

# Healthcare and Sexual Violence Survivors

National Sexual Assault Conference  
September 2011  
Baltimore, MD

# Objectives

- Identify major health concerns for survivors of sexual violence
- Understand implications of current research, including the **Barriers to Healthcare for Sexual Violence Victims** report
- Identify advocacy strategies rooted in long-term health needs and barriers faced by survivors of sexual violence
- Identify health care reform solutions and issues for sexual violence survivors

# Resources



Power point and handouts will be available electronically on conference website

NSVRC Online Special collection  
<http://www.nsvrc.org/projects/health-and-sexual-violence-online-resource-collection>

Cat Fribley: [rsp@iowacasa.org](mailto:rsp@iowacasa.org)  
Donna Greco and Sally Laskey:  
[resources@nsvrc.org](mailto:resources@nsvrc.org)

How does SV impact health?

## Readiness Stage 1

### Awareness

What we know from working with survivors



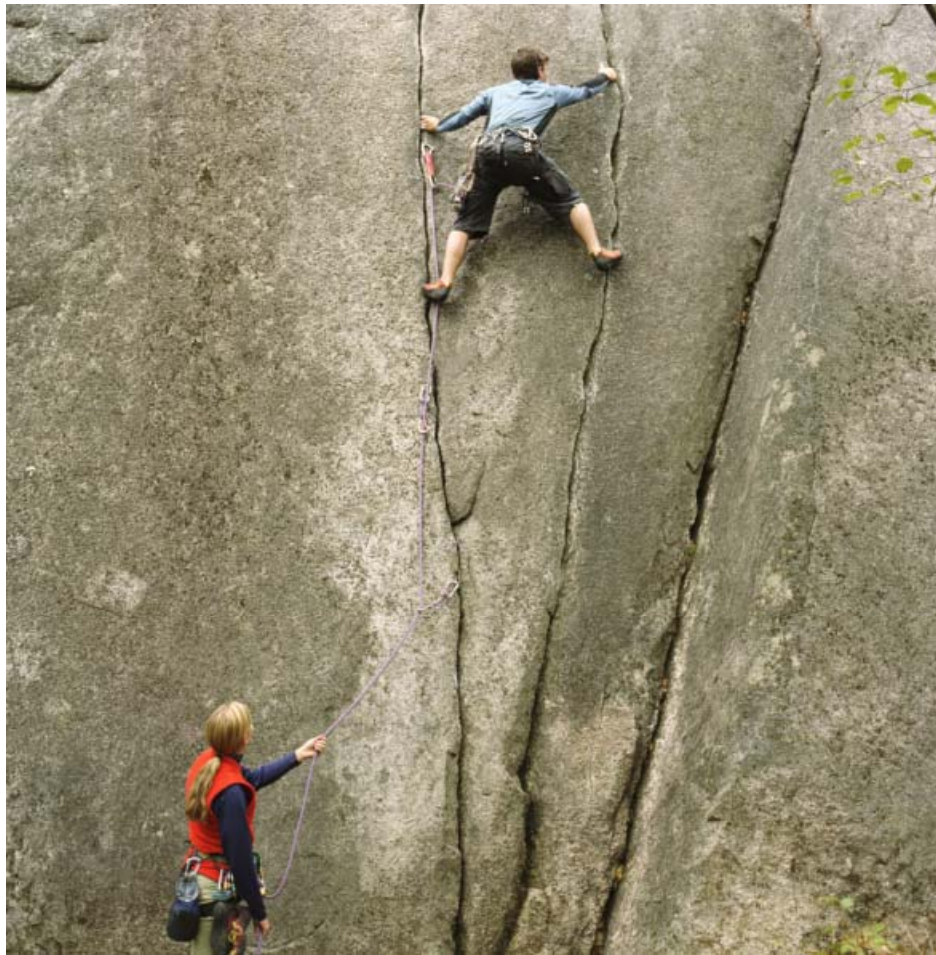
# Acute Physical Concerns

39% of attempted rapes and 17% of sexual assaults against females resulted in physical injuries. (Bureau of Justice Statistics. U.S. Department of Justice. 2002. *Rape and Sexual Assault: Reporting to Police and Medical Attention, 1992-2000.*)



# Challenge:

We don't always have the capacity to address the long term effects.



# Our work is about physical, emotional, mental & social well-being of victims.



## Key health issues

- unwanted pregnancy
- gynecological complications such as vaginal bleeding, fibroids, chronic pelvic pain and urinary tract infections
- sexually transmitted diseases including HIV/AIDS
- depression
- post-traumatic stress disorder
- suicidal thoughts and behavior.

(World Health Organization, 2002)

# Reproductive Health

An estimated 25,000 women in the U.S. become pregnant following an act of sexual violence each year. (Stewart & Trussel 2000)

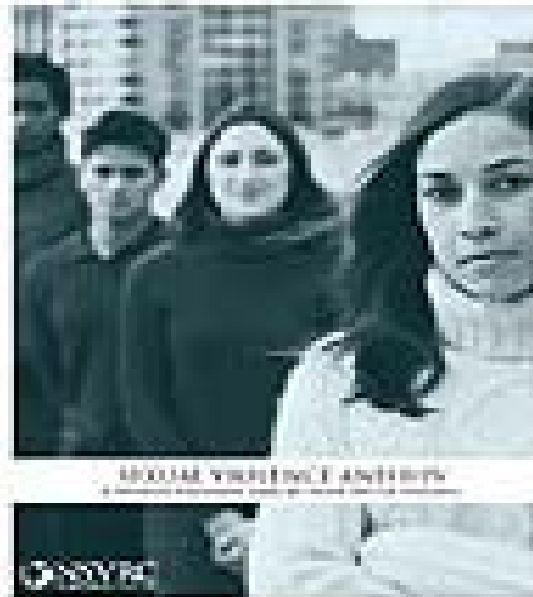
Sexual assault during or in close proximity to pregnancy has been correlated with miscarriage, preterm birth, and low birth weight infants (Martin & Macy 2009)



See NSVRC online special collection on reproductive justice & violence against women for more information



# HIV and Sexual Violence



- Both men and women have increased risk for HIV and other sexual transmitted infections due to sexual assault.

# Depression & Suicide



- 30% of all rape victims have experienced one major depressive episode
- Rape victims are 13 x more likely than non-crime victims to attempt suicide

*Most survivors I  
know hate their  
body, disown  
their body ... become  
disconnected from it.  
(Woman survivor)*

Schachter, Stalker, Teram, Lasiuk, & Danilkewich (2009)

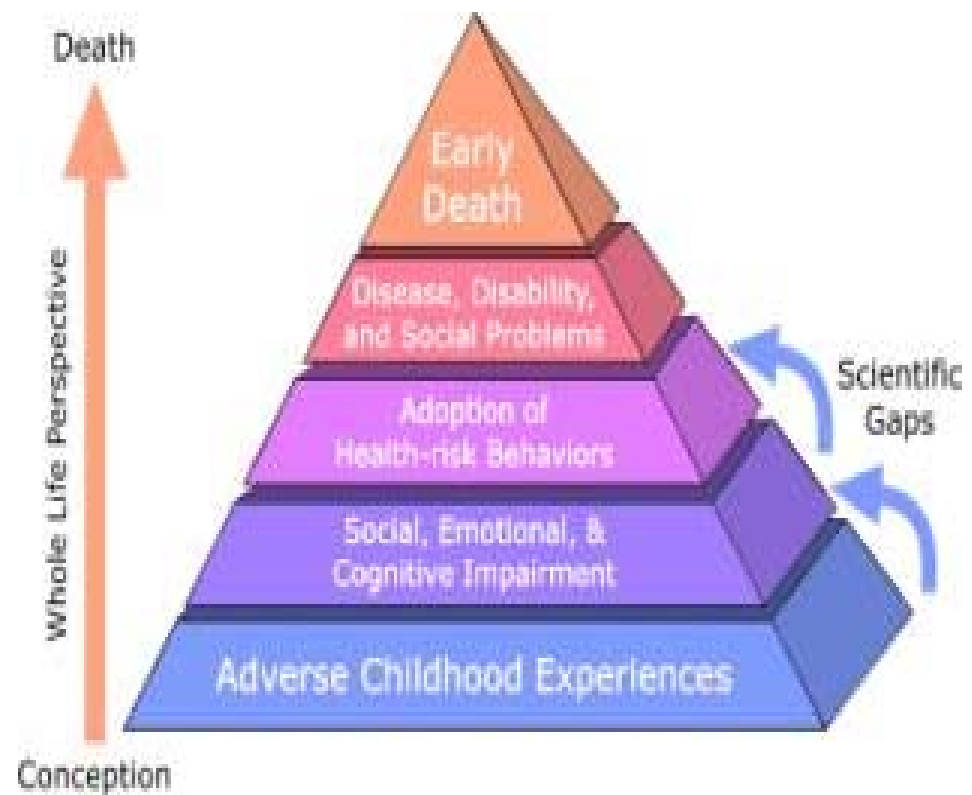
## Eating Concerns

As many as 2/3 of sufferers of anorexia or bulimia have histories of child sexual abuse.

Laws & Golding (1996)



# Adverse Childhood Experiences (ACE) Study



<http://www.cdc.gov/ace/>

**Correlates of  
childhood  
sexual abuse  
and  
measures of  
health and  
function:  
females**





**History of  
male  
childhood  
sexual abuse is  
correlated  
with**

This may be a person who's gone through something very traumatic ...[who needs] some really safe technique ... Because otherwise you're going to have a certain segment of patients that are going to walk away feeling as though they've been abused all over again, quietly abused, just walking away and seeking another health care practitioner, just going through the cycle, again and again and again, and maybe not understanding why, maybe not knowing how to say it, how to voice that, just keep going through that whole cycle over and over again.

– A male survivor of childhood sexual abuse –

Schachter, Stalker, Teram, Lasiuk, & Danilkewich (2009)



# Understanding what sexual violence means in relation to seeking healthcare

- Decrease use of any preventive care.
- or
- Greater use of medical services.

# National Transgender Discrimination Survey

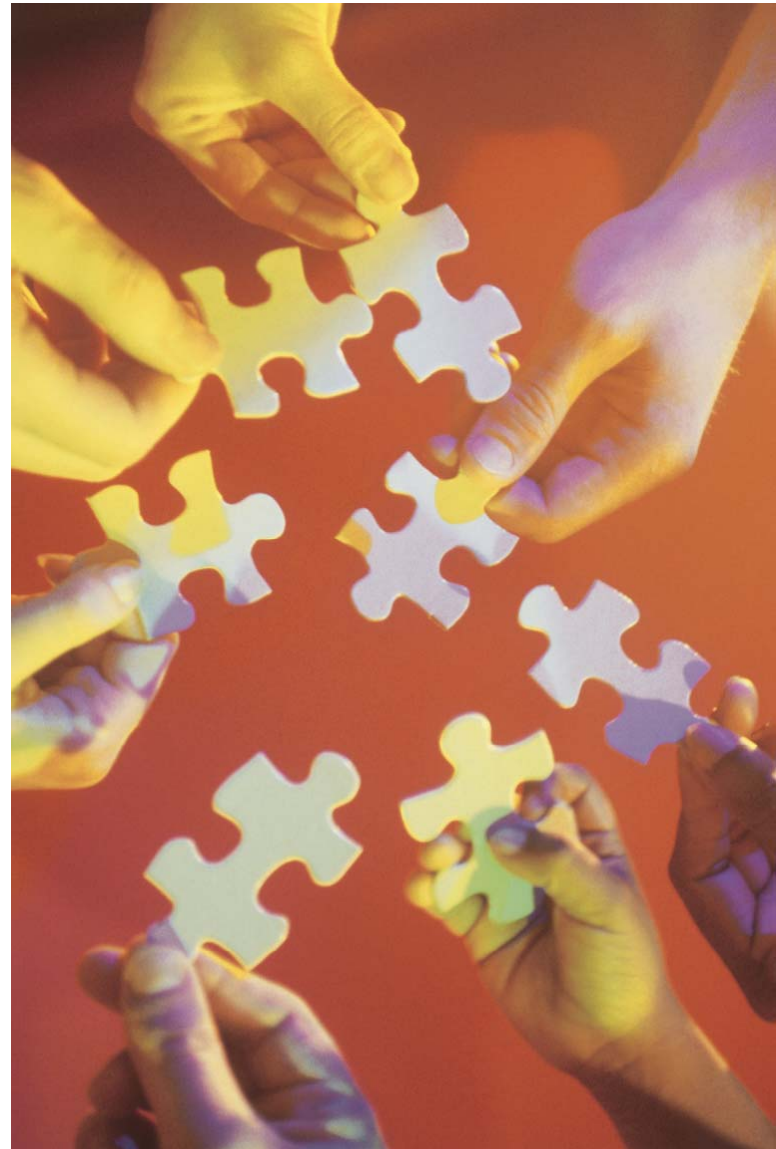
## Report on health & health care (2010)



- 28% postponed medical care when sick or injured due to discrimination
- 19% of our sample was refused care due to their transgender or gender non-conforming status, with even higher numbers among people of color in the survey;
- **28% of respondents were subjected to harassment in medical settings and 2% were victims of violence in doctor's offices;**

Readiness Stage 2

# Information



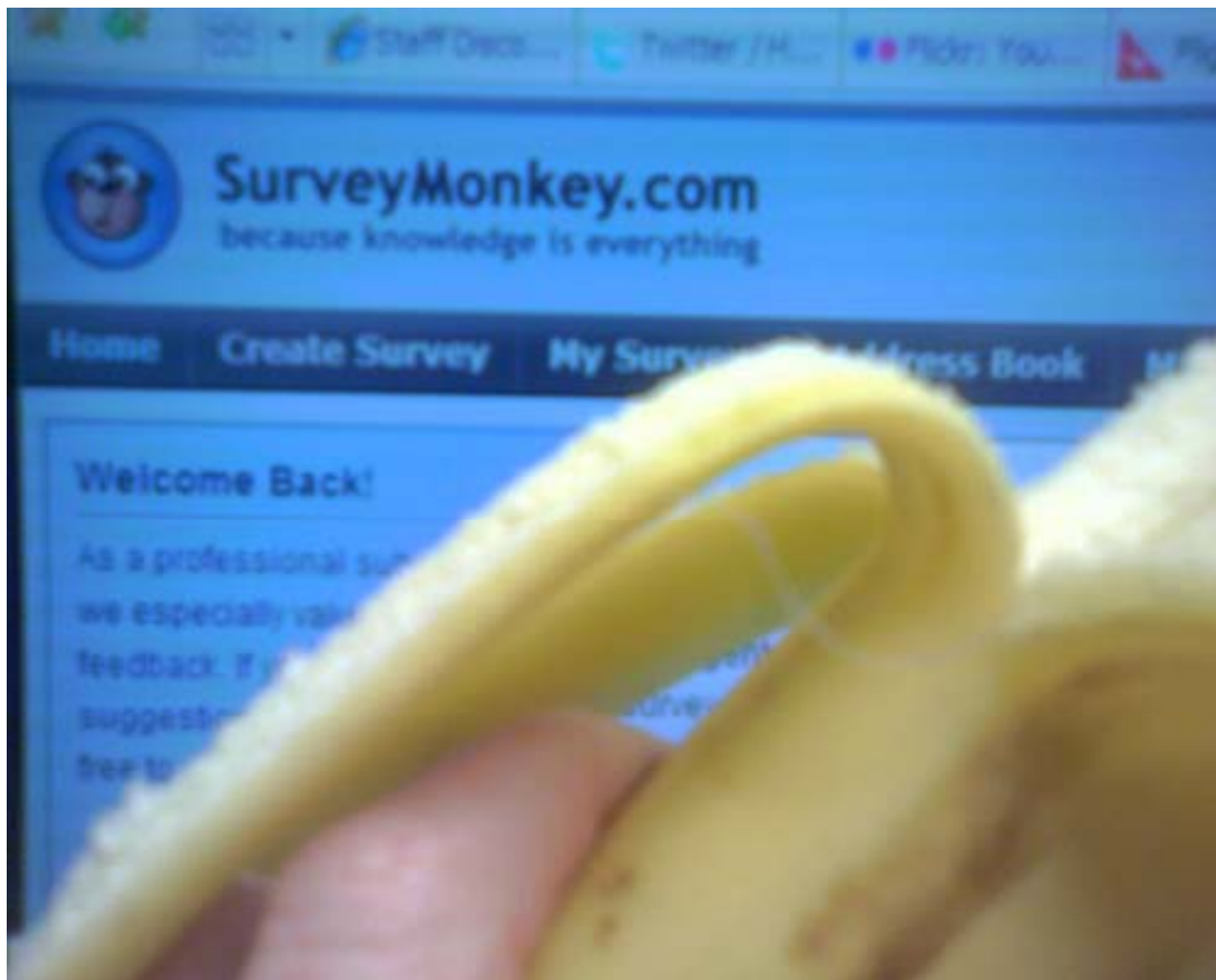
What?

Where?

Who?

When and How?



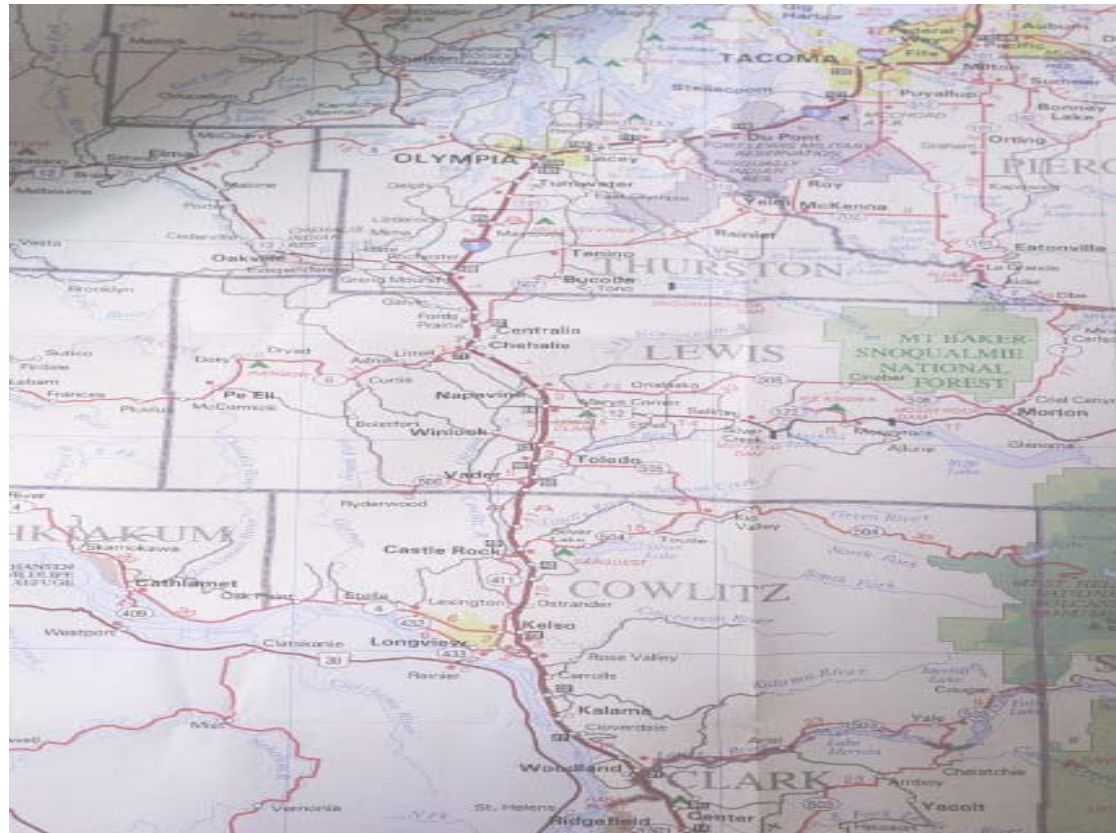


National healthcare survey, 2010

N = 482

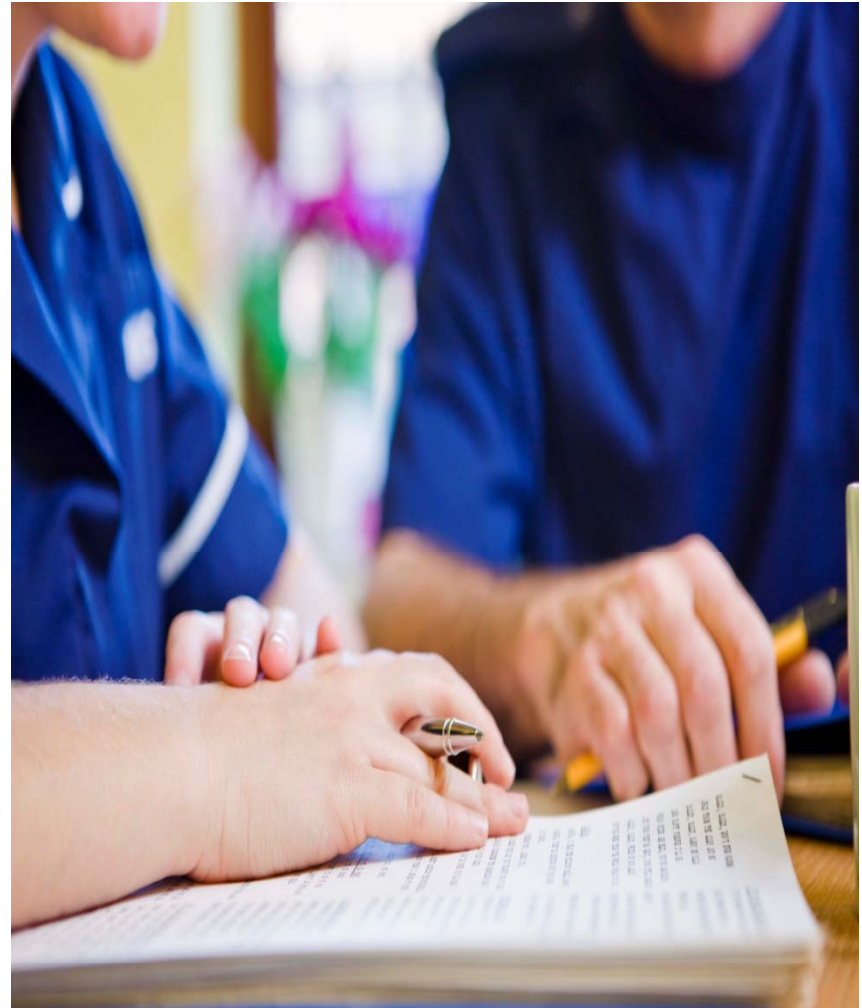
46 states

1 U.S. Territory



# Survey questions

1. Physical health
2. HIV
3. Mental health
4. Reimbursement denials
5. Dropped policies
6. Increased premiums
7. Coverage denials
8. Gaps in coverage
9. Policy recommendations

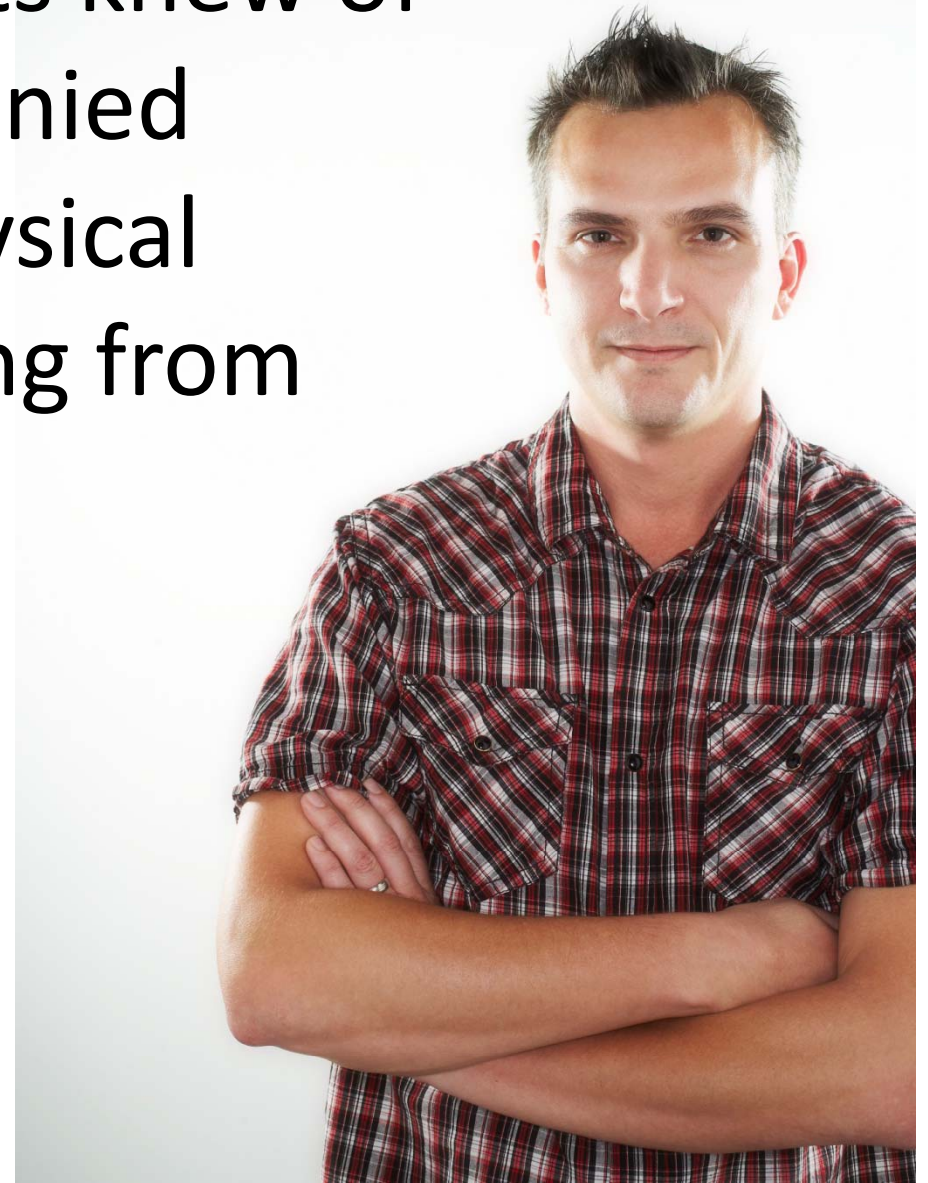


# Physical health





10.5% of respondents knew of victims who were denied insurance due to physical health issues resulting from sexual violence



# Physical health issues

- Pregnancy
- Abortion
- STDs, including HIV
- Sleep disorders
- Eating disorders
- Inability to have children
- Cancers
- Arm and hand injuries
- Nerve and muscle damage
- Missing teeth
- Facial scars
- Bleeding
- Genital/anal lacerations, bruising, muscle strain
- Gastro-intestinal issues
- Broken nose
- Black eye
- Fibromyalgia
- Lymphoma
- Asthma
- Migraines
- Pelvic inflammatory disease (PID)
- Broken bones
- Chronic fatigue syndrome
- Endometriosis
- Physical pain
- Rape trauma syndrome
- Self-harm

*“Victim developed an STD [sexually transmitted disease] as a result of victimization which was on her medical record and she was ultimately denied medical coverage due to her ‘obviously risky life decisions.’ The victim did not feel she should have to disclose her victimization to get medical coverage.”*



HIV





*“I have noticed that there is no access to HIV preventative treatment available to victims unless they pay out-of-pocket, which I have been informed is \$800 or more for the complete drug course.”*

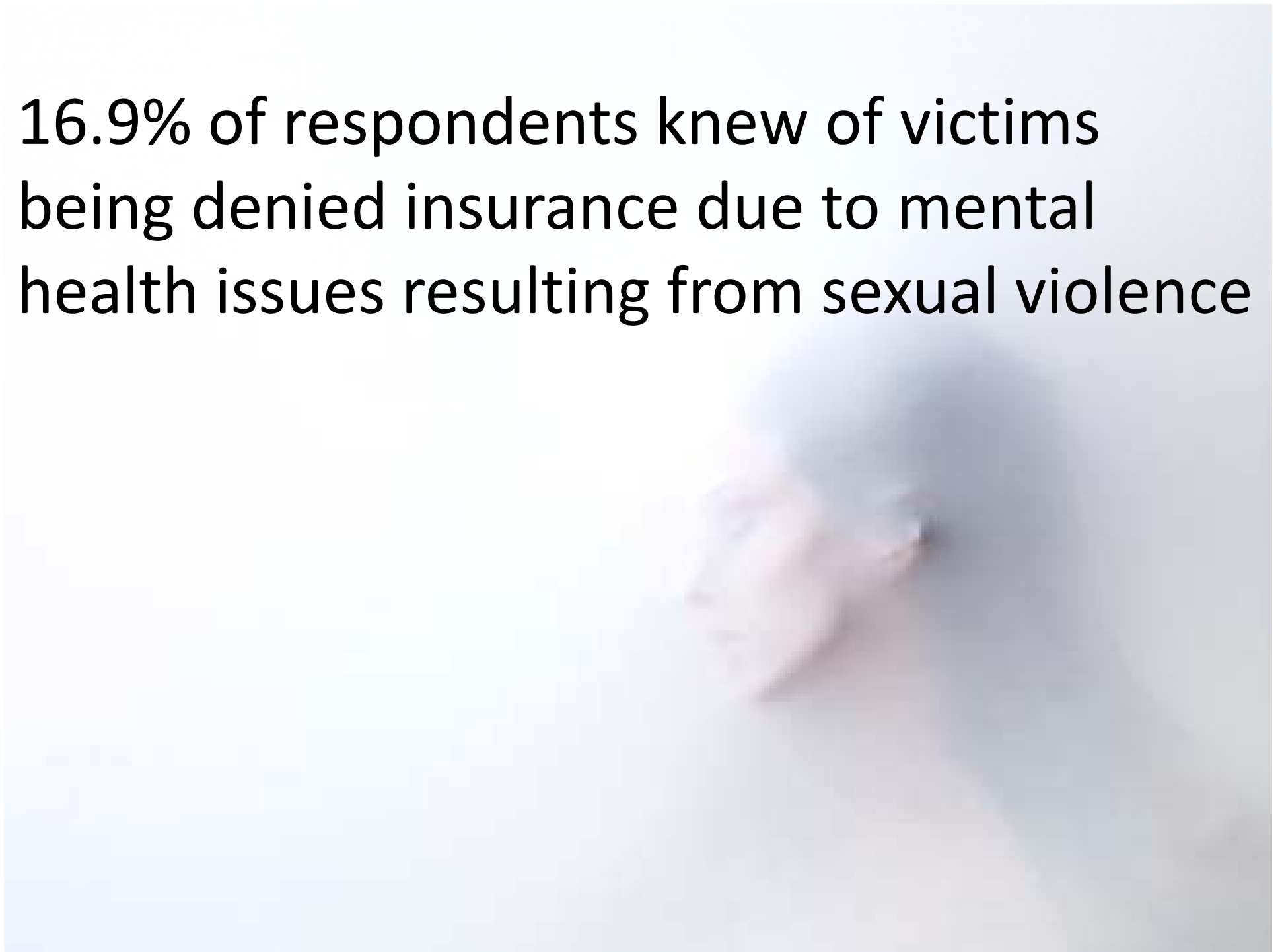
*“Insurance company refused to pay for HIV post exposure prophylaxis following a sexual assault, stated it was not a standard of care; took several hours of the forensic nurse and patient negotiating with pharmacy and insurance company before meds were finally paid for.”*



# Mental health



16.9% of respondents knew of victims being denied insurance due to mental health issues resulting from sexual violence





# Mental health issues

- Anxiety , stress
- Depression
- Drug and alcohol
- Post Traumatic Stress
- Paranoia
- Obsessive Compulsive
- Borderline
- Dissociation
- Suicidal ideation
- Body image distortion
- Hyper-excitability
- Agoraphobia
- Flashbacks
- Self-guilt
- Self-injury, self-harm
- Sexual disorders
- Chronic headaches
- Loss of affection
- Low self-esteem



*“The problem usually occurs when a person is seeking coverage after losing it for whatever reason. If they have been treated for any of the mentioned issues, they are either denied coverage or pay a higher premium, or that condition is exempt from the policy and not covered.”*

# Denials of reimbursement



12.2% of respondents knew of victims  
who were denied reimbursement



# Types of services sought

- Counseling/Therapy
- STI treatment
- Inpatient psychiatric
- Inpatient D&A
- Follow-up care
- Medication management
- Pap smear
- HIV prophylaxis
- CAT scan, MRI
- Lab work
- Pelvic pain
- Pediatric mental health
- Prenatal care
- Ambulance
- Abortion

# Reasons for denials

Exceeded allowable visits

Another payer available

Waiting for DNA

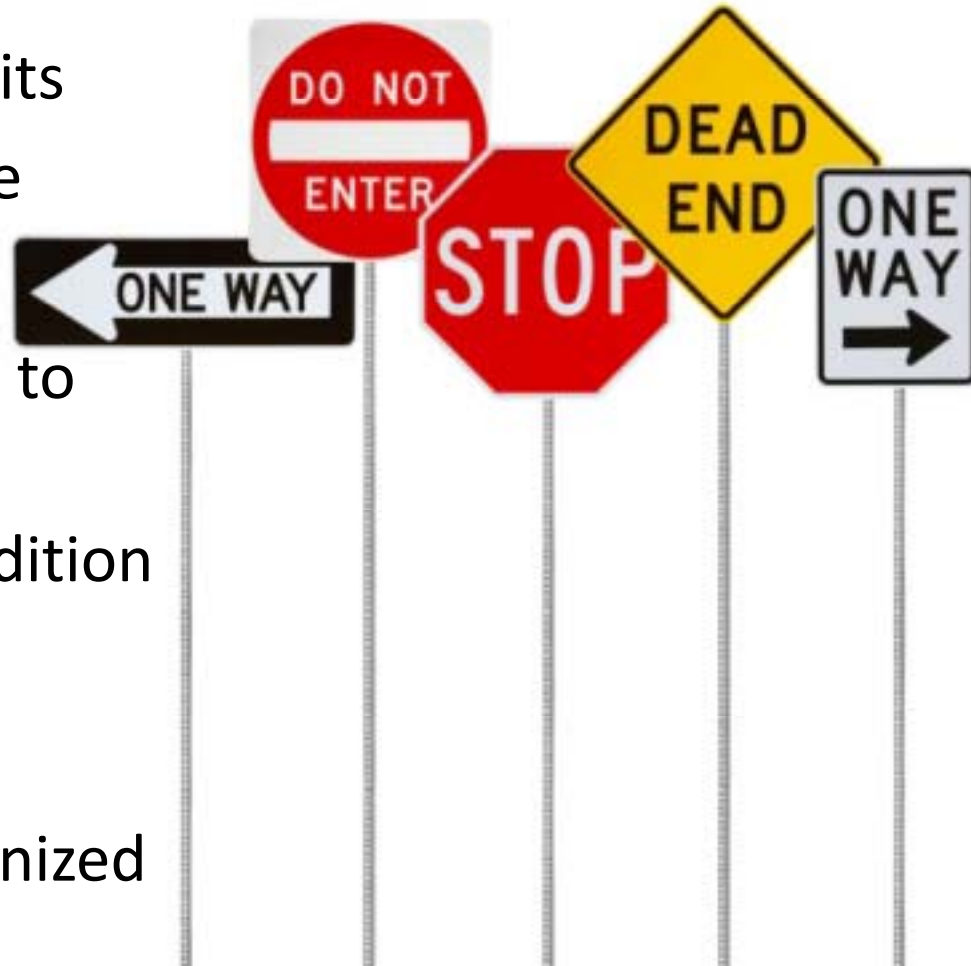
STI could not be traced to  
offender

Previously existing condition

Not covered

Specialist not covered

Fibromyalgia not recognized



*“I know the cost for successful medical and mental health recovery is a huge barrier and the survivors in my groups say they have to alternate weeks or months of appointments due to insurance limits on services. Some have had to stop treatment until the new calendar year starts again.”*





*“The survivor required hospitalization for suicidal ideation. She had many issues in regards to accessing this care—fear of her parents’ reaction since the insurance was in their name, fear her parents would be responsible for a large bill if the insurance company refused to pay, fear of being labeled with a mental illness by the insurance company and others, fear that her confidentiality would not be kept once it went through the insurance system.”*

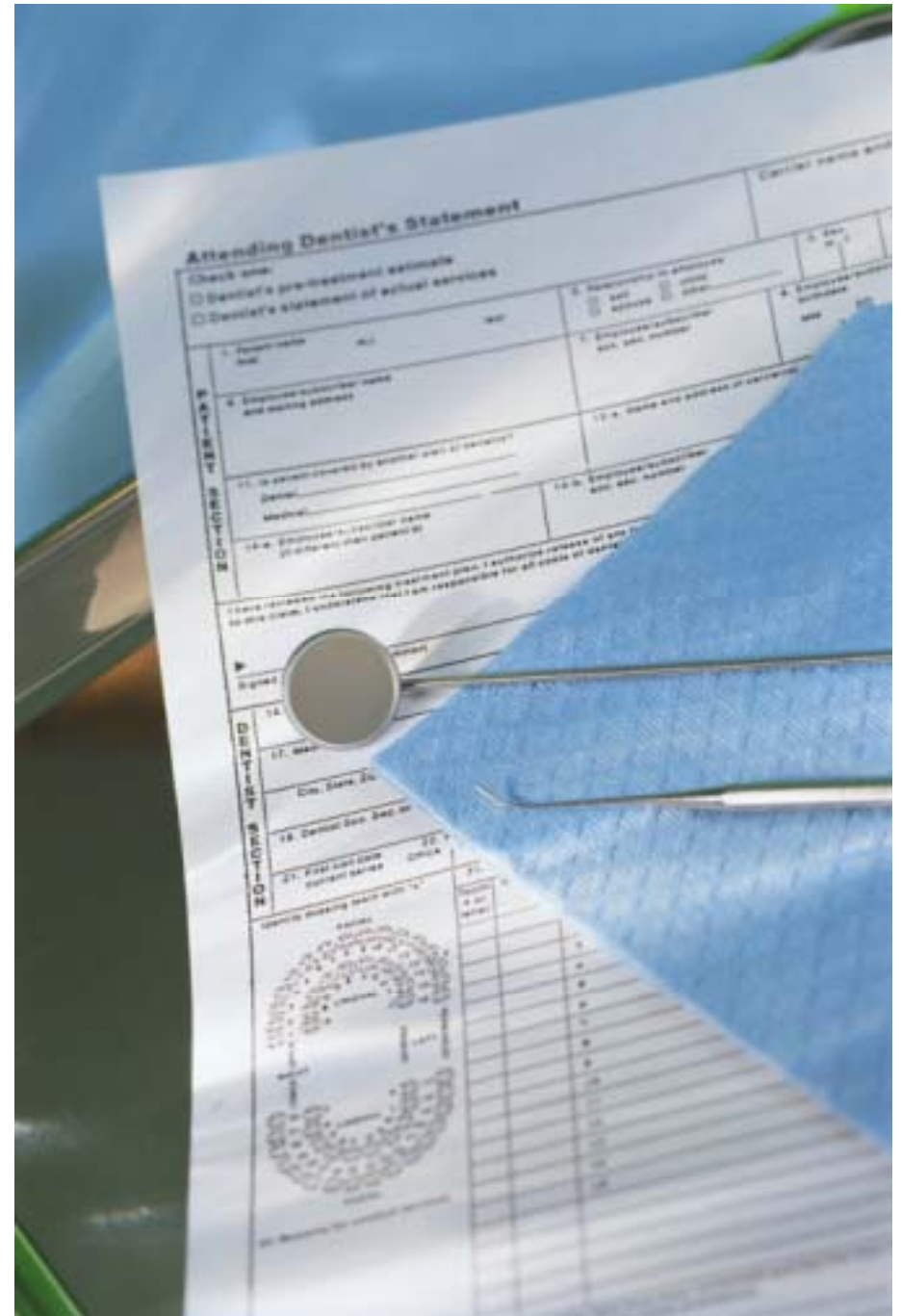


# Denial of coverage



Sexual violence = pre-existing condition

Victims = uninsured



*“This is often the case in determining pre-existing conditions. So, if you were to change companies, you might not be able to receive these services with the new company because it is seen as a pre-existing condition. Even though the victims are doing the right thing by taking care of themselves, they are being punished for it.”*





Increased  
premiums



*Significant increase in premiums within six months after the assault which lead to ongoing mental health treatment.”*

# Dropped policies



*“They are an  
insurance liability  
– ‘at risk.’”*



# Gaps in coverage





# Gaps in coverage identified

- Counseling
- EC, Prophylaxis
- Plastic surgery
- Dental, vision, hearing
- Medication
- Reproductive health
- Chiropractic care
- Limited visits
- Trauma-informed care
- Ambulance
- Addiction treatment
- Eating disorder treatment
- Specialized services
- Preventive care
- Wigs
- Basic needs (housing, childcare, clothing, food)

*“Dental coverage that was provided by the survivor’s health insurance included only the most basic (i.e. least expensive) restoration of the teeth that were damaged during the assault. The survivor was extremely self-conscious about her appearance to the point that she could not go on job interviews [this was someone who was raped and beaten post-Katrina and so had lost her job at the same time]”*



# Policy recommendations



- HIV testing/treatment
- Reproductive health
- Universal health care
- Mental health parity
- Medication access
- Alternative health
- Language access
- RCC funding
- RPE funding



*“No exclusion due to sexual assault. No pre-existing condition. No cap on services.”*

Some Existing  
Healthcare Reform  
Measures May Help



## **Many survivors who have never had routine access to healthcare may be entering the healthcare system.**

- ❑ with many people who have not traditionally been able to access non-emergency healthcare and other people with more advanced issues who have not had access historically to care entering the medical system, there may be an increase in disclosures of sexual violence or there may be issues related to sexual violence that may not be disclosed – training for providers will become increasingly important

# Prevents Denial of Coverage for Pre-Existing Conditions

This legislation will remove  
pre-existing condition exclusions

Kids (2010)  
Adults (2014)



## **Prevents Denial of Coverage for Pre-Existing Conditions**

Means for Survivors:

- Many survivors have long term health and mental health conditions resulting from sexual violence which will now be covered
- Disclosure of sexual violence to healthcare providers no longer could be deemed “pre-existing”



## Removes caps on coverage



This legislation mandates no lifetime (2010) or annual benefit caps (2014)

## **Removes caps on coverage**

Means for Survivors:

- Long term health and mental health conditions resulting from sexual violence which will not “price out”
- Especially impactful for PTSD and other mental health conditions



## **Health Insurance “Exchanges” (2014) Plans will offer standard, comprehensive benefits**

- Simplified plan options
  - differ based on cost sharing
- Will give non-employment based options

## **Health Insurance “Exchanges” (2014) Plans will offer standard, comprehensive benefits**

Means for Survivors:

- Insurance portability should help those with pre-existing conditions who couldn't leave jobs including those jobs where they feel unsafe or triggered
- Women who lose employer coverage due to experiences of sexual harassment and assault – either on the job or as a result of job impacts from the assault – will have access to ongoing coverage

## Medicaid Expansion & Improvements

- Expanded to low-income uninsured to 133% FPL (~\$21,000 family of 3) (by 2014)
- States can expand Medicaid coverage for Family Planning Services (immed)
- Will cover Freestanding birth centers (immed)



# Medicaid Expansion & Improvements

Means for Survivors:

- “No wrong door” system: Applying for the wrong program does not mean you have to submit new applications for other programs that you are eligible for.
  - Health Insurance Exchange(s), Medicaid, and the Children’s Health Insurance Program
- Eligibility for childless adults
- Increased opportunities for advocates to inform state level implementation with the interests of survivors

## Remove Costs for Preventive Care



Eliminate cost-sharing for services recommended by the USPSTF, so copayments and deductibles are not a barrier to care- (9/2010)

Sen. Mikulski Women's Health Amendment – Health Resources and Service Administration of HHS to develop recommendations for women's preventive health services.

## Remove Costs for Preventive Care

Means for Survivors:

- Increases access to preventive services for those previously unable to access, possibly increasing disclosures of sexual violence
- A broader swath of people will have access to initial medical care and thus, possible screening for sexual violence
- Potential for outreach to survivors who have not accessed preventative services due to trauma



# Minimum Covered Benefits

Plans for individuals and small business required to cover broad categories of services (ie: inpatient, maternity, prescription drugs and mental health services) (2014) details to be set by the Secretary of HHS



# Minimum Covered Benefits

Means for Survivors:

- Mental health services that may not have been covered under many plans will now be mandated for coverage
- Survivors will have access to services for PTSD and other mental health issues often associated with sexual violence

“Now that an estimated 95 percent of the country's legal population will have healthcare coverage--and, thanks to the [Wellstone/Domenici Parity Act](#), insurers who cover substance abuse treatment must do so at the same level of benefit they provide for other medical conditions”

-Deni Carise, Chief Clinical Officer, Phoenix House/Scientist, Treatment Research Institute/Univ. of Penn



## **Immediate Access to OB/GYN Care**

The bill mandates direct access to OB/GYN (no referral necessary) whether covered by HMO or other plan.

(9/2010)

## Immediate Access to OB/GYN Care

Means for Survivors:

- This could be a benefit for SA survivors who don't want to seek emergency care but would like some kind of treatment post-assault.
- Eliminates barrier to survivors of requiring multiple disclosures before accessing primary OB/GYN care



## Expanded Coverage for Young Adults

Young adults can stay  
on parent's plan to  
age 26 (2010)

The New Health Reform Law: What Does it Mean for Women  
;National Women's Law Center; April 8, 2010

## Expanded Coverage for Young Adults

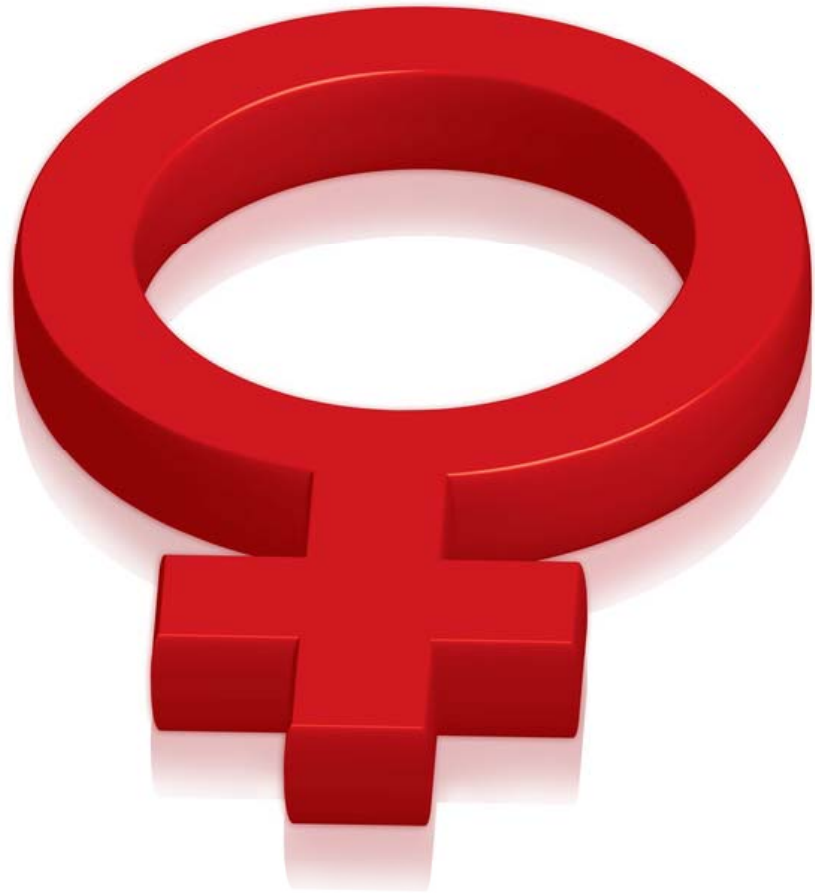
Means for Survivors:

- Age group most likely to be assaulted now has more chance of insurance coverage
- Provides access to services, but under a parental plan

## Other Provisions of Interest

### *HCR will:*

- Require larger employers (over 50 employees) required to provide **reasonable break time and place for nursing mothers to express breast milk**
- Guaranteed Issue + explicit prohibition on denying coverage to **survivors of domestic violence** (2014)
- Prohibits higher premiums for women **based on gender and anyone based on health status**
- Banning Sex Discrimination in Health Care (except as laid out in this act)





## Important to note:

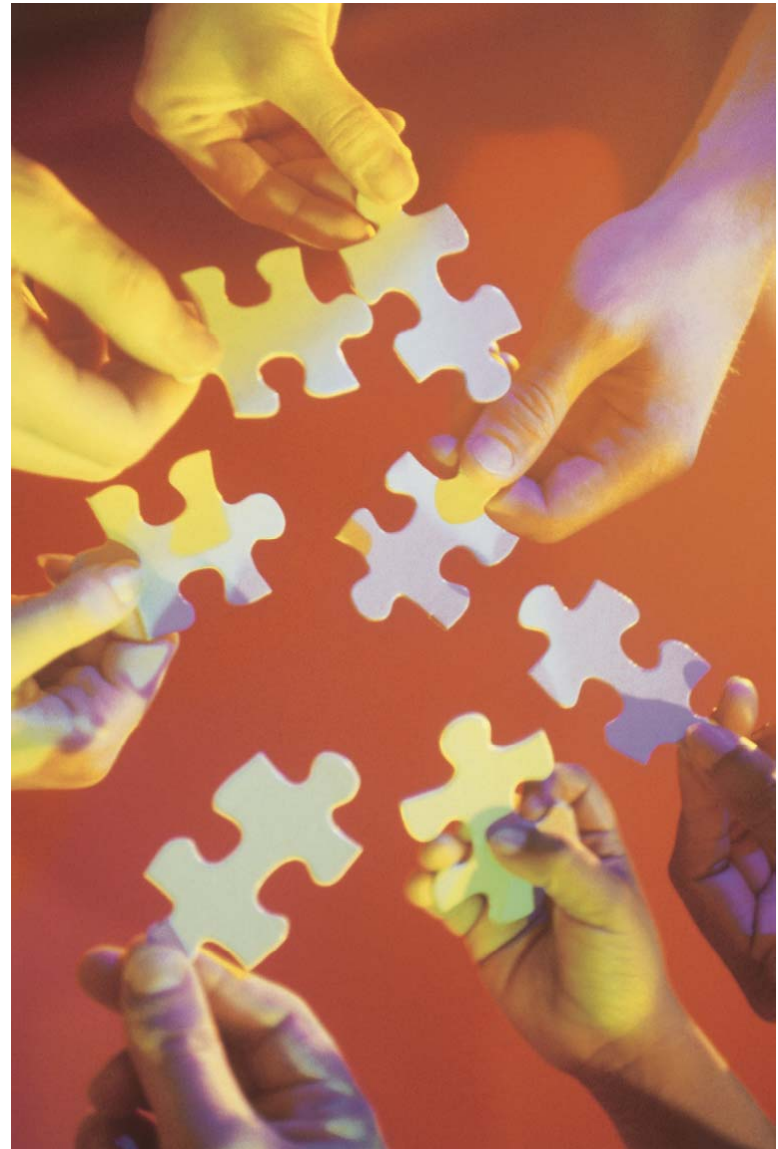
- Excludes undocumented immigrants
- Requires everyone to verify citizenship/immigration status to buy health insurance in the exchange (even if not applying for tax credits)
- Not all workers are guaranteed employer based health insurance
- Unclear if everyone will be able to truly afford health insurance
- Reduces federal funding to safety-net hospitals and clinics over time
- Every state will have its own rules and process for the new “exchanges”

What does this information mean to me as an advocate?



Readiness Stage 3

# Strategies



# Role for State & Local Advocates in HCR



- ❑ Inform communities of new opportunities;
- ❑ Inform state level implementation and planning for new HCR provisions;
- ❑ Influence how HCR is implemented by providing public comment on federal regulations and other guidance; and
- ❑ Collect stories for media, policymakers, and advocates on effects on survivors of sexual assault.

# Strategies in:

- Advocacy
- Education
- Policy



# What Survivors Say Helps:

- Talking to physician
- Eliminating certain standard procedures
- Transforming a sterile hospital room into a healing atmosphere
- Being heard and respected by the medical community
- Trained and sensitive providers

# Advocate's Role : Direct Service

- Normalize feelings of fear and stress associated with medical care
- Have information available and prominently placed
- Problem solve for decreased stress
- Accompaniment if requested
- Systems advocacy for denial of coverage



# Advocate's Role : Systems Advocacy

- Become familiar with denial of coverage remedies available to survivors
- Use state level licensing boards to intervene
- Distribute materials in healthcare settings
- Coalition building for non-invasive universal screening
- Policy advocacy at local and state response levels



# Advocate's Role : Education

- ❑ Trainings for medical and dental professionals
- ❑ Use neurobiology of trauma concepts to inform healthcare professionals' work
- ❑ Collaborations with birth and medical professionals
- ❑ Training with state level licensing boards/entities





- What are the strategies that you have used around healthcare for SA survivors in your communities?
- Are there partnerships that you have created?
- Education or advocacy approaches that have worked well?