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PREFACE

Sexual violence continues to occur far too often in the Commonwealth. Hundreds of thousands of men and women in Kentucky have been victims of sexual assault in their lifetime, though many will never report this horrific crime due to trauma, fear, or simple lack of trust in the medical and/or criminal justice system.

Healthcare facilities that offer emergency services in Kentucky must provide medical care and forensic medical exams at the request of patients who present with a complaint of rape or sexual assault (KRS 216B0 400). Historically, there has been a gap between the needs of victims and the healthcare services provided since emergency department staff may lack sufficient training to provide comprehensive care to patients who have been victims of sexual violence. This guide is meant to enhance your facility’s response to victims by providing the tools necessary to serve this unique population of patients. Within this guide the terms ‘patient’ and ‘victim’ are used interchangeably.

GENERAL INFORMATION

GOALS & RESPONSIBILITIES

It is a goal of both the Kentucky Association of Sexual Assault Programs (KASAP) and the State’s Sexual Assault Response Team Advisory Committee (SART AC), to foster and strengthen Sexual Assault Response teams (SARTs) or Sexual Assault Interagency Councils (SAICs) in local communities to improve the response and care of victims of sexual assault.

The ultimate goal of a medical forensic exam is to address the immediate healthcare needs of the victim and minimize the physical and psychological trauma to the victim while preserving the future needs of the criminal justice system. Research has shown that the best practice of healthcare facilities is to employ staff trained in forensic evidence collection such as Sexual Assault Nurse Examiners (SANEs).

A SANE is a registered nurse licensed in Kentucky who has completed the required didactic, clinical, and continuing education components and possesses a SANE credential issued by the Kentucky Board of Nursing. Only RNs with this credential may use the initials SANE. See KRS 314.011 (14). The attending physician, SANE, or other qualified medical professional will be referred to as the examiner for the purposes of this guide.

IT IS THE RESPONSIBILITY OF THE EXAMINER TO:

• Provide high-quality, sensitive, supportive, patient centered care.
• Identify, emergent medical injuries or conditions and treat as appropriate within the scope of practice of the examiner.
• Involve Law Enforcement as required by mandatory reporting laws or as requested by patient. **Not all Sexual Assaults must be reported to the police**
• Document a thorough medical forensic history.
• Carefully explain the process of forensic evidence collection and obtain the consent of the patient prior to proceeding with each step of the exam and collection.
• Identify and document all injuries and interpret physical findings, include an anatomical diagram of injuries visualized along with location of points of tenderness found. Photographs of physical findings should be taken.
• Collect and preserve evidence for analysis by a crime laboratory while providing comprehensive documentation of the process.
• Meticulously maintain and document the chain of custody.
• Evaluate the possibility of STIs, HIV, and pregnancy, providing prophylactics as appropriate.
• Testify in court if needed.
SEXUAL ASSAULT RESPONSE TEAMS and SEXUAL ASSAULT INTERAGENCY COUNCILS
A Sexual Assault Response Team (SART) is a multidisciplinary approach to responding to victims. The team may include members from local law enforcement, community advocates from the local rape crisis center and a qualified medical professional. Team members receive specialized training that helps to ensure a victim-centered, trauma-informed approach to the victims they encounter.

A Sexual Assault Inter-Agency Council (SAIC) is meant to serve in more of an advisory/resource capacity. The council may include many different community members who have an interest in improving response, education and prevention of sexual violence.

Communities are encouraged to develop a SART or SAIC that will best meet the needs of those they serve. Some communities choose to operate their SART programs from facilities other than hospitals, for example SARTs may be advocacy/community based (Louisville) or law enforcement based (Lexington). It is important to know the availability of trained teams in your community. Existing teams and the Kentucky Association of Sexual Assault Programs can be used as a resource for developing SARTS and creating policies and procedures. For additional information, please contact KASAP.

CONFIDENTIALITY
All patients have a right to confidential treatment and services. Hospitals may only release information as a) authorized by the patient or b) mandated by law. The Violence Against Women Act (VAWA) guarantees that all patients have a right to have a SAFE exam performed at no cost to the victim regardless of whether he or she wishes to report to law enforcement. Each facility should have and strictly follow confidentiality policies in place consistent with the federal regulations outlined in the Health Information Portability and Accountability Act (HIPAA) and VAWA.

REPORTING
NOT ALL RAPES AND SEXUAL ASSAULTS MUST BE REPORTED TO LAW ENFORCEMENT IN THE STATE OF KENTUCKY

Except as required by mandatory reporting laws, it is the patient's decision to report the assault to law enforcement. This includes both minor and adult patients. The patient whose circumstances do not require mandatory reporting may choose to:
• Report to Law Enforcement and receive a Sexual Assault Forensic-Medical exam.
• Decline reporting to Law Enforcement and receive a Sexual Assault Forensic-Medical exam.
• Receive a patient driven medical examination and be given prophylactic treatment as appropriate.

Regardless of a patient's decision regarding making a report to law enforcement, it is still recommended to offer the Sexual Assault Forensic-Medical examination, prophylactic medication, and provide referrals to community services.

MANDATORY REPORTING:
Mandatory reporting laws were created to protect people who are especially vulnerable and in need of protective services. Kentucky laws require that abuse, neglect, and exploitation be reported when the victim is; (1) a child, (2) the spouse of the offender, or (3) an adult with a disability or vulnerability who is unable to protect him or herself. Any sexual activity involving a child and an adult is considered abuse. See KRS 600.020, KRS 620, KRS 209 and KRS 209A. See Appendix A: Mandatory Abuse Reporting in Kentucky, for a more detailed explanation of mandatory reporting and references.
PAYMENT
In accordance with the Violence Against Women Act (VAWA), a victim of sexual assault is entitled to a forensic exam and the prophylactic treatment of potential STIs, pregnancy and HIV at no out-of-pocket cost to the victim. If the patient has health insurance, public or private, this information may be obtained, at the consent of the patient, and request for payment should be made to these entities first. Additionally, as outlined in 40 KAR 3:010, the Crime Victims Compensation Board, through the Sexual Assault Assistance Fund, provides payment to examination facilities for use of the examination room and lab tests, medication, and to examiners, for conducting the Sexual Assault Forensic-Medical Examination. For information on how to apply for this reimbursement, please visit http://cvcb.ky.gov. In compliance with KRS 216B.400(4), sample gathering (for example, the use of a Sexual Assault Evidence Collection Kit, clothing from person examined, or other samples) must be included in the exam in order to receive payment from Crime Victims Compensation Board.

The patient must be informed that they may be responsible for the costs of medical treatments other than procedures involved in the forensic examination. Payment from the Sexual Assault Patient Assistance Fund for the forensic examination is not contingent upon reporting to a law enforcement agency, however, the funds may be limited. The patient should be informed that the Commonwealth of Kentucky, through the Crime Victim’s Compensation Fund, can consider payment or reimbursement of medical expenses and other qualifying expenses related to the crime if certain requirements are met.

A PATIENT-CENTERED APPROACH
Patients who present with a complaint of sexual assault or rape should be considered an emergency regardless of any physical evidence of trauma or injury. Facilities and examiners should keep in mind that psychological trauma can have devastating consequences. Additionally, some evidence may be lost solely due to the passage of time. Privacy is imperative and patients should be placed in an area where their safety and privacy can be maintained as soon as possible. The exam and treatment should be based on the patient’s individual needs and circumstances, respecting the patient’s priorities and boundaries.

PATIENTS OF DOMESTIC VIOLENCE
Patients who are victims of sexual assault as a result of domestic violence, meaning they are married to, living with, or share a child with their abuser, may have additional safety needs. If the abuser is a spouse, the assault falls under the mandatory reporting laws and should be reported to the Cabinet for Health and Family Services immediately. If their circumstances do not warrant mandatory reporting, it remains the patient’s choice whether or not to report.

THE ELDERLY PATIENT
The elderly patient may be at increased risk for more severe injuries during a sexual assault. An older patient may have greater risk for tissue or skeletal damage and/or exacerbation of existing illnesses and vulnerabilities. The examiner should be cautious during the exam to prevent further damage. Elderly patients may also be more reluctant to report the assault for reasons such as fear of retaliation or abandonment by caregivers.

PATIENTS WITH DISABILITIES
GENERAL ACCESSIBILITY
The Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973, also protects individuals with other disabilities including but not limited to developmental disabilities, traumatic brain injuries, and learning disabilities.
COMMUNICATION DISABILITIES:
Under Section 504 of the Federal Rehabilitation Act of 1973, any agency (including hospitals and police departments) that directly receives federal assistance or indirectly benefits from such assistance, must be prepared to offer a full variety of communication options in order to ensure that hearing-impaired persons are provided effective health care services. One option which must be provided at no cost to the patient includes providing interpreters who can accurately and fluently communicate information in sign language.

Under Title 111 of the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973, all businesses and services operated by private entities are legally obligated to ensure the provision of public accommodations of the deaf and hard of hearing individuals to obtain equal access to services.

It is imperative that facilities have established protocols in place prior to servicing a patient with special communication needs. A family member who has some sign language skills does not constitute a ‘qualified’ professional interpreter and does not exempt hospitals or examination facilities from accountability.

LANGUAGE:
Under Executive Order 13166 implementing Title VI of the Civil Rights Act of 1964, all agencies receiving federal funding must provide “meaningful access” to individuals with “limited English proficiency (LEP)”. There must be no delay or difference in services to the LEP patient. Interpretation and translation (of written) forms must be provided by a “competent” interpreter at no cost to the patient. Family members are not considered to be “competent interpreters.” An interpreter must be provided for the patient, and in the case of a LEP family member (where the patient is not LEP), an interpreter must be provided for the family member. Follow facility guidelines for obtaining a competent interpreter.

Accommodations must be made for patients with disabilities to ensure they have access to any device or service necessary to ensure their understanding and consent prior to an exam. Refer to your facility’s policy on accommodating patient’s with disabilities.

THE MALE PATIENT
Male victims of sexual assault are even less likely to report the crime or seek care than female victims. However, the male patient should receive the same level of care and consideration and is entitled to the same rights as the female patient.

THE LESBIAN/GAY/BISEXUAL/TRANSGENDER PATIENT
Whatever the motivation of the assailant, a sexual assault is as traumatic to the LGBT patient as it is to heterosexual patients. It is unnecessary for the patient to disclose their sexual orientation to the facility personnel. They must receive the same level of care and consideration during the examination process and are entitled to the same rights as any other person seeking a sexual assault exam.

PREA
The Prison Rape Elimination Act protects the rights of victims of sexual assault within the prison/jail/detention systems. An incarcerated individual who has been the victim of sexual violence will be treated like any other victim and may consent to an exam or refuse to consent to an exam. To the extent possible, based on the safety and security of both the facility and the patient, the patient will be afforded the same access to forensic medical treatment and advocacy as all victims in the Commonwealth.
THE DECEASED PATIENT
A patient’s medical needs are a priority. If a patient dies prior to or during the evidence collection process, the evidence collection will cease and the case will be referred to the coroner.

TRANSFER OF PATIENTS
All emergency departments are required to have a qualified medical professional on staff or on call 24 hours a day to provide these examinations. However, patients should be informed of the option of referral to facilities with available forensically educated staff. If patient declines referral, the presenting facility is required to provide the exam.

YOUNG ADOLESCENT PATIENTS
This guide is designed to specifically address the care of patients age 14 and older since this is the minimum age at which an exam may be performed by a SANE. However, The Commonwealth of Kentucky is fortunate to have available Child Advocacy Centers. These highly specialized centers use a multi-disciplinary approach to the care and examination of children who have been the victim of any form of sexual abuse. If a victim under the age of 18 presents to the health care facility, consider collaboration between the Cabinet for Health and Family Services, law enforcement, the local child advocacy center and the examiner to determine the most appropriate environment for the medical-forensic exam.

*If an acute exam is necessary and the Child Advocacy Center is not available, it is the ultimate responsibility of the health care provider to complete that forensic examination. If a SANE is available, consider consulting or allow the SANE to assist in the exam.

ADVOCACY AND SUPPORT PERSONNEL
**Prior to performing the forensic examination, the facility shall contact the rape crisis center to inform the on-call advocate that a patient has arrived at the health care facility for an examination, 502 KAR 12:010. After the advocate arrives, seek the consent of the patient for the advocate to be present during the exam. The advocate is able to assist facility staff in explaining the necessity of medical and evidence collection procedures, and they may also counsel family members or friends of the patient who are at the facility. An advocate is also able to provide counseling referrals and other information, such as the existence and availability of patient compensation programs or other types of assistance, and emphasize the importance of follow-up care. It is the patient’s right to have an advocate or other support person with them during the exam process. It is also their right to decline having anyone else in the room during their exam.

**If the victim is currently incarcerated this information should be given to the rape crisis center so that they may dispatch an advocate with specialized training in responding to victims currently housed by the criminal justice system.

FACILITY OR HOSPITAL PERSONNEL
According to KRS 2168.400, hospitals providing emergency services shall have 24-hour access to qualified medical professionals. Regardless of who treats the patient, the examiner should have education, experience, and knowledge in the identification, collection, documentation, and preservation of evidence of sexual assault patients.
FACILITY PROCEDURES
Patients of sexual assault should be considered medically emergent and triaged accordingly. Requests for patients to recount the details of the assault should be kept to a minimum during the triage process. The patient should be placed in a secure and private area while at the facility.

THE ADOLESCENT/ADULT SEXUAL ASSAULT FORENSIC-MEDICAL EXAMINATION

CONSENT
Consent must be obtained and documented prior to conducting the forensic-medical exam. If a victim is severely injured, incoherent or incapacitated, refer to your facilities procedures for obtaining legal consent for medical care. Minors are legally capable of consenting to an examination without parental consent as stated in KRS 216B.400(7).

Informed consent should continue throughout the exam process. When under stress, patients may not always understand or remember the reason for each portion of the exam which can be an embarrassing and sometimes intimidating experience. This is a normal reaction to trauma. Therefore, each procedure should be explained as the exam progresses, so that the patient can understand what is being done and why. Special care should be given to ensure the patient feels safe and is provided with as much choice in the proceedings as possible. It should also be explained to the patient that they may withdraw consent at any time and for any portion of the exam.

Although much of the examination and sample collection process can be explained by a rape crisis center advocate, this function is ultimately the responsibility of the examiner.

CONSENT TO PHOTOGRAPH
Photographic documentation of injuries can be very important to evidence collection. Facilities must obtain additional consent to take photographs of a patient and their injuries. If the photographs will be used for educational purposes, specific consent must be given that clearly states that purpose. Each facility should have policies in place regarding storage, maintenance, and release of photographs.

EQUIPMENT and SUPPLIES

- A copy of the most current exam protocol used by the jurisdiction or facility.
- The Kentucky State Police Sexual Assault Evidence Collection Kit, and State Police Toxicology Collection Kit. These are available through the Kentucky State Police, state crime labs or possibly through local law enforcement agencies. **It is recommended that healthcare facilities keep several kits stored and available for patients who do not wish to involve law enforcement.**
- Standard exam room equipment and supplies for full physical assessment and pelvic exam.
- An alternate light source.
- Testing and treatment supplies
- A camera and related supplies (including Toluidine Blue Dye).
- A method or device to dry evidence.
- Comfort supplies for patients such as clean clothing, toiletries, snacks, drinks and access to a phone with privacy.
- Paper bags for collection of clothing or other items that may not fit into the collection kit.
- Colposcope (optional).
COLLECTION PROCEDURES
Powder-less gloves should be used and changed frequently to avoid cross-contamination of evidence. To minimize loss of evidence, the patient should disrobe over a clean white sheet or paper that has been laid over a cloth or paper sheet. Surface or trace evidence from clothing may be collected individually, wrapped in white paper, and sealed in a collection envelope. If patients cannot undress on their own, it may be necessary to cut off items of clothing. Care should be taken to avoid cutting through existing rips, tears, or stains.

DOCUMENTATION
• Date and time of exam.
• Date and time of assault - It is essential to know the period of time that has elapsed between the assault and the collection of evidence. The presence or absence of physical evidence may correspond with the time interval since the assault.
• Last Menstrual period.
• Current Medications.
• Recent use of drugs or alcohol (known or suspected).
• Medical Allergies.
• Physical Disability.
• Cognitive Disability.
• General appearance and demeanor of patient.
• Recent history of Ano-genital injuries, surgeries, diagnostic procedures, or medical treatment which may affect findings.
• Pre-existing injuries.
• Post-assault hygiene activity, i.e. urinate, defecate, genital wipe/wash, used a tampon, inserted or removed a contraceptive device, ate, drank, changed clothes. The presence and quality of evidence is affected by the passage of time and actions taken such as showering, eating, activities of daily living. It is important to document information provided by the patient about circumstances that could potentially alter or degrade the evidence/samples collected.
• Lubricants of any kind, including oil or grease, are trace evidence and may be compared with potential sources left at the crime scene or recovered from the body.
• Consenting sexual activity - document date, time, type of activity, and name.
• Post assault consensual sexual activity (type of activity).
• Offender description - race, gender, age, name (if known), physical characteristics i.e. tattoos, scars, piercings, facial hair, etc.
• Actions by Offender - i.e. grabbing, holding, strangulation, restrained, hit, hair pulled, pushed, thrown, abducted, weapons used.
• Ask if patient injured offender - give description if applicable.
• Location of Assault - Information regarding the location of the assault should be documented, as well as the surface upon which the assault occurred. This information will assist the examiner in the recovery of trace evidence, as well as the presence of injury.

DRAWINGS
Anatomical drawings should be used to show the location of the injury. Each injury should be described by injury type, location, shape and color. A written description of each injury should be documented in addition to the drawing. (i.e. laceration - linear, red, contusion- circular, purple in color with blanched center, etc.).

PHOTOGRAPHY
Examination facilities should have photographic equipment available. Follow established protocols for consent to photograph and for photographic procedures. Patients have the right to decline the use of photographic documentation. Every effort should be made to educate the patient on the importance of this tool. If the patient declines photographs, it is necessary to abide by his/her wishes and make a notation in the record. Photographic documentation provides a clear graphic
depiction of the injury or condition. Understanding of the full extent of a patient’s injury or condition can be enhanced when a written description or drawing is combined with photographic documentation (photo, video).

**RECOMMENDED PHOTOGRAPHIC GUIDELINES**

- Obtain patient consent to photograph prior to beginning the exam.
- Obtain an initial, full-body, fully-clothed, photo of the patient for identification purposes.
- When photographing specific injuries, maintain privacy and expose only what is necessary.
- Take at least three (3) images of each injury:
  1. Orientation image - For example, if the injury is on the left elbow, take a photograph of the entire extremity or full body
  2. Close up image
  3. Close up image with a measuring device
- A ruler should be used to indicate the size of the injury. If a ruler is not present, using an object with a universal and constant size may be helpful, such as a quarter.
- Always take close-up photographs of the injury at a 90 degree angle.
- An injury should be photographed prior to cleaning and after cleaning.

**CLOTHING**

Frequently, clothing contains important evidence in a case of sexual assault.

1. Clothing provides a surface upon which traces of foreign matter may be found, such as the body fluids (semen, saliva, blood, and sweat), hair, and fibers, as well as debris from the crime scene.
2. Drainage from the vaginal or anal cavities may collect on the underwear. Collect any article of clothing or item that was in direct contact with the genitalia. Collect any personal sanitary pad, panty liner, or tampon used post assault.
3. Damaged clothing may be significant and should be photographed, documented and collected.
4. Clothing items should be packaged individually in paper bags. Clothing items must be air dried prior to packaging.

**SWABS**

- Collect 4 swabs from each site. Swab all bite marks, areas of potential DNA based on history of assault provided, and/or areas indicated during examination.
- Take care not to contaminate the swabs by exposing them to secretions from more than one area at a time.
- All swabs should be dried prior to packaging and sealing.
- Swabs used for dried secretions (including fingernail swabs) should be lightly moistened with saline/sterile water prior to collection.

**FINGERNAILS/TOENAILS**

If indicated by the history or debris is observed under the patient’s fingernails, the fingernails can be swabbed or cut. Swab nail and under distal edge of nail. You may also cut the nail. It is important that swabs and/or clippings should be made for each hand over a separate piece of paper. Swabs and/or clippings should be packaged in separate envelopes, labeling the envelopes “left” and/or “right” hand.

Document missing or damaged (artificial or natural) nails and collect those separately from other intact nails.

**DEBRIS**

Debris on the body should be collected. Debris found on the body should be photographed in situ prior to collection. Collect the evidence and place in a paper envelope. Take special care to note on the documentation record where and what was collected. Use objective terms such as a fiber, vegetation, or debris.
PACKAGING AND LABELING
All items/samples collected must be placed in paper or cardboard containers.

NEVER PLACE EVIDENCE IN PLASTIC BAGS OR CONTAINERS. Paper has the ability to “breath” and allows moisture to escape which may prevent sample degradation.

Label each item/sample with patient name, date of collection, time of collection, contents, and collector’s signature, or bio-hazard.

DO NOT LICK ENVELOPES. Seal with tape. When sealing each envelope, the forensic examiner must place their initials across the seal of tape onto the envelope (extending from the envelope/paper bag, across the seal, and back onto the envelope/paper bag).

Seal kit box with the Kit Box Seal provided. Fill out all information requested on the seal, then the examiner should initial where sealed on each side.

EVIDENCE INTEGRITY or CHAIN OF CUSTODY
The custody of any evidence collection kit and the specimens it contains must be accounted for from the moment the kit is opened for use in collection until the moment it is introduced in court as evidence. This is imperative in order to maintain the legally necessary ‘chain of evidence’, sometimes called ‘chain of custody’, or ‘chain of possession’. It is recommended to limit the number of people in the chain of custody.

Each law enforcement jurisdiction has different policies, procedures and forms that may be used for recording chain of custody. Each health care facility is encouraged to use the SAFE toolkit for guidance on maintaining chain of custody when the kit is not immediately turned over to law enforcement. Once the kit has been opened, any of the evidence collected must never be left unattended by the examiner or assisting personnel. If a situation occurs in which the individual collecting evidence must leave the room, then another authorized individual must assume responsibility for the chain of custody and document appropriately the transfer of custody or the examiner must take all evidence with them. This authorized individual may include another staff member or an officer, but will not be the patient advocate.

Upon completion of evidence collection, return kit and all pink copies of forms to investigating officer if patient is reporting. If the patient is not reporting, this pink copy should be maintained according to facility policy. It is strongly recommended that all chain of custody policies and procedures are discussed with law enforcement and prosecutorial personnel before they are established.

REMINDER: ONGOING INFORMED CONSENT MUST BE MAINTAINED THROUGHOUT THE EXAM PROCESS!
NARRATIVE HISTORY
Patients will be asked to provide a medical forensic history. This history, obtained by asking patients detailed medical and forensic questions related to the assault is intended to assist in the identification of injury, potential recovery of DNA, and provide appropriate treatment.

Documentation should include a description of all types of contact between the assailant and the patient. Examples of oral contact may include kissing, sucking, biting, spitting, licking, and others. Examples of physical contact may include hitting, kicking, scratching, punching, restraining, strangulation, the presence of weapons actual or implied, etc. Examples of verbal assault should be incorporated as well, including threats whether implied or verbalized. Document any penetration, however slight, of the male/female sex organ, anus, or mouth.

*Note whether or not a condom was used and if ejaculation occurred.

HEAD TO TOE ASSESSMENT
A complete head to toe assessment should be performed. During the head to toe assessment all details of trauma, such as bruises, abrasions, lacerations, bite marks, or tenderness should be documented. Pain assessments should be completed for each individual injury. The patient’s history of the assault may be used to determine which areas of the body need to be examined closely for potential injury or collection of evidence such as secretions or debris.

GENITAL/ANAL EXAM
If patients must use bathroom facilities prior to the collection of specimens, they should be cautioned that potential DNA may be present in the genital area and to take special care not to wash or wipe until after the evidence has been collected.

* If the use of a condom is reported, the condom should be collected, dried and placed in the kit. If the condom is not available at the time of the exam and if applicable, law enforcement should be directed to collect it.
* Menstrual Pads, panty liners and tampons should also be collected when indicated. They should be dried, packaged in a paper envelope, sealed, labeled accordingly and placed in the kit.
* Removable contraceptive devices (diaphragms, rings, etc) can be swabbed for the presence of secretions

INSPECT, PHOTOGRAPH, COLLECT, DOCUMENT
Females
- Visualize/inspect external genitalia - include labia major, labia minora, hymen, perineum
- Photograph as needed
- Collect samples from external genitalia
- Visualize/inspect anus
- Photograph as needed
- Collect samples from anus
- Internal exam - Insert speculum - visualize/inspect vaginal walls and cervix
- Document findings - i.e. erythema, contusion, abrasion, secretions, etc.

Males
- Inspect, photograph, collect, document
- Visualize/inspect penis and scrotum
- Collect samples from external genitalia
- Visualize/inspect anus
- Photograph as needed
- Collect samples from anus (do not insert swabs into rectum)
PROPHYLACTIC TREATMENT

EVALUATION FOR SEXUALLY TRANSMITTED INFECTIONS

It is not necessary, nor is it mandated by Kentucky regulation to automatically test for STI’s during the sexual assault examination, unless the patient requests. You must discuss the risk of STI’s with the patient and the prophylactic treatment available. If the patient wishes to receive prophylactic STI treatment, testing is not necessary. If testing is requested, or if the patient shows signs of infection, consider the following labs/tests:

• Gonorrhea
• Trichomoniasis
• Chlamydia
• Syphilis
• HIV

PROPHYLAXIS

An empiric antimicrobial regimen should be administered per CDC guidelines. Facilities and examiners should consult the current CDC guidelines on the evaluation and treatment of sexually transmitted infections.

Due to continuing research and discussion of the most effective treatment of sexually transmitted infections specific to sexual assault patients, treatment regimens have not been included in this report.

EMERGENCY CONTRACEPTION

If the patient wishes to receive emergency contraceptive medication, the examiner may administer an emergency contraceptive regimen to the patient if doing so is within the facility’s policy and follows the facility’s procedures. The regimen is most effective when given within 72 hours of unprotected intercourse, and a pregnancy test must be done before administering any medications to determine if there is a pre-existing pregnancy. Consider administering an anti-emetic medication prior to giving the emergency contraceptive, as nausea can be a side effect of these medications.

RISK FOR ACQUIRING HIV INFECTION

Healthcare providers who consider offering post exposure therapy should perform a risk assessment of potential exposure to HIV and the risks of therapy, cost, and follow up care. nPEP should not be initiated beyond 72 hours post exposure. See Appendix B: Guidelines for offering HIV nPEP to patients of Sexual Assault.

DISCHARGE AND FOLLOW UP INSTRUCTIONS

Discharge instructions should include the following information:

• Medications given.
• Side effects of medications.
• Tests performed.
• Treatment provided.
• Treatment recommendations.
• Referral for follow up care.
• Instructions to practice safe sex.
• Crime Victims Compensation information (ensure the patient has signed the Crime Victim’s Compensation form authorizing release of billing information to their agency).

Refer to Appendix C: Sample Discharge Instructions

CLEAN-UP/CHANGE OF CLOTHING

Following the examination, provisions should be made for the patient to bath or shower if they wish to do so. Facilities are encouraged to keep clothing and hygiene supplies available for patients who do not have access to their own. Your local Rape Crisis Center may be able to supply these items for your facility.
Mandatory Abuse Reporting in Kentucky

Protections for Children, Spouses & Adults with Disabilities

Mandatory reporting laws were created to protect people who are especially vulnerable. The purpose of reporting is to trigger state protections when those who should be protecting vulnerable people are causing or allowing harm to occur. Kentucky laws require that abuse, neglect, and exploitation be reported when the victim is (1) a child, (2) the spouse of the offender, or (3) an adult with a disability who is unable to protect him or herself.

Child Abuse & Neglect
Kentucky law requires that a report be made when a child is abused or neglected. Both physical and sexual abuse must be reported. Any sexual activity involving a child and an adult is considered abuse, including:

- Intimate touching, fondling, masturbation, or penetration
- Exposure to pornography
- Genital exposure, including via “sexting” or other use of technology
- Sexual exploitation, including acts related to pornography and prostitution

In 2012, Kentucky law was changed to clarify that the following types of child abuse must be reported:

- Abuse or neglect by a person in any position of authority or special trust
- Anytime a person 21 years old (or older) commits or allows an act of sexual abuse, sexual exploitation, or prostitution upon a child less than 16 years old.

In 2013, Kentucky law was changed to require mandatory reporting of the human trafficking of a child (for labor or commercial sex) regardless of whether the person believed to have caused the human trafficking of the child is a parent, guardian, or person exercising custodial control or supervision.

WHAT IF I AM NOT SURE?

- The law requires reporting when “any person knows or has reasonable cause to believe that a child is dependent, neglected, or abused...” So, you don’t have to be sure.
- Furthermore, “failure to report” is a crime. Therefore, reporting is the safest thing to do if you suspect that abuse or neglect has occurred.
- Also, if the report was made “in good faith,” the person who reported is immune from legal liability.

WHERE TO REPORT CHILD ABUSE

You can make a report to any of the following:

- Statewide Abuse Reporting Hotline, 1-877-KYSAFE1 or 1-877-597-2331
- Cabinet for Health & Family Services, Division of Protection & Permanency (local
WHAT INFORMATION DOES THE INTAKE WORKER NEED FROM THE REPORTER?

- The child’s name, gender and approximate age
- The name of the person believed to be responsible for the abuse or neglect
- A description of the injury, neglect or threatened harm to the child
- The current location of the child; day care or school; home address
- Any immediate risk to the child OR a worker going out to ensure the child’s safety (i.e., guns)
- The name of the person making the report and identifying information IF the caller wishes to give that information; anonymous reports are accepted and investigated.

Abuse of Adults

In most cases, there is no law that requires that a report be made when an adult is abused. Furthermore, state and federal laws protect the rights of adults to seek abuse-related services confidentially. Therefore, victim service providers and health care professionals should take special care to understand mandatory reporting laws and confidentiality rights.

If the victim is an adult (18 years old or older), mandatory reporting laws only apply if the victim is:

1. Married to the offender or
2. Has a disability that limits his or her ability to care for and/or protect himself (or herself).

WHERE TO REPORT ABUSE IF THE VICTIM IS AN ADULT

If mandatory reporting laws apply, a report must be made to the Cabinet for Health & Family Services:

- Statewide Abuse Reporting Hotline, 1-877-KYSafe1 or 1-877-597-2331
- Cabinet for Health & Family Services, Division of Protection & Permanency (local office or regional intake)

WHAT ABOUT LAW ENFORCEMENT INVOLVEMENT

- Reporting to law enforcement does not fulfill the duty to report. The law requires that these cases be reported to the Cabinet for Health & Family Services (CHFS).
- In many cases, CFHS will notify local or state law enforcement officials.
- Even though law enforcement officials may become involved, service providers governed by HIPAA and/or VAWA should be very careful about releasing information to law enforcement. Both HIPAA and VAWA protect individuals’ privacy rights when seeking abuse-related services. Essentially, they prohibit release of information to law enforcement unless (1) the victim authorizes the release in writing or (2) a court has ordered the release.
- When performing Sexual Assault Medical-Forensic Exams (SAFE Exams), health care providers must be especially careful about release of information to law enforcement officials. Pursuant to state & federal laws, an individual has the right to have an exam performed without law enforcement reporting. The only
exception is in cases involving child abuse, neglect, or exploitation.

**Tips for Fulfilling Your Duty to Report**

- In Kentucky, the duty to report applies to all people, not just certain professionals.
- When reporting is required, it should be done immediately.
- You should not investigate prior to making a report.
- The duty to report abuse overrides most professional “privileges” that generally protect confidential communications. So, when you have a duty to report, you must do so regardless of privilege.
- Since the duty to report applies to individuals, you should make all reports directly to appropriate government officials, even if you are told that a report has already been made. Though your institution’s policies and procedures may require you to tell someone inside your organization, internal reporting does not fulfill your legal duty to report.
- In many cases, it is difficult to “substantiate” reports of abuse, especially sexual abuse. Therefore, it can be critical to file additional reports if you learn of violence that occurred after a report was made. You may also ask to speak directly with a supervisor and/or contact the Office of Ombudsman at 1-800-372-2973.
- Reports can be made anonymously. However, if you do not give your name, it may be especially important to document the reporting in your own records.
- The law requires that the source of a report of abuse, neglect or exploitation is kept confidential unless it is ordered to be released by a court.
- Kentucky’s mandatory reporting laws are codified in: (child abuse) KRS 600.020 and KRS 620; (adults with disabilities) KRS 209; and (spouse abuse) KRS 209A.
**APPENDIX B**

**GUIDELINES FOR OFFERING HIV NPEP TO PATIENTS OF SEXUAL ASSAULT**

Did a sexual, percutaneous, or other significant exposure to potentially HIV-infected fluid occur?  
(See Table 1 on back)

- **NO**  
  - NPEP NOT RECOMMENDED.  
  - No follow-up needed

- **YES**
  - Was exposure an isolated event?  
    - **NO**  
      - If exposure is a result of repeated high-risk behavior (prior consensual/unprotected contact with perpetrator, multiple sex partners, IV drug use, unprotected sex, etc.), consider potential medication toxicity, adherence, resistance, and cost before proceeding. Consider referral to primary care physician.
    - **YES**
      - Time since exposure ≤ 72 Hours?
        - **NO**  
          - NPEP is not indicated; however HIV testing and follow-up evaluation are indicated.
        - **YES**
          - Is the source assessed to be high risk?  
            - *SEE SOURCE RISK DETERMINATION ON BACK*
              - **YES**
                - NPEP not indicated: follow is required.
              - **NO**
                - **UNSURE**

- **YES**
  - Is the source available and does the source consent to be tested?
    - **NO**
      - NPEP not indicated: follow is required.
    - **YES**
      - Is the source HIV infected as determined by rapid testing?
        - **NO**
          - Patient commits to 28 day regimen
        - **YES**
          - Source’s serologic test is confirmed HIV Negative and there is no evidence of acute retroviral syndrome in the source
          - Serology of source is unable to be obtained, or source’s serologic test is confirmed HIV positive or indeterminate, or there is evidence of acute retroviral syndrome in the source

- **CONTINUE NPEP**

- **STOP NPEP**

- **INITIATE NPEP**
  - Perform baseline lab tests
As a part of your medical treatment, specimens may have been collected from you. If you consent to report to law enforcement, some or all of these specimens may be used as evidence. Your exam was completed by ________________________________

Examiner Name/Title

**Please review and make your primary doctor aware of the following, if necessary.**

The following tests were conducted:

- Urine Pregnancy Test- Results: 
  - Positive
  - Negative
- Urine Dip OR Urinalysis
- Blood Testing
- State Crime Lab Toxicology Kit
- HIV Test
- CBC and Comp (if given HIV medications)
- Hepatitis Panel
- Other Tests

Medications given or sent home with the patient:

**Treatment for Gonorhea**
- Ceftriaxone (Rocephin) 250 mg IM x 1 dose OR
- Levofoxacin (Levaquin) 250mg PO x 1 dose

**Treatment for Chlamydia**
- Azithromycin (Zithromax) 1 gram PO x 1 dose OR
- Doxycycline 100mg PO twice a day for 7 days prescription

**Treatment for Trichomoniasis**
- Metronidazole (Flagyl) 2 grams PO x 1 dose

**Post Coital Contraception**
- Levonorgestrel (Plan B) 0.75 mg tablets: 1 tablet now and 1 tablet in 12 hours at ________

**Treatment for Tetanus**
- Tdap (ADACEL) 0.5ml IM x 1 dose OR
- Tetanus Toxoid 0.5 ml IM x 1 dose
- Hepatitis B vaccination (Recombivax HB) 0.5 ml IM x 1 dose - Series #1
  - Series #2 due _________ (1 month)
  - Series #3 due _________ (6 months)
- Promethazine (Phenergan) 25 mg PO x 1 dose
- HIV Prophylaxis—You were given a 7 days starter, to complete the full HIV prophylaxis you will need to follow-up in less than 7 days to receive counseling, blood tests and the remainder of the medication regiment to complete the 28 day dose.
Check mark only the following that apply:

- I understand when I have a follow-up examination (with my clinic/doctor of choice), I should bring this sheet, so that my health care provider will know what treatment I received and can perform tests to be sure that the medications were effective.
- I understand that I should refrain from alcohol in the next 48 hours because of the medications that were given to me.
- I understand that if I need to be vaccinated for Hepatitis B, it is given in a series of 3 injections and it is important that all shots in the series get completed to provide immunization.
- I understand that it is strongly recommended that I have a gynecological exam in 1 week with my clinic/doctor of choice and a repeat urine pregnancy test in 1 week.
- I understand that it is strongly recommended that I receive follow-up care of any genital/anal/oral injury every week until healed at my clinic/doctor of choice.
- I understand I should also report to my health care provider any unusual bleeding, vaginal or rectal discharge and/or pelvic pain and any other symptoms that may be related to the assault.
- I understand that it is strongly recommended that I receive follow-up care of any human bite mark injury every week until healed at my clinic/doctor of choice.

Safe Sex Education (ALL PATIENTS INITIAL HERE)

- I have received education about and realize that I should practice safe sex with any sexual partner.

Emergency Contraception Pills (INITIAL HERE ONLY IF GIVEN EC)

- I understand that emergency contraception pills use hormones to prevent the ovary from releasing an egg and also to prevent implantation of an egg in the uterus. All of these effects prevent pregnancy from occurring. This method is more than 89% effective in preventing implantation if taken within 72 hours of unprotected intercourse. If you decided to use this method, you received ______________________(write in medication given).

   It is very important that you take these pills exactly as instructed. You may experience some nausea, vomiting, diarrhea, fatigue, headache, or breast tenderness. This is normal and will go away without treatment in 8-12 hours. You may also experience spotting, early/late period, or heavy/lighter period. It may take as long as 2 weeks for your period to start. You are to have a repeat urine pregnancy test in 1 week. If you do not start your period, or if you suspect that you are pregnant, you should go to your doctor immediately. If you have difficulty breathing, closing of your throat, swelling of your lips, tongue or face, or severe stomach tenderness, go to the nearest Emergency Department immediately or call 911.

HIV Risk (ALL PATIENTS INITIAL HERE)

- I have received information regarding my risk for contracting HIV from this assault and about the FREE HIV testing I can receive. I understand that although rare, the HIV virus, which causes AIDS can be transmitted during a single sexual encounter. Follow-up blood HIV tests are recommended 6 weeks, 3 months and 6 months after the assault. This testing is performed at ________________________________.

Phone #______________________________

(IINITIAL HERE ONLY IF GIVEN HIV MEDICATION)

- I understand that I should not drink alcohol while taking the HIV medications. I understand that I will need to be closely followed by named clinic_________________________ or by my primary doctor. I understand that to make the HIV medications most effective I will need to take the full 28-day regimen. I will have to follow-up per the doctor’s recommendation to have repeat blood work performed and to receive the rest of the medications.

With your consent, your healthcare provider has sent the above-mentioned clinic your information, so that they may contact you to set up your appointments. If you experience difficulty breathing, closing of your throat, swelling of your lips, tongue or face, severe stomach tenderness, uncontrolled vomiting, go to the nearest Emergency Department immediately or call 911.

By signing below I realize I have received all marked information on this sheet and have had a chance to get all of my questions/concerns addressed prior to discharge.

_______________________________    __________________________________
Patient Signature       Examiner or Nurses Signature
During my evaluation it was determined that I may have been exposed to the HIV virus from this sexual assault.

I have been given a choice to take a 28 day medicine regimen that may help prevent transmission of the HIV virus to me from this assault.

<table>
<thead>
<tr>
<th>Completed Today</th>
<th>Initial</th>
<th>I NEED</th>
<th>Check Off</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Risk assessment</td>
<td>Primary or Infectious Disease physician</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rapid HIV test</td>
<td>Confirmation HIV test</td>
<td></td>
<td></td>
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<tr>
<td>Baseline blood tests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 day starter pack of medication</td>
<td>Repeat blood tests at 4 and 6 weeks, then again at 3 and 6 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education of drug side effects</td>
<td>Screening tests and/or treatment for sexually transmitted infections, Hepatitis B and C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education of follow up instructions</td>
<td>Get Hepatitis A &amp; B immunizations (if indicated)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education of symptoms of AIDS</td>
<td>Remaining 21 days of medication</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>To practice safe sex</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Step 1.** Take all the medications given to you as directed

**Step 2.** You need to see a doctor within 7 days of your exam.
- Contact your primary physician – schedule a follow up appointment.
- If you do not have a primary physician contact an Infectious Disease physician in your area to schedule the appointment.

Make sure to tell the medical facility with whom you are trying to get an appointment that you are a victim of sexual assault and you have already started the NPEP medications and you must see a physician within 7 days of starting this medicine.

**Step 3.** Take this form along with your other discharge instructions to your physician

I, ____________________________, after an explanation of all of the listed information in the above table, I choose to take the medications.

I, ____________________________, after an explanation of all of the listed information in the above table, I choose NOT to take the medications.

**Other Resources:**
- Kentucky HIV/AIDS Branch Hotline 1-800-420-7431
- Kentucky Infectious Disease Consult 24/7 1-800-888-5533