



*American Academy of Forensic Sciences
American Society of Crime Laboratory Directors
International Association for Identification
International Association of Coroners and Medical Examiners
National Association of Medical Examiners
Society of Forensic Toxicologists/ American Board of Forensic Toxicology*

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CFSO “At Home Rape Kit” Position

The Consortium of Forensic Science Organizations (CFSO) represents over 20,000 forensic science and forensic medicine practitioners, including many forensic nurses. CFSO advocates to the federal government and the United States Congress on behalf of these practitioners and seven of the largest forensic science member organizations in the world.

CFSO has advocated for the processing of all sexual assault kits in the country and had been instrumental in obtaining resources for forensic science laboratories, forensic science medical professionals, and forensic scientists to improve sexual assault response in the United States. Specifically, CFSO has lobbied for funding to research approaches to address sexual assault, collect and process sexual assault evidence collection kits (SAECK), and address survivor and victim rights issues. CFSO has emphasized the importance of tracking sexual assault evidence collection kits, training medical professionals and law enforcement to investigate in a more survivor centric way, and processing kits more expeditiously through the laboratory.

CFSO is carefully monitoring the discussion of “at home sexual assault evidence collection kits.” While CFSO is very interested in helping survivors of crime and creating a criminal justice system that works for survivors of crime, we believe that at home SAECKs is not the best approach to helping survivors of crime for the following reasons:

- 1) Survivors should be encouraged to go to a medical facility not only to have a SAECK collected, but to get prophylaxis, medical help, and access to other health and community resources such as mental health, emotional support, advocacy, and other resources. Survivors of crime may or may not want to participate in the criminal justice process, but they should be supported with all available health resources.
- 2) If survivors do choose to participate in the criminal justice process, the at home kits will likely not be admissible in court because a kit collected at home cannot demonstrate chain of custody or other things needed in court to admit the evidence. This gives the survivor false hope because many of them will be frustrated that they went to the effort and trauma of kit collection, but the evidence will not qualify to be used in the criminal justice process. States are spending hundreds of thousands of dollars to train nurses and other medical staff to do this collection in a way that will obtain the best evidence and preserve it in a way that will be able to be used in court. One example is the collection of blood and urine for toxicology analysis in a suspected drug facilitated sexual assault. Blood needs to be drawn by a medical professional into the correct blood tube type for the type of analysis that needs to be performed. Appropriate collection of urine is important to detect drugs, especially certain “date rape drugs”.
- 3) At home kits take away an opportunity for crime reporting. Many survivors may not understand the criminal justice system and how they can participate in it to hold the perpetrator accountable. In

addition, most states have mandatory reporting for juvenile survivors. Often the medical staff at the collection site are the individuals that educate the survivors on the benefit of engaging with law enforcement for the investigation and prosecution of the crime. Many survivors are more emboldened to report the crime after being educated about the process by medical staff and advocates. Early reporting to law enforcement is critical because there is a key window to collecting other evidence and identifying potential suspects.

4) In order for the evidence to be eligible for entry into state and federal databases such as the Combined DNA Index System (CODIS), evidence has to be collected by law enforcement, be associated with a crime, and have a chain of custody. At home rape kits put this in jeopardy and will lead to evidence not being eligible for entry into these criminal databases to solve these crimes and other crimes that are potentially linked from the same perpetrators.

5) At home rape kits do not go through the scrutiny of state approved SAECKs. In most states, the kit components are evaluated by the state laboratory and other experts to ensure that the kit components are what is needed to process the kit through the laboratory. They also evaluate the kit components in conjunction with the laboratory instrumentation and methods to ensure the process is optimized. In addition, many states participate in discussion between forensic nurses and the laboratory to ensure that the best collection, preservation, and optimization to laboratory process is accomplished. For example, what type of survivor reference sample to collect has many potential repercussions for the laboratory and the prosecution of the case.

6) States invest a great deal of time and effort every year to ensure that nurses are trained to do the collection correctly. An untrained individual, family member, or friend may be comforting to the survivor at the time of crisis, but will likely lose critical evidence in the process. Nurses are trained to ask questions about the nature and extent of the assault that may lead to additional collections such as additional swabs, photography, or clothing and bedding. The nurse is also an objective third party that can document the survivor account of the events and provide testimony support at trial. Advocates that are deployed to the collection site can also provide that third party support for the survivor at the time of evidence collection and in court.

7) At home kits add problematic situations for states that are trying to comply with federal and state kit collection and survivor rights legislation. In large measure, states are tracking kits and have statutes to process those kits in a timely manner. States keep track of kits being collected in the state or location and will not be able to keep track of kits not collected in the state system. This creates an undue burden on the state or locality.

CFSO understands the need to make survivors of sexual assault more comfortable, supported, and believed during the collection, investigation, and prosecution process. We are leading many efforts to ensure this happens from forensic practitioners and law enforcement, collaborating with survivor advocate groups for these purposes, and advocating for additional fiscal resources to improve the process. Our members are advocating for and implementing resources like robust rural health systems and tele-medicine to better support survivors of crime. However, the importance of a health care provider directing this process cannot be overstated.

CFSO is aware of efforts by state attorneys general and state legislators to ban the use of these kits. We support these efforts so that survivors of crime can get the treatment, support, and criminal prosecution they deserve in their case.