



ForensicNurses.org

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April 9, 2024

ATTN: Jeffrey M. Zirger
Information Collection Review Office
Centers for Disease Control and Prevention
1600 Clifton Road NE
MS H21-8
Atlanta, Georgia 30329

Via electronic submission at www.regulations.gov

RE: Docket No. CDC-2024-0010, 2025 and 2027 National Youth Risk Behavior Survey

The International Association of Forensic Nurses (IAFN) appreciates the opportunity to respond to the Centers for Disease Control and Prevention (CDC) and Department of Health and Human Services (HHS) proposed information collection, published in the *Federal Register* on February 9, 2024.

IAFN is a professional education and membership association representing approximately 6,000 forensic nurses and allied professionals worldwide. Forensic nurses are specially trained to provide comprehensive care to patients who have experienced unspeakable acts of violence and abuse. In addition to providing forensic nursing education, IAFN establishes clinical and professional practice standards for the nursing specialty across a range of settings, educational institutions, and patient populations (American Nurses Association (ANA) & IAFN, 2017).

IAFN applauds CDC's efforts to implement and maintain the National Youth Risk Behavior Survey (YRBS) to track essential health information, such as trends in youth violence. This data continues to be critical as HHS works towards meeting the objectives outlined in Healthy People 2030. IAFN supports the survey's overall goals and structure and proposes additional questions for inclusion that investigate two areas not yet addressed in the YRBS: (1) efforts to connect individuals with specially trained healthcare providers following sexual assault, and (2) instances of threats to use sexually explicit images of an individual against that person as a form of blackmail, i.e., "sextortion." IAFN believes that both questions would provide invaluable information about interventions that could interrupt acute and long-term negative health consequences stemming from sexual assault and reduce the compounding costs of violence.

Forensic Nursing's Contributions to Healthcare

Forensic nurses are highly trained registered or advanced practice nurses who practice in a variety of hospital and community settings. These providers have specific expertise in the comprehensive medical forensic examination (MFE) and treatment of patients who have experienced sexual assault, intimate partner violence, child or elder maltreatment, human trafficking, and accidental as well as non-accidental trauma. They are often the first healthcare professionals to provide medical care to a victim of violence and routinely coordinate the resources necessary for follow-up needs, including those involving law enforcement reporting. Forensic nurses also address any unmet evidentiary needs and provide consultation and testimony for civil and criminal proceedings relative to nursing practice, care given, and opinions rendered regarding health findings (ANA & IAFN, 2017). IAFN establishes and improves education and clinical practice standards for the specialty of forensic nursing to treat these patients.

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Patients impacted by violence, exploitation, trauma, and abuse experience acute and long-term health consequences associated with that victimization (Walsh, Galea, & Loenen, 2012; Walker-Descartes et al., 2021; Church Barker, Stewart, & Vigod, 2019; Mazza et al., 2021; Iverson et al., 2019). Clinical studies demonstrate that patients experiencing violence are more likely than the general population to experience depression, substance use, posttraumatic stress disorder, and other chronic conditions and that early intervention can lead to both better long-term outcomes and lower costs to the healthcare system (Young-Wolff et al., 2018; Santaularia et al., 2014). Access to a trained forensic nurse can positively impact a patient's short- and long-term health outcomes, effectively interrupting a lifetime of ongoing medical consequences stemming from violence. This is especially true for those patients from historically underserved populations, including those from diverse ethnic and cultural backgrounds, people with disabilities or mental health disorders, and those of diverse gender identities who face serious access-to-care barriers following violent victimization (Bach et al., 2021).

Proposed Additions to the 2025 and 2027 National Youth Risk Behavior Survey

Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility

As demonstrated and well documented by CDC's existing Adverse Childhood Experiences (ACEs) research, violence contributes to negative acute and long-term health outcomes (CDC, 2023). The *Youth Risk Behavior Survey Data Summary & Trends Report: 2011–2021* contains invaluable data on adolescent sexual behavior, including experiences with sexual violence. IAFN respectfully proposes that future reports consider adding data points to capture trends in healthcare intervention following violence. IAFN shared initial viewpoints with CDC's Division of Adolescent and School Health leadership in April 2023. We formally propose that subsequent iterations of the YRBS ask individuals who have experienced violence if they have seen a healthcare provider following violence. IAFN respectfully submits the following question to CDC for consideration:

(1) In the past 12 months, how many times did you interact with a healthcare professional due to the violence you experienced? (“Healthcare professional” includes emergency room medical staff, Forensic nurse, Primary care provider, Psychologist, Therapist, Sexual Assault Forensic Examiner, etc.)

HHS has identified increasing access to high-quality healthcare as one of the five social determinants of health (HHS, n.d.). IAFN strives to identify and expand access points for individuals experiencing violence across the lifespan, and forensic nurses are the providers best prepared to provide trauma-informed services to patients experiencing violence. Therefore, we view it as necessary to include questions that inform whether specific age groups are interacting with and obtaining healthcare following the violence. ***These data are critical to illuminating an increasingly nuanced understanding of who has access to healthcare and will aid in our mutual efforts to increase health equity through access to quality medical care.*** The evidence is clear that early healthcare intervention following violence leads to greater acute and long-term health outcomes, and that data-driven responses heighten our collective ability to promote focused healthcare interventions.

IAFN applauds and supports CDC's ongoing efforts to address health equity. IAFN believes that CDC's ability to review this information with demographic data would better enable policymakers to identify trends in healthcare gaps and effectively establish patient access initiatives, referral networks, or provider training. Expanding healthcare data points within the YRBS would enhance CDC's efforts to affect better health



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outcomes for various racial and ethnic groups, as well as individuals with diverse backgrounds across race, ethnicity, sex, sexual identity, and gender identity. This data would be beneficial to CDC and other government agencies that recommend interventions for youth who are most at risk of violence and that wish to address and interrupt the compounded negative health effects of violence over a lifetime.

IAFN additionally appreciates CDC's focus on identifying interpersonal violence victimization (IVV) trends, as cited in the 2021 YRBS (Clayton et al., 2023). We further applaud CDC for its focus and attention on teen dating violence, including its work to disseminate a host of prevention resources (CDC, 2020). IAFN strongly urges CDC to strengthen its information collection on this topic by adding specific questions related to sextortion, which is on the rise and involves ongoing victimization and harm (Federal Bureau of Investigation, 2024). Patients are increasingly reporting sextortion as an aspect of sexual or interpersonal violence in forensic nursing exams. For example:

(2) During the past 12 months, did you experience sextortion? (Has anyone asked you to send them a nude or explicit image or video? Has anyone threatened to share a nude or sexual image or video of you for any reason?)

We appreciate CDC's commitment to improving health outcomes and health equity for individuals experiencing violence, as well as your attention to emerging and destabilizing trends that impact individuals' health and well-being.

Thank you for the opportunity to provide comment on the proposed information collection. Please contact Christina Presenti, Membership Director and Government Affairs Committee Chair at cpresenti@forensicnurses.org with any additional questions.

Sincerely,

A handwritten signature in cursive script that reads "Jennifer Pierce-Weeks".

Jennifer Pierce-Weeks, BSN, RN, SANE-A, SANE-P
Chief Executive Officer

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