IAFN responds to CNN's "Destroyed" investigation

It is critically important that untested and destroyed sexual assault evidence kits remain a topic of public scrutiny—not only to call attention to the problem, but also to encourage dialogue leading to systemwide improvement in treating victims of sexual assault. Equally important, however, is that the sexual assault medical forensic examination not be portrayed as traumatic or retraumatizing, nor as solely focused on that person’s body as a “crime scene.”

The sexual assault medical forensic examination is a healthcare exam. Like any other medical exam, it is performed with the goal of restoring that patient to a healthy state. Patients who have been sexually assaulted may face a host of acute and long-term health consequences, including injury, unwanted pregnancy, sexually transmitted infections and HIV, acute stress reactions, clinical depression and post-traumatic stress disorder, as well as an increased risk of substance abuse and suicide. Evidence collection is but one small piece of a patient-centered, trauma-informed medical forensic exam. During the exam, the patient maintains control of what does and does not happen to her or his body, and the clinician respects that. Patients choose whether to have evidence collected, whether to opt-out of any portion of the exam, and whether to end the exam at any time.

As forensic nurses, we want patients to seek care; we do not want patients to fear doing so. It is crucial that our current and future patients and their families know that, when they seek care, they will receive the most compassionate, trauma-informed, and evidence-based care possible.

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