CORRESPONDENCE

Uncovered Medical Bills after Sexual Assault

TO THE EDITOR: As of 2018, one in five women in the United States reported having been raped at some time in their life, and other types of sexual violence were reported by 43.6% of women and 24.8% of men.[1] However, only one fifth of sexual violence survivors seek medical care,[2] often in emergency departments.

The Violence Against Women Act (VAWA) of 1994 mandates that persons seeking care after sexual assault should not be charged for the evidence-gathering portion of their medical care, which is often performed with the use of sexual assault evidence-collection kits. Yet billing for evidence gathering still occurs in some cases.[3] The VAWA allows health care facilities to bill for diagnostic testing, laceration repair, counseling, prevention of sexually transmitted diseases and HIV infection, and emergency contraception[4] — a provision of the law that is especially worrisome, especially since many states have outlawed abortion.

Using nationally representative data for 35,807,950 hospital-based visits to emergency departments from the 2019 Nationwide Emergency Department Sample,[5] we tabulated visits that had at least one diagnosis code from the *International Classification of Diseases, 10th Revision*, that was associated with sexual violence. (Details regarding this analysis are provided in the Supplementary Appendix, available with the full text of this letter at NEJM.org.) The Nationwide Emergency Department Sample reports charges that were billed rather than payments that were made. Using weights to provide national estimates for the full population of emergency department visits, we calculated mean charges, medians, counts, and proportions for demographic variables according to the diagnostic category.

In 2019, sexual violence was a coded diagnosis for an estimated 112,844 emergency department visits (Table 1). Most victims (88.3%) were female; 38.2% were children 17 years of age or younger, and 52.7% were between the ages of 18 and 44 years. Medicaid was the expected payer for 36.2% of visits and private insurance for 22.1%; 16.0% of patients were expected to pay out-of-pocket. Emergency department charges averaged $3,551; victims of sexual abuse during pregnancy incurred the highest charges ($4,553). Charges for self-pay patients (which some hospitals may discount) averaged $3,673.

Our findings indicate that an estimated 17,842 persons who sought emergency department care related to sexual assault were expected to pay the often-substantial costs themselves. Other data indicate that even privately insured sexual assault victims pay, on average, 14% of emergency department costs out-of-pocket.[2] Such costs may particularly burden low-income women and girls who disproportionately are victims of sexual assault.[6]

Emergency department charges may discourage the reporting of rape and seeking of medical care for both short-term and long-term sequelae of sexual assault. Incurring such charges may further harm survivors — even those with full insurance coverage — by serving to disclose a potentially stigmatizing event to parents, partners, or employers. Moreover, such bills may further traumatize survivors by suggesting that they are personally responsible for their assault.

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Table 1. Characteristics of Sexual Assault Victims Treated in U.S. Emergency Departments in 2019.*

Characteristic	Value
Age	
No. of patients with data	112,716
Distribution — no. (%)	
0–17 yr	43,029 (38.2)
18–44 yr	59,361 (52.7)
45–64 yr	8,712 (7.7)
≥65 yr	1,614 (1.4)
Sex	
No. of patients with data	112,819
Distribution — no. (%)	
Male	13,182 (11.7)
Female	99,637 (88.3)
Expected primary payer	
No. of patients with data	111,680
Distribution — no. (%)	
Medicare	5,149 (4.6)
Medicaid	40,423 (36.2)
Private insurance	24,729 (22.1)
Self-pay	17,842 (16.0)
No charge†	796 (0.7)
Other‡	22,741 (20.4)
Median household income in patient's ZIP Code	
No. of patients with data	109,967
Distribution — no. (%)	
$1 to 47,999	39,711 (36.1)
$48,000 to 60,999	30,065 (27.3)
$61,000 to 81,999	24,540 (22.3)
≥$82,000	15,651 (14.2)
Mean emergency department charge§	
No. of patients with data	110,598
Distribution — $ (95% CI)	
All patients	3,551 (3,335 to 3,767)
<18 yr	2,600 (2,371 to 2,829)
≥18 yr	4,131 (3,883 to 4,380)
Self-pay	3,673 (3,424 to 3,921)

* Data are from the 2019 Nationwide Emergency Department Sample, with a coded diagnosis for an estimated 112,844 emergency department visits. The data have been weighted to provide national estimates for the full population of emergency department visits. If more than one diagnosis associated with sexual violence was listed, visits were characterized by the first of such diagnoses. CI denotes confidence interval.
† No charge refers to care for which the hospital was not expected to request payment from the patient or from a third-party payer.
‡ Other payers include Worker's Compensation, Tricare (formerly known as CHAMPUS), Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), Title V, and other government programs.
§ Charges are reported in 2019 dollars.

Survivors of sexual violence often have major trauma that requires both immediate and long-term treatment. Broadening the provisions of the VAWA to cover therapeutic services, not just evidence collection, would help some survivors avoid financial hardships. More extensive reforms, including universal health care coverage, are needed to ensure that costs are not a barrier to essential medical care and forensic evaluation in cases of sexual assault.

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Disclosure forms provided by the authors are available with the full text of this letter at NEJM.org.

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