



International Association of Forensic Nurses

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Office of Legal Policy
Department of Justice
950 Pennsylvania Avenue NW.
Room 4252
Washington, DC 20530

RE: Docket No. OAG-131; AG Order No. 3143-2010
National Standards to Prevent, Detect, and Respond to Prison Rape

Dear Attorney General Holder,

On behalf of the International Association of Forensic Nurses (IAFN), we are submitting these comments in support of the recommended national standards developed by the National Prison Rape Elimination Commission. As Nurses working in the field of sexual violence, we see the acute and long term health effects of sexual violence victimization daily.

In response to the specific questions in the ANPR

1. *What would be the implications of referring to “sexual abuse” as opposed to “rape” in the Department’s consideration of the Commission’s proposed national standards?*

The term “rape” has been determined to be too narrow in scope, not effectively encompassing the full range of sexual offenses which are perpetrated against men and women. Utilizing a broader term like “sexual abuse” or “sexual violence” allows for a broader response to the spectrum of sexual violence that exists and at the same time remains consistent with the terminology recommended by the Centers for Disease Control. Keeping with this broader definition will allow better determination of the magnitude and scope of sexual violence within the systems.

We agree with some of our colleagues that using the widely recognized terminology of “sexual abuse” in the standards will minimize confusion with the criminal standard for rape -- which varies by state -- and will conform to the expectations and intent of PREA.

2. *Would any of the Commission’s proposed standards impose “substantial additional costs”?*

We understand that the health care needs of this patient population are great, and we agree with the World Health Organization’s 2003 statement that “performing a forensic examination without addressing the primary health care needs of the patient is negligent.” The health implications alone pose a greater threat of “additional costs” than we understand the standards to impose. IAFN makes no direct

comment as to the costs of the standards except to agree with our colleagues that incarcerated survivors of sexual abuse are at high-risk for developing long-term psychological problems, such as post-traumatic stress disorder (PTSD), depression, addiction, and suicidal ideation as well as physical injuries and exposure to sexually transmitted infections, all of which come with a cost to address and treat.

Comments on the Standards

The International Association of Forensic Nurses is the collective voice for nurses practicing in the field of forensic nursing, a global field of nursing where health and legal systems intersect and in which they have a specialized body of knowledge. Forensic Nurses identify the pathology of intentional or unintentional injury in the living and deceased, they collect and analyze evidentiary material, they generate and utilize evidence based research in their practice and they assess, diagnose, plan, implement and evaluate the responses to injury and the interventions that follow. They practice in hospitals and clinical, legal and investigative arenas, government, educational and important for this report, **correctional institutions.**

IAFN acknowledges and supports the commission's recommendation to offer forensic exams by a specially trained professional on page 12. IAFN would recommend that you qualify this statement by adding a specially trained "HEALTH" professional. It is important to note the unique advantages that a health care provider can afford in these situations. While victims may be reluctant to report the abuse to an officer, or ever report, they will often still seek medical attention. When the institution's health care professionals are appropriately trained to screen for and identify victims of sexual abuse as well as in the detailed assessment and diagnosis of injuries and their cause, there will be a greater likelihood for reporting and accurate intervention.

We noted that further in the report on page 15, it states that all health care practitioners must have the training to identify when a prisoner's mental or physical health problems may be related to abuse. We fully support this statement.

The report also cites the *National Protocol for Sexual Assault Medical Forensic Examiners, Adults/Adolescents*. IAFN is the national Technical Assistance provider, funded from the Office of Violence Against Women, for this document and we hesitate to support the recommendation that the Department of Justice should adapt this protocol specifically for use in correctional facilities. Our hesitation is that the protocol is **designed for patients** and not for settings. The recommendations in the National Protocol are universal and were already designed to be flexible to accommodate the jurisdictional and legal differences that different communities *or settings* may encounter. We hesitate because another protocol may dilute or unnecessarily duplicate what already has been accomplished. The National Protocol sets a minimum standard of care for sexual assault patients and should be built upon, not recreated.

Our final comments surround the issue of pregnancy resulting from a sexual assault. IAFN feels strongly, as does the World Health Organization that the use of Emergency Contraception (EC) after sexual assault is safe and we recommend that EC should be immediately offered and available to all female victims of sexual assault of reproductive age who choose to use EC as a means of protection from unintended pregnancy. The standard currently cites only the *screening for pregnancy* after a sexual assault. Protocols to address the issue of pregnancy after a sexual assault should guarantee access to EC

for victims. We believe that this can and should be done and that the personal beliefs of medical providers who consciously object to EC can still be respected. On page 35 of the report, it cites the duty to protect. We strongly believe that there is a duty to protect victims from an unintended pregnancy, as a result of rape. It has already been acknowledged by this commission that a pregnancy is a long-term consequence from sexual assault. IAFN has concern that the recommendations in this report could be water downed to the extent that this protection could be ignored. We urge that the language of the standards reflect the protection from unintended pregnancy by offering emergency contraception.

Conclusion

Strong standards are urgently needed to protect inmates from this devastating form of abuse. I strongly urge you to promulgate the Commission's standards without delay. Every day that these critically important measures are not in place, men, women, and children will continue to be raped while in custody.

Thank you for your consideration.

Respectfully,

Carey A Goryl
Chief Executive Officer