

House Judiciary Committee

2.6.19 HB 2079 Johnson

Chairman and Members of the Committee:

My name is Dr. Jennifer Johnson, and I am a women's health nurse practitioner and an advanced forensic nurse. I am the manager for the AdventHealth Shawnee Mission Forensic Assessment Consultation and Treatment (FACT) Program which is a comprehensive forensic program that provides medical forensic examinations to patients that present to AdventHealth facilities that have been victims of a crime. The program consists of 26 nurses, 2 of which are Nurse Practitioners. The program provides evaluation and treatment, evidence collection and forensic photography for cases involving sexual assault, intimate partner violence, gunshot wounds, stabbings, elder abuse, child abuse and strangulation.

In May of 2010, the FACT program under my direction at AdventHealth Shawnee Mission expanded our sexual assault program to encompass all victims of crime that present to the two Emergency Departments for medical management of the injuries sustained from criminal acts. To date the program has evaluated 6,672 patients and of those patients 1,335 were intimate partner violence with 53 (3%) disclosing sexual violence by their spouse.

Intimate partner occurs in every community and in every race, research indicates that women not only have been physically assaulted by their intimate partner but have been sexually assaulted by that same partner but may not disclose to law enforcement or medical staff due to anxiety, self-blame, shame or the fear of harm.

Sexual contact without consent is harmful if perpetrated by a victim's partner or spouse than by someone she does not know. In fact, research has shown that intimate partner sexual violence may result in increased long-term effects than when committed by a stranger¹. These effects can

¹ Adam, D. (2017). Talking to killers: What can they tell us about sexual assault as a risk factor for homicide? In L. McOrmond-Plummer, J. Y. Levy-Peck, & P. Eastal (Eds). *Perpetrators of intimate partner sexual violence* (pp. 9-20). New York: Routledge.

² National Coalition Against Domestic Violence. *Domestic Violence and Sexual Abuse*. Retrieved from <https://ncadv.org/blog/posts/quick-guide-domestic-violence-and-sexual-abuse>

³ Kansas Bureau of Investigations. 2017 Kansas Crime Index. Retrieved from <http://www.accesskansas.org/kbi/stats/docs/pdf/DVStalking%20Rape%202017.pdf>



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range from long-term physical problems to mental disorders. These women have a higher rate of depression and anxiety than other women that are sexually assaulted by a non-intimate partner.² Research further indicates that those that are sexually abused by their spouse report more risk factors for intimate partner homicides than non-sexually abused women.² In 2017, Kansas reported 176 homicides, 38 of which were intimate partner (21.6%.) Which was an increase from 2016 with 19 intimate partner homicides. It was not reported in the Kansas Bureau of Investigations if there was a sexual component, however, there were 12 reported sexual batteries reported in 2017 that were committed by a spouse.³

HB 2079 will allow Kansas prosecutors to provide effective intervention in spousal sexual violence which will increase the safety of the victim, prevent future abuse and ultimately hold perpetrators accountable for the crime(s) they commit.

AdventHealth Shawnee Mission and the FACT program strongly supports passage of HB 2079.

Submitted by,

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