

December 10, 2018

TO: Members, Subcommittee on Oversight and Investigations

FROM: Committee Majority Staff

RE: Hearing entitled “Examining the Availability of SAFE Kits at Hospitals in the United States.”

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The Subcommittee on Oversight and Investigations will hold a hearing on Wednesday, December 12, 2018, at 10:00 a.m. in 2123 Rayburn House Office Building entitled, “Examining the Availability of SAFE Kits at Hospitals in the United States.” The purpose of the hearing is to examine the availability of nurses and medical professionals trained to conduct rape kits and the challenges hospitals face in providing access to rape kits.

## **I. WITNESSES**

- Nicole Clowers, Managing Director, Health Care, U.S. Government Accountability Office;
- Sara Jennings, RN, President-elect, International Association of Forensic Nurses;
- Lynn M. Frederick Hawley, MA, Executive Director, SAVI Program, Mount Sinai Hospital; and
- Kiersten Stewart, Director of Public Policy and the Washington Office, Futures Without Violence.

## **II. BACKGROUND**

In the United States, 135,755 rapes were reported in 2017.<sup>1</sup> However, according to the Department of Justice, only about 23 percent of rapes were reported to the police.<sup>2</sup> Of those reported rapes, roughly 20 percent lead to an arrest, and roughly 2 percent lead to a conviction.<sup>3</sup> A sexual assault forensic exam, or “rape kit,” can be instrumental in securing an arrest and conviction. A rape kit is a specialized kit designed to collect evidence of a sexual assault, which

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<sup>1</sup> Federal Bureau of Investigation, *Crime in the United States*, <https://ucr.fbi.gov/crime-in-the-u.s/2017/crime-in-the-u.s.-2017/topic-pages/rape>.

<sup>2</sup> Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, National Crime Victimization Survey, 2010-2016 (2017).

<sup>3</sup> Federal Bureau of Investigation, National Incident-Based Reporting System, 2012-2016 (2017).

can include swabs, a comb, and materials for blood samples.<sup>4</sup> However, it can prove difficult for some sexual assault victims to obtain a rape kit due to the shortage of medical professionals trained to collect such a kit.

In 2016, the Government Accountability Office (GAO) published a report entitled “Sexual Assault: Information on Training, Funding, and the Availability of Forensic Examiners.”<sup>5</sup> The report examined the challenges hospitals face in hiring and retaining specially trained professionals to collect rape kits and the availability of those rape kits in various states.

According to the GAO, a rape kit may be performed by a specially trained Sexual Assault Forensic Examiner (SAFE), a Sexual Assault Nurse Examiner (SANE), or by a medical professional that lacks SAFE training. However, rape kits collected by professionals with SAFE/SANE training “may result in shortened exam time, better quality health care delivered to victims, higher quality forensic evidence collection, [and] better collaboration with the legal system and higher prosecution rates.”<sup>6</sup>

Not all hospitals employ SANEs or provide SAFE rape kits to patients,<sup>7</sup> and there are no federal requirements regarding SANEs in health care facilities.<sup>8</sup> According to the GAO, a Joint Commission accreditation standard requires that hospitals “establish policies for identifying and assessing possible victims of sexual assault and to train staff on those policies, [but] each hospital is responsible for determining the level of specificity of such policies, including the minimum level of training required of its medical staff that performs exams.”<sup>9</sup> In other words, hospitals may simply choose not to provide these services.

Recent news reports indicate that victims of sexual assault often have trouble obtaining a rape kit.<sup>10</sup> GAO found that the lack of SANEs can be particularly acute in rural areas, where there may be just one SANE or one SANE program to serve multiple counties, and a patient may have to travel several hours to reach a facility that offers SAFE rape kits.<sup>11</sup> However, the issue is

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<sup>4</sup> *What is a Rape Kit*, RAINN, <https://www.rainn.org/articles/rape-kit>.

<sup>5</sup> U.S. Gov’t Accountability Office, *Sexual Assault: Information on Training, Funding, and the Availability of Forensic Examiners*, GAO-16-334 (March 2016).

<sup>6</sup> *Id.* at 1-2.

<sup>7</sup> *What is a Rape Kit?*, RAINN, <https://www.rainn.org/articles/rape-kit>.

<sup>8</sup> U.S. Gov’t Accountability Office, *Sexual Assault: Information on Training, Funding, and the Availability of Forensic Examiners*, GAO-16-334 (March 2016), at 8.

<sup>9</sup> *Id.* at 9.

<sup>10</sup> Liv Osby, *At Least Half of Rape Victims in SC Aren’t Seen by a Sexual Assault Nurse*, GREENVILLE NEWS (July 20, 2017), <https://www.greenvilleonline.com/story/news/2017/07/20/sexual-assault-nurses-short-supply/492935001/>; Emry Dinman, *Lawmakers Want Easier Access to Rape Kits*, COLUMBIA BASIN HERALD (Jan. 29, 2018),

[http://www.columbiabasinherald.com/local\\_news/20180129/lawmakers\\_want\\_easier\\_access\\_to\\_rape\\_kits](http://www.columbiabasinherald.com/local_news/20180129/lawmakers_want_easier_access_to_rape_kits); Jillian Keenan, *Why Did It Take Nine Hours and Three Emergency Rooms For This Woman to Get a Rape Kit?*, COSMOPOLITAN, <http://www.cosmopolitan.com/politics/a58941/dinisha-ball-rape-kit-texas-emergency-room/>.

<sup>11</sup> U.S. Gov’t Accountability Office, *Sexual Assault: Information on Training, Funding, and the Availability of Forensic Examiners*, GAO-16-334 (March 2016), at 23. *See also*, *You have to drive an hour for a rape kit in rural America*, The Washington Post, <https://www.washingtonpost.com/news/wonk/wp/2016/04/19/you-have-to-drive-an->

not isolated to rural areas.<sup>12</sup> In some metropolitan areas, including Washington, DC and Las Vegas, NV, there may be only one facility that provides SAFE rape kits,<sup>13</sup> requiring a rape victim to go to that specific hospital to get the most appropriate treatment.

Data on the availability of SANEs and SAFE rape kits nationwide is limited.<sup>14</sup> According to the Department of Justice, the most comprehensive database on SAFE facility locations is administered by the International Association of Forensic Nurses (IAFN). However, this database is based on self-reporting by facilities with SAFE programs and, as such, is incomplete. The IAFN database lists as few as two locations in some states, including Connecticut, Hawaii, South Dakota, and Wyoming. IAFN estimates that between 13 and 15 percent of hospitals in the United States provide SAFE rape kits.<sup>15</sup> It is not clear what happens to a victim of sexual assault if he or she visits one of the roughly 85 percent of hospitals that do not provide these vital services.

GAO found that one of the primary challenges to maintaining a supply of SANEs was “weak stakeholder support for examiners,” specifically, that hospitals are reluctant to cover the cost of employing or training SANEs.<sup>16</sup> According to PBS, in 2014, “[o]f the top 100 colleges as ranked by U.S. News and World Report for 2014, only four provided the exams in their student health centers, and twenty-two schools offered them at university-affiliated hospitals.”<sup>17</sup>

On March 13, 2018, the Committee on Energy and Commerce sent letters to 15 hospitals across the United States inquiring about the availability of SANEs at each hospital. The responses varied widely. Several hospitals reported that SANEs were available within the hospital around the clock. At the hospitals that do employ SANEs, the number of SANEs on staff ranged from 6 to 23. The reported costs of administering those SANE programs ranged from roughly \$158,000 to \$220,000 annually. Several hospitals reported that SANEs were available on an on-call basis through a contract with a local SANE service or crisis center. Finally, several hospitals reported that they do not employ or contract with SANEs, and victims would be referred to a local crisis center. In such cases, the victim may be provided transport by the hospital, though at least one hospital reported that such transport could include providing a victim with a taxi voucher, and at least one hospital did not offer transport services for victims. The distance from the hospitals to those crisis centers ranged from 5 miles to more than 60 miles.

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hour-for-a-rape-kit-in-rural-america/?utm\_term=.29e3af0fe722 (April 19, 2016); *Where Are The Rape Kit Nurses?*, New York Times, <https://www.nytimes.com/2017/06/20/opinion/rape-kit-nurses.html> (June 20, 2017).

<sup>12</sup> U.S. Gov’t Accountability Office, *Sexual Assault: Information on Training, Funding, and the Availability of Forensic Examiners*, GAO-16-334 (March 2016), at 24.

<sup>13</sup> *Why Are There No Rape Kits at the George Washington University*, WJLA, <http://wjla.com/news/education/rape-kits-at-the-george-washington-university-9776> (March 25, 2011); *Where Are The Rape Kit Nurses?*, New York Times, <https://www.nytimes.com/2017/06/20/opinion/rape-kit-nurses.html> (June 20, 2017).

<sup>14</sup> U.S. Gov’t Accountability Office, *Sexual Assault: Information on Training, Funding, and the Availability of Forensic Examiners*, GAO-16-334 (March 2016), at 21.

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<sup>16</sup> U.S. Gov’t Accountability Office, *Sexual Assault: Information on Training, Funding, and the Availability of Forensic Examiners*, GAO-16-334 (March 2016), at 29.

<sup>17</sup> *Rape Kits Can be Hard to Find for College Students*, PBS, <http://www.rmpbs.org/blogs/news/rape-kits-can-be-hard-to-find-for-college-students/> (Nov. 17, 2014).

On June 21, 2018, the Committee on Energy and Commerce sent letters to 10 hospital associations across the United States inquiring about efforts to expand access to SAFE rape kits at hospitals within each state and any challenges to doing so. Again, the responses varied widely. Most of the hospital associations that received the Committee's letter do not actively partner with law enforcement. In addition, most hospital associations that received the Committee's letter do not provide guidance to hospitals on expanding access to or assist in developing standards of care for SAFE rape kits. Several associations pointed the Committee toward a statewide database of facilities that provide SAFE rape kits, with the number of facilities ranging from eight to 110. However, not all such databases are publicly available. Challenges identified by hospital associations included staff shortages, financial challenges, insufficient training opportunities, trouble retaining trained staff, and rural and geographical challenges.

Some promising models to expand access to SAFE rape kits were identified. Several associations highlighted grant programs to fund SANE training, including one online training program. Another association noted that the association held a webinar to educate hospital staff on their obligations with respect to sexual assault victims. Finally, several associations pointed to telemedicine as one way hospitals are able to overcome some challenges to providing SAFE rape kits.

### **III. ISSUES**

The following issues may be examined at the hearing:

- Cost and availability of SANE training;
- Hospital coordination with law enforcement;
- Reciprocity and standardization between states and hospitals with regard to SAFE rape kits and SANE training or certification; and
- The availability of information on where to find a SAFE-ready facility.

### **IV. STAFF CONTACTS**

If you have any questions regarding this hearing, please contact Brighton Haslett or Jen Barblan of the Committee staff at (202) 225-2927.