



End Violence Against Women International
(EVAWI)

Frequently Asked Questions on VAWA 2013

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Authors

Dr. Kimberly A. Lonsway has served as the Director of Research for EVAWI since 2004. Her research focuses on sexual violence and the criminal justice and community response system. She has written over 60 published articles, book chapters, technical reports, government reports, and commissioned documents – in addition to numerous training modules, bulletins, and other resources. She has volunteered for over fifteen years as a victim advocate and in 2012, she was awarded the first–ever Volunteer of the Decade Award from the Sexual Assault Recovery and Prevention (SARP) Center in San Luis Obispo, CA. She earned her PhD in the Department of Psychology at the University of Illinois, Urbana–Champaign.



Sgt. Joanne Archambault (Retired, San Diego Police Department) is the Chief Executive Officer for EVAWI. In 2003 prior to founding EVAWI, Sgt. Archambault worked for the San Diego Police Department for almost 23 years, in a wide variety of assignments. During the last 10 years of her service, she supervised the Sex Crimes Unit, which had 13 detectives and was responsible for investigating approximately 1,000 felony sexual assaults each year. Sgt. Archambault has provided training for tens of thousands of practitioners, policymakers and others – both across the country and around the world. She has been instrumental in creating system–level change through individual contacts, as well as policy initiatives and recommendations for best practice.



This training bulletin is dedicated to examining two frequently asked questions regarding the forensic compliance provisions included in the 2013 reauthorization of the Violence Against Women Act (often referred to as VAWA 2013). First, professionals have inquired about whether private insurance can be billed for the cost of a medical forensic exam. Second, professionals are unsure what "regional health center providers" are under the public education provision.

Can Private Insurance be Billed for the Cost of the Exam?

Many of you know that it was previously acceptable under the 2005 version of VAWA for health care facilities to require victims to pay out-of-pocket for the cost of a medical forensic exam – as long as victims were fully reimbursed for this expense. However, in the reauthorization of VAWA in 2013, this is no longer allowed. States, territories, and tribal governments were required to certify that medical forensic exams are available to victims free of charge – and this means no out-of-pocket costs for victims.

The question arises, however, whether this updated provision now prohibits the practice of billing insurance. Can the victim's private insurance be billed for the cost of a medical forensic exam under VAWA 2013 provisions?

In theory, the answer is yes – this practice is not expressly prohibited by VAWA 2013, so programs can continue to bill a victim's private insurance for the cost of a medical forensic exam. However, it will now be administratively complicated because victims cannot be charged for any out-of-pocket costs, and this includes insurance co-pays, deductibles, or any other out-of-pocket-costs that might not be covered by insurance.

However, it is worth noting that this provision still does not extend to all aspects of medical testing and treatment. VAWA specifies which components must be included in the exam that is offered without charge. These and other issues are addressed in detail in our OnLine Training Institute (OLTI) module on forensic compliance, entitled, [*The Earthquake in Sexual Assault Response: Implementing VAWA Forensic Compliance*](#). The module also includes a number of resources and tools that can be adapted for use in your own community.

Insurance billing can also present complications for victims, including a loss of confidentiality. This is why OVW specifically discourages it in rather strong language:

We urge States to keep in mind that, in some cases, insurance billing can present a hardship for victims. For example, a victim of spousal rape may not want her husband to find out that she got a forensic exam. If the victim is forced to submit the claim to her insurance company and she is on her husband's insurance, he may receive a statement from the insurance indicating that she got the exam. For this reason, the Office on Violence Against Women strongly encourages States to not require victims to file a claim with their insurers (OVW, 2007, pp. 24-25).



However, even in the absence of abuse, partners or parents who receive an insurance statement will likely have questions about the purpose of any medical treatment, and this may eliminate the victim's choice regarding whether or not to disclose the sexual assault.

Insurance billing is thus one example of a practice that may meet the letter of the law for VAWA forensic compliance, but clearly fails to achieve the spirit of the law – which is to provide victims with prompt and unobstructed access to a medical forensic exam.

What are Regional Health Care Providers?

We also receive questions about the public education provision. Specifically, VAWA 2013 states that a governmental entity (such as a US state, territory, or tribal government) will only be eligible for STOP grant funding if it:

Coordinates with regional health care providers to notify victims of sexual assault of the availability of rape exams at no cost to the victims.

This provision has the potential to create a sea change in public awareness. The spirit of this provision is to reach out to your community with the message that victims of sexual assault can access a medical forensic exam at no cost.

Many communities have already developed innovative ways to reach the public with information about their options – particularly the fact that sexual assault victims can obtain a medical forensic exam free of charge and without having to make a decision about criminal justice participation at the time of the exam. Some have approached this issue through public service announcements, others through media campaigns, and still others through agency websites. All of these approaches can be effective in informing the public, and thus increasing access for victims of sexual assault. Examples are provided in the forensic compliance resources on our website, under [Public Education](#).

EVAWI offers a program called [Seek Then Speak that effectively meets the public outreach provision of VAWA 2013. Seek then Speak offers a place](#) where victims of sexual assault can gather information and explore their options, including information on how to access a medical forensic exam free of charge. To learn more, please visit the [Seek Then Speak](#) webpage.

Given that the whole point of forensic compliance is to increase access for victims of sexual assault – both to the medical forensic exam as well as the criminal justice system as a whole – creating a VAWA-compliant system is only half the battle. The other half is ensuring that community members are aware of their options, to increase the likelihood that they will engage the system when they or someone they love has been sexually assaulted.



For More Information

EVAWI has created a section of our website dedicated to the topic of forensic compliance, which includes extensive [background information](#), [resources](#), and answers to [frequently asked questions](#). For example, you will find sample policies, protocols, forms, and other documents. There are also [training bulletins](#) and [webinars](#) available in our online archive on topics related to forensic compliance.

Perhaps most important, we also offer technical assistance on this topic. To submit a request, please use the [online portal](#). We hope you find all of these tools helpful as you strive to implement VAWA forensic compliance and achieve the goal of increased access for survivors of sexual violence.

Source Note: For the complete text of the 2013 reauthorization of the Violence Against Women Act (VAWA 2013), please see: H.R. 4970 – 112th Congress: Violence Against Women Reauthorization Act of 2012. (2012). In <https://www.govtrack.us/>. Retrieved March 15, 2013 from <https://www.govtrack.us/congress/bills/112/hr4970>.

