

## Forensic Nursing Response to Victim-Administered Evidence Kits

Given the recent popularity of home DNA test kits, it is no surprise that groups are developing do-it-yourself sexual assault evidence collection kits (“rape kits”). As forensic nurses, our primary concern is the patient’s health. These at-home kits provide no healthcare benefit. When asked about do-it-yourself evidence collection:

1. Emphasize that the sexual assault medical forensic exam is designed to be nontraumatic. Most communities arrange for victim advocates to accompany the patient and, as noted in IAFN’s [recent article](#),

Sexual Assault Nurse Examiners (SANE) perform medical forensic exams with knowledge, compassion, and expertise. These nurses ensure that the exam avoids re-victimization, and that patients are fully informed. Consent for the exam and all its components is a process that involves more than a signature on a form; the patient is consulted at each step, and the exam only proceeds with the patient’s consent. The nurse also provides the patient with information about options for services, reporting, and resources.

2. Reinforce that health care post-sexual assault goes far beyond evidence collection.

While a kit is critical for collecting evidence, it’s one small part of a comprehensive sexual assault medical forensic exam that looks at a patient’s total, overall healthcare needs following a sexual assault. A host of health consequences are associated with sexual assault, including physical injury, pregnancy, sexually transmitted diseases and HIV, depression, anxiety, and suicidal ideation. Some patients experience strangulation during the assault, which can inflict hidden internal injuries that can cause long-term health consequences or even death.

3. Introduce the implications of chain-of-custody issues and admissibility in court. Crime labs in each jurisdiction have preferences about what evidence to collect and test. Collaborate with your multidisciplinary partners to understand the implications of these kits from trauma to trial.

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