delinquency allowed the

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85 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.
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).

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

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.

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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. 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.

In 2018, ACEP released a policy statement on in support of SANE programs and Sexual Assault Response Team (SART) programs. 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. 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.

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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

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

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,102 Clinton County in the Court of Common Pleas Office of Victim and Witness

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Services,\textsuperscript{103} and in Fayette County in the Crime Victims’ Center of Fayette County,\textsuperscript{104} 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.\textsuperscript{105}

\textbf{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.\textsuperscript{106} Similarly, the Pennsylvania Coalition Against Domestic Violence (PCADV) was established in 1976 as the nation’s first statewide domestic violence coalition.\textsuperscript{107}

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.


- 40 -
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. 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**

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

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

<table>
<thead>
<tr>
<th>Name of Rape Crisis Center</th>
<th>Counties Served</th>
<th>Domestic Violence Center</th>
<th>Emergency Safe Housing</th>
<th>Civil Legal Representation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Services, Inc./Victim Services Program</td>
<td>Blair</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Haven of Tioga County</td>
<td>Tioga</td>
<td>Yes</td>
<td>Yes</td>
<td>--</td>
</tr>
<tr>
<td>Helping All Victims in Need (HAVIN, Inc.)</td>
<td>Armstrong</td>
<td>Yes</td>
<td>Yes</td>
<td>--</td>
</tr>
<tr>
<td>Network of Victim Assistance (NOVA)</td>
<td>Bucks</td>
<td>--</td>
<td>--</td>
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</tr>
<tr>
<td>Passages, Inc.</td>
<td>Clarion, Clearfield, Jefferson</td>
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<td>SPHS C.A.R.E. Center S.T.A.R.S. Program</td>
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<td>The Abuse Network</td>
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<td>Victim Services Center of Montgomery County</td>
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## Rape Crisis Centers in Pennsylvania
### By County, Services Provided

#### 2021

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<tr>
<th>Name of Rape Crisis Center</th>
<th>Counties Served</th>
<th>Domestic Violence Center</th>
<th>Emergency Safe Housing</th>
<th>Civil Legal Representation</th>
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<td>Dauphin, Perry</td>
<td>Yes</td>
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<td>Adams, York</td>
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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)\textsuperscript{109}

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.\textsuperscript{110} 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.

\textsuperscript{109} 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.
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.” 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.” Telemedicine use was found to be much higher among populations with serious illnesses.

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.

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

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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.”  

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 disincetivized to offer and provide such services to underserved populations, such as sexual assault victims.

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. 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.” 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

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118 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.119 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 (OMHSAS) 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, OMHSAS issued a memorandum addressing further expansion of the telehealth technology approval for the duration of the state of emergency for Medical Assistance recipients.120

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.121 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.122

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.123

123 Telehealth Policy Trends and Considerations, (NCSL, 2015),

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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.\textsuperscript{124}

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.\textsuperscript{125} 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.\textsuperscript{126}

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.

\textsuperscript{126} “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. 127 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.” 128 This is a long-term treatment strategy, not a crisis response. 129

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. 130 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. 131 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. 132

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

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128 Ibid., 4.
129 Ibid., 4.
130 Ibid., 5.
132 Ibid., 228.
to recent victims of sexual assault during internship?” 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.

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. 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. 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.” AASECT has more than 2500 members, with 1100 certified as educators, counselors and therapists. There are 78 AASECT accredited educators, counselors and therapists in Pennsylvania. Survivors who

133 Shortway, “Doctoral Interns’ Perceptions,” 234.
are looking for a professional specifically educated on treating sexual abuse can utilize the AASECT website to locate an accredited therapist or counselor."139

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.140 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.141 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.142 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.”143 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.144

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

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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.\textsuperscript{145} 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.\textsuperscript{146}

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.

\textsuperscript{145} Kitzrow, “Survey of CACREP-Accredited Programs,” 113.
\textsuperscript{146} 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.147

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 assaulted 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.\footnote{Emily R. Dworkin, “Risk for Mental Disorders Associated with Sexual Assault: A Meta-Analysis,” \textit{Trauma, Violence, and Abuse} 21, no. 5 (2020): 1011-1028, DOI: 10.1177/1524838018813198.}

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.\footnote{Rebeka Moscarello, “Psychological Management of Victims of Sexual Assault,” \textit{Canadian Journal of Psychiatry} 35, no. 1, February 1990): 25-26, DOI: 10.1177/070674379003500104.}

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.\footnote{Ullman and Lorenz, “African American Sexual Assault Survivors,” 1942-1943.} 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...
most effective emotional support, while physicians and police gave more negative social reactions to disclosure.  

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.  

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.” 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.”

152 Moscarello, “Psychological Management,” 27.
154 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.155 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.156 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

and validated about the abuse); interpersonal interactions; and professional competence.157 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.158 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.”159 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.160 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.”161 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.”162 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

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161 Ibid., 22.
162 Ibid., 1956.
control as possible. Providers must be educated in this dynamic and how to build and preserve trust with clients.  

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. 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….” 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.  

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. These victims experience similar psychological outcomes, but may feel less justified in seeking mental health care. 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. 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. While this topic is beyond the scope of

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165 Ibid., 74.  
166 Ibid., 74.  
167 Starzynski, “Correlates of Women’s Sexual Assault Disclosure,” 428.  
169 Starzynski, “Correlates of Women’s Sexual Assault Disclosure,” 428.  
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 as 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.
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.” 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.

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.

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. 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.

172 Id.
174 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.
175 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.\(^ {176}\)

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.\(^ {177}\) 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.\(^ {178}\) 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.\(^ {179}\) 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.\(^ {180}\)

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.\(^ {181}\) 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.\(^ {182}\) 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.


\(^ {177}\) 42 Pa.C.S. § 9730.2, as added by the act of Nov. 26, 2019 (P.L 641, No. 87)

\(^ {178}\) 42 Pa.C.S. § 9730.3(b)(1).

\(^ {179}\) 42 Pa.C.S. § 9730.3(b)(2).

\(^ {180}\) 42 Pa.C.S. § 9730.3(a)(2).

\(^ {181}\) 28 CFR § 94.104(b) and (c).

\(^ {182}\) 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. 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

<table>
<thead>
<tr>
<th>Type of Crime</th>
<th>Total Applications Paid</th>
<th>Total Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Assault</td>
<td>1,436</td>
<td>$1,240,762</td>
</tr>
<tr>
<td>Child Sexual Abuse</td>
<td>5,577</td>
<td>$7,604,880</td>
</tr>
</tbody>
</table>


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.

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.

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184 Id. at p. 8.
### Table 2

Active OVC Awards in Pennsylvania

<table>
<thead>
<tr>
<th>Organization</th>
<th>Total Funding</th>
<th>Mission or Use of Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends of Farmworkers, d/b/a/ Justice at Work</td>
<td>$649,977</td>
<td>Provide legal assistance, mental health services, and empowerment services to victims of human trafficking</td>
</tr>
<tr>
<td>A Woman’s Place</td>
<td>$550,000</td>
<td>Serves human trafficking victims in Bucks County</td>
</tr>
<tr>
<td>Pennsylvania Sexual Assault Forensic Examination and Training (SAFE-T) Center at Penn State</td>
<td>$1,143,143</td>
<td>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</td>
</tr>
<tr>
<td>Pennsylvania Coalition Against Rape</td>
<td>$1,200,000</td>
<td>Serves incarcerated survivors of sexual assault in county correctional facilities</td>
</tr>
<tr>
<td>YWCA Greater Harrisburg</td>
<td>$925,000</td>
<td>Direct services to support victims of human trafficking</td>
</tr>
</tbody>
</table>

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, 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. 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.

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# Table 3

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

<table>
<thead>
<tr>
<th>Solicitation Number</th>
<th>Year</th>
<th>Title or Purpose of Grant</th>
<th>Available Funds</th>
<th>Number of Awards</th>
</tr>
</thead>
<tbody>
<tr>
<td>OVC-2019-15589</td>
<td>2019</td>
<td>Direct services to support victims of human trafficking program</td>
<td>$53,111,278</td>
<td>77</td>
</tr>
<tr>
<td>OVC-2016-9381</td>
<td>2016</td>
<td>Develop or enhance statewide telemedicine programs to deliver expert Sexual Assault Nurse Examiner guidance</td>
<td>$1,143,143</td>
<td>1</td>
</tr>
<tr>
<td>OVC-2020-18633</td>
<td>2020</td>
<td>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</td>
<td>$6,867,700</td>
<td>4</td>
</tr>
<tr>
<td>OVC-2020-18332</td>
<td>2020</td>
<td>Develop, expand, or strengthen victim service programs for victims of human trafficking</td>
<td>$23,305,425</td>
<td>42</td>
</tr>
<tr>
<td>OVC-2020-18113*</td>
<td>2020</td>
<td>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</td>
<td>$4,000,000</td>
<td>--</td>
</tr>
<tr>
<td>OVC-2018-14041</td>
<td>2018</td>
<td>Enhance the quality and quantity of specialized services available to assist victims of human trafficking, specifically including programs that focus on mental health services</td>
<td>$16,488,103</td>
<td>24</td>
</tr>
<tr>
<td>OVC-2017-12280</td>
<td>2017</td>
<td>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</td>
<td>$3,681,451</td>
<td>9</td>
</tr>
<tr>
<td>OVC-2017-13260</td>
<td>2017</td>
<td>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.</td>
<td>$3,600,000</td>
<td>4</td>
</tr>
</tbody>
</table>
Table 3
Examples of Previously Available Grants for Non-Profits Serving Sexual Assault Victims
2016-2020

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

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.\(^{187}\) 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.

Table 4

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

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


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

<table>
<thead>
<tr>
<th>Organization</th>
<th>Funding Source</th>
<th>Amount</th>
<th>Grant Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nationalities Service Center of Philadelphia</td>
<td>VOCA</td>
<td>$170,617</td>
<td>Anti-Human Trafficking Program Extension</td>
</tr>
<tr>
<td>Network of Victim Assistance</td>
<td>VOCA</td>
<td>$263,253</td>
<td>Enhancing Services to Underserved Victims Extension</td>
</tr>
<tr>
<td>A Woman’s Place</td>
<td>VOCA</td>
<td>$300,000</td>
<td>VOCA 19-20 Comp 1 year Extension</td>
</tr>
<tr>
<td>The Lincoln Center for Family and Youth</td>
<td>VOCA</td>
<td>$267,299</td>
<td>EVMS-19-20</td>
</tr>
<tr>
<td>Family Support Line of Delaware County, Inc.</td>
<td>VOCA</td>
<td>$60,314</td>
<td>Family Advocacy: A Holistic Approach to Healing</td>
</tr>
<tr>
<td>SAFE Berks</td>
<td>VOCA</td>
<td>$154,389</td>
<td>VOCA Competitive Extension</td>
</tr>
<tr>
<td>Crime Victims Council of Lehigh Valley, Inc.</td>
<td>VOCA</td>
<td>$43,828</td>
<td>Therapy in Lehigh and Northampton Counties</td>
</tr>
<tr>
<td>Valley Youth House Committee, Inc.</td>
<td>VOCA</td>
<td>$219,243</td>
<td>Mobile Trauma Focused Services Extension</td>
</tr>
<tr>
<td>Women's Resources of Monroe County, Inc.</td>
<td>VOCA</td>
<td>$45,381</td>
<td>Expansion and Partnership for Service Provision</td>
</tr>
<tr>
<td>Victim’s Intervention Program (Wayne County)</td>
<td>VOCA</td>
<td>$35,550</td>
<td>VOCA Competitive #1 Extension</td>
</tr>
<tr>
<td>Family Service Association of Northeastern PA</td>
<td>VOCA</td>
<td>$50,555</td>
<td>Trauma Therapist</td>
</tr>
<tr>
<td>Schuylkill Women In Crisis</td>
<td>VOCA</td>
<td>$20,000</td>
<td>Abuse Victims Facing Mental Health and Addiction</td>
</tr>
<tr>
<td>Sexual Assault Resource &amp; Counseling Center of Lebanon County</td>
<td>VOCA</td>
<td>$58,115</td>
<td>Evidence-based Therapy for Sexual Trauma</td>
</tr>
<tr>
<td>Young Women's Christian Association of Lancaster</td>
<td>VOCA</td>
<td>$139,486</td>
<td>YWCA Lancaster VOCA</td>
</tr>
<tr>
<td>The Women’s Center (Columbia County)</td>
<td>VOCA</td>
<td>$25,174</td>
<td>Serving Rural and Elderly Victims of Crime</td>
</tr>
</tbody>
</table>
Table 5
PCCD Victims’ Services Grants Awarded
Fiscal Year 2019-2020

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

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.\footnote{“Funding — Grants App,” \textit{Pennsylvania Commission on Crime and Delinquency}, last accessed October 27, 2020, \url{https://www.pccd.pa.gov/Funding/Pages/Grants-App.aspx}.}

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.”\footnote{“Anticipated Funding Announcements,” \textit{Pennsylvania Commission on Crime and Delinquency}, last accessed October 23, 2020, \url{https://www.pccd.pa.gov/Funding/Documents/Calendar_of_Anticipated_Funding%20Announcements.pdf}.}

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.”\footnote{“Pennsylvania Commission on Crime and Delinquency Announces Funding to Combat Domestic Violence and Sexual Assault,” \textit{Pennsylvania Commission on Crime and Delinquency}, last modified June 20, 2015, \url{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}.} 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.\footnote{\textit{STOP Implementation Plan FY 2017-2020}, (Pennsylvania Commission on Crime and Delinquency, January 29, 2019), \url{https://www.pccd.pa.gov/Victim-Services/Documents/finaldraftplan%204.24.17.pdf}.}

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.
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.”

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. 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. 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. That section of the Administrative Code requires the Department of Human Services to provide grants to domestic violence centers and rape crisis centers. Surcharges on sexual violence protection orders also providing funding for programs under section 2333 of the Administrative Code of 1929. 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.

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

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195 23 Pa. C.S. § 1105, as amended by the act of December. 20, 1990 (P.L. 1471, No. 222)
196 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.
197 42 Pa.C.S. § 62A05(c.1)(3)
198 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.199

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.”200 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.

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200 PCCD, STOP Implementation Plan FY 2017-2020, supra n. 20 at p. 36.
APPENDIX

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, DELISO, FITZGERALD, KENYATTA, DeLUCA, COMITTA, HOWARD, ISAACSON, SAPPEY, MERSKI, THOMAS, HARKINS, ULLMAN, OTTEN, MCCLENTON, SHUSTERMAN, O'MARA, T. DAVIS, DONATucci, FRANKEL, NEILSON, MULLINS, FASHINSKI, RABB, MADDEN, SIMS, HANBIDGE, JOHNSON-HARRELL, KOSTEROWSKI, KRUEGER, KIRKLAND, DALEY, GILLEN, SCHWEYER, DRISCOLL, DOBACk, JAMES, MARKOSEEK, RAVENSTAHL AND KOTZ, DECEMBER 16, 2019

REFERRED TO COMMITTEE ON HUMAN SERVICES, DECEMBER 16, 2019

A RESOLUTION

Directing the Joint State Government Commission to conduct a
study on the shortcomings of mental health services available
to victims of sexual assault and rape in this Commonwealth
and how mental health services can be improved.

WHEREAS, The damaging and traumatic effects of sexual assault
and rape permeate through our culture, stripping thousands of
individuals of their dignity and safety; and

WHEREAS, There are more than 430,000 victims who report
sexual assault and rape each year in the United States, with 570
people reporting sexual assault or rape daily; and

WHEREAS, Ninety percent of victims who report sexual assault
or rape are women, while three percent of men have been raped or
assaulted at some point in their lifetime; and

WHEREAS, Every 73 seconds an American is sexually assaulted,
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
detrimental and severe impact on their mental health, causing
the individual to feel deep shame and to believe they are alone
or worthless; and
6 WHEREAS, Ninety-four percent of female survivors experience
7 symptoms of post-traumatic stress disorder (PTSD) within the
8 first two weeks following the event and 30% will continue to
9 suffer from PTSD symptoms after nine months; and
10 WHEREAS, Survivors often report feelings of hopelessness,
11 isolation and self-doubt or blame; and
12 WHEREAS, Depression and anxiety are common results of sexual
13 assault or rape, which can lead to a spiraling decline in the
14 survivor's mental health; and
15 WHEREAS, Thirty-three percent of women who survive rape
16 contemplate suicide, with 13% following through with an attempt
17 to end their lives; and
18 WHEREAS, The average national annual cost associated with
19 sexual assault and rape is $127 billion, more than any other
20 crime, including almost double the cost associated with
21 homicide; and
22 WHEREAS, Individual costs associated with sexual assault or
23 rape can total as high as $120,000 over a lifetime; and
24 WHEREAS, An overwhelming disconnect appears for survivors
25 attempting to access mental health care to handle the emotional
26 distress many struggle with after their trauma; and
27 WHEREAS, For the many victims who do not report sexual
28
assault or rape, some feel as though they cannot disclose their
pain to a mental health care provider; and

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

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

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

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

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

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

RESOLVED, That the House of Representatives direct the Joint
State Government Commission to conduct a study on the
shortcomings of mental health services available to victims of
sexual assault and rape in this Commonwealth and how mental
health services can be improved; and be it further

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

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

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

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

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

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

(6) Make recommendations regarding:

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

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

and be it further

RESOLVED, That the Joint State Government Commission submit
its report to the House of Representatives no later than one year after the adoption of this resolution.