

Caring For The Child Who Reports Experiencing A Sexual Assault Within The Timeframe Warranting Evidence Collection

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KRS 216B.400

- Every hospital of this state which offers emergency services shall provide that a physician, a sexual assault nurse examiner, who shall be a registered nurse licensed in the Commonwealth and credentialed by the Kentucky Board of Nursing as provided under KRS 314.142, or another qualified medical professional, as defined by administrative regulation promulgated by the Justice and Public Safety Cabinet in consultation with the Sexual Assault Response Team Advisory Committee as defined in KRS 403.707, is available on call twenty-four (24) hours each day for the examinations of persons seeking treatment as victims of sexual offenses as defined by KRS 510.040, 510.050, 510.060, 510.070, 510.080, 510.090, 510.110, 510.120, 510.130, 510.140, 530.020, 530.064(1)(a), and 531.310.

KRS 216B.400

- The physician, sexual assault nurse examiner, or other qualified medical professional, acting under a statewide medical forensic protocol which shall be developed by the Justice and Public Safety Cabinet in consultation with the Sexual Assault Response Team Advisory Committee as defined in KRS 403.707, and promulgated by the secretary of justice and public safety pursuant to KRS Chapter 13A shall, upon the request of any peace officer or prosecuting attorney, and with the consent of the victim, or upon the request of the victim, examine such person for the purposes of providing basic medical care relating to the incident and gathering samples that may be used as physical evidence. This examination shall include but not be limited to: (a) Basic treatment and sample gathering services; and (b) Laboratory tests, as appropriate.

When Is Evidence Collection Recommended?

Per 502 KAR 12:010. Sexual Assault Forensic-Medical Examination Protocol

- “If the sexual assault occurred within ninety-six (96) hours prior to the forensic-medical examination, a Kentucky State Police Sexual Assault Evidence Collection Kit shall be used.”

Sexual Assault Evidence Collection Kits



Medical Facilities - Please Notify:
This kit is for use only in the State of Kentucky for
evidence collection. It is not to be used for any other
purpose. Contact the Forensic Laboratory for
additional information.

KIT # 2025-0001


**FORENSIC LABORATORIES SECTION
KENTUCKY STATE POLICE**

**SEXUAL ASSAULT EVIDENCE COLLECTION KIT
FOR FEMALE OR MALE VICTIM**

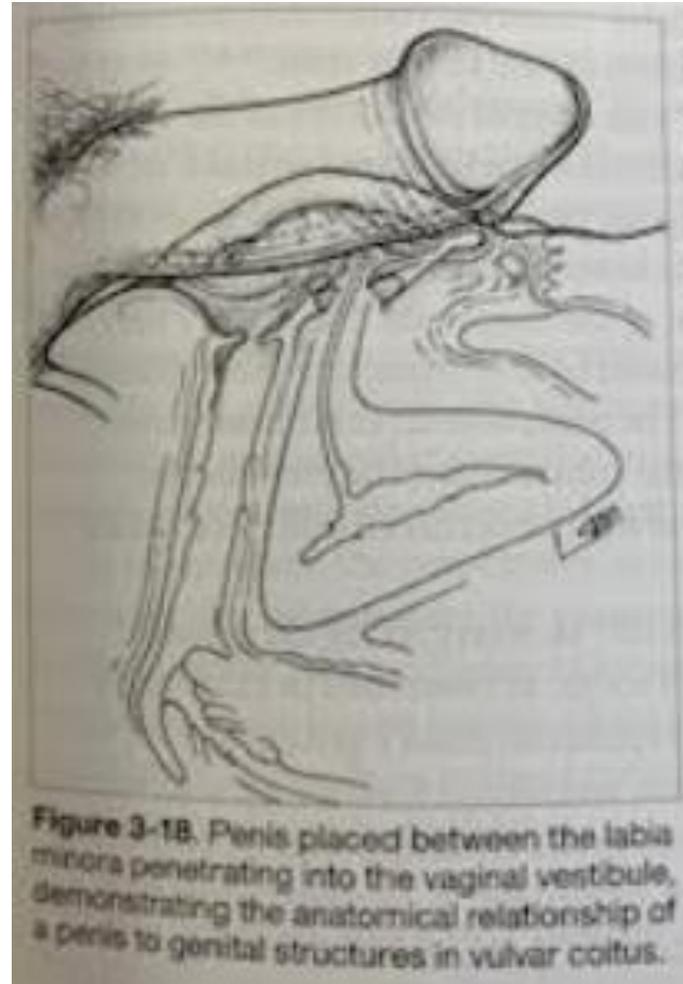
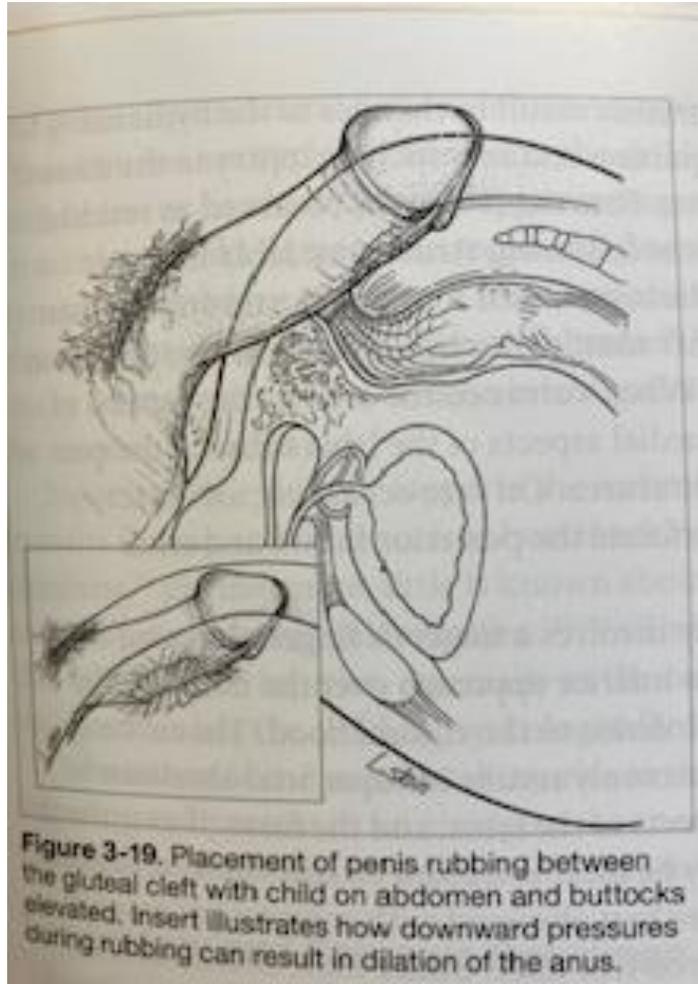
1. PLACE ALL EVIDENCE COLLECTED IN KIT BOX.
2. SEAL KIT BOX WITH THE ENCLOSED SEALING LABEL, INCLUDE DATE, TIME, AND INITIALS (INVESTIGATING OFFICER AND COLLECTOR).
3. SECURE KIT UNTIL IT CAN BE DELIVERED TO THE FORENSIC LABORATORY.

Per KRS 215B.400 every hospital in the Commonwealth of Kentucky which offers emergency services shall provide examination services for victims of sexual offenses. Please contact your local Rape Crisis Center for information about additional resources.

Sexual Assault Evidence Collection Kits

- ***Kentucky Statute says 96 hours***
- Likelihood of recovery of evidence is probably different for a prepubertal child as opposed to adult
 - Location of deposition of semen may be different in prepubertal versus pubertal children (labia versus vagina close to cervix)
 - Bathing or urinating may wash away evidence
 - In some children, we have to go by “when child was last in contact” with the offender versus last incident of abuse

Why is this exam normal?



Finkel, MA,
Giardino, AP. eds.
2019, Medical
Evaluation of Child
Sexual Abuse: A
practical guide, 4th
Ed. Elk Grove
Village, IL:
American Academy
of Pediatrics, pg.
91 and 95.

Touch DNA

- Contact between a person and an object that could result in the transfer of cells (most often epithelial) to another object
- DNA from fingerprints and brief contact with a surface unlikely to yield enough
- Most likely to get results when obtained from inanimate objects with a rough surface
- Touch DNA on victim will most likely pick up victim's profile
- If there was licking or secretions by the offender then a greater chance of obtaining DNA

- Evidence is more likely to be collected from clothes or linens
- Christian et. al. Forensic findings in prepubertal victims of sexual assault. Pediatrics 2000; 106:100-104.

Do No Harm



What Kind of Evidence Collection Recommended?

- At a minimum, complete the kit forms and reference standards.
 - Blood
 - Buccal
 - Hair
- Collect other kit components on a case-by-case basis.
- Consider other items which may contain biologic evidence
 - Clothing
 - Bedding
 - Condoms
 - Diapers

When Is Evidence Collection Recommended/ Prepubertal Child

Patient Reports	Time Since Assault	Recommended Actions
Vaginal or anal penetration with penis or object	Less than or equal to 72 hours	Collect the following: Female: <ul style="list-style-type: none"> • External genitalia (mons pubis, labia majora, clitoral hood, perineum) swabs • Vaginal vestibule (labia minora, the posterior commissure/fourchette, and the fossa navicularis) swabs • Perianal area swabs • Anal swabs • If hymenal injury is present, collect intravaginal swabs up to 96 hours since time of assault. Collect with sedation or anesthesia. Male: <ul style="list-style-type: none"> • External genitalia (penis and scrotum) swabs • Perianal swabs • Anal swabs
Vaginal or anal penetration with penis or object	72-96 hours	Collect undergarments worn at the time of or immediately after the assault. Consider collecting genital swabs, especially if patient has not bathed. If hymenal injury is present, collect intravaginal swabs.

Oral penetration with penis	Less than or equal to 24 hours	<p>Collect evidence within the oral cavity.</p> <p>Consider additional evidence collection if there are concerns that the disclosure of assault/abuse is incomplete.</p>
Oral penetration with penis	24-96 hours	<p>Assess oral cavity for mucosal injury, petechiae, injury to frenula.</p> <p>Consider additional evidence collection if there are concerns that the disclosure of assault/abuse is incomplete.</p>
Digital penetration of vagina or anus or hand to genital contact	Less than or equal to 24 hours	<p>Collection should include swabs of the external labia, the vaginal vestibule (area between the labia in front of the hymen), the perianal area and the anus.</p>
Digital penetration of vagina or anus or hand to genital contact	24-96 hours	<p>Swabs in addition to the standards are not generally recommended unless patient has not bathed or urinated or defecated and there is a potential of bodily fluid transfer.</p> <p>Consider additional evidence collection if there are concerns that the disclosure of assault/abuse is incomplete.</p>
Transfer of bodily fluids to extragenital body areas such as breast, neck, abdomen, thighs, etc.	Less than or equal to 96 hours	<p>Recovery may be diminished with bathing, but additional evidence collection (by swabbing the identified areas) should still be strongly considered.</p>

Evidence Collection Recommendations

Patient Reports	Time Since Assault	Recommended Actions
No clear history of sexual contact but child presents with symptoms (vaginal discharge, dysuria) and there is a nonspecific concern for sexual abuse based on history.	Timeframe unclear	Evidence collection including standards is not typically indicated in this circumstance. Consider expert consultation.
No history of sexual contact, no symptoms, but caretaker is concerned about sexual abuse	Timeframe is unclear or unknown	Evidence collection including standards not typically indicated. Recommend CAC referral/consultation for services.
Patient reports sexual contact.	Timeframe greater than 96 hours	Evidence collection including standards not typically indicated acutely. Recommend CAC referral/consultation for services.

Evidence Collection Pearls

- Assess for evidence in extragenital sites
- Collect linens, clothes and underwear
- Pubertal status will determine location of swabbing
- Pubertal status will determine need for EC and STI Prophylaxis (although consider HIV nPEP for all patients)

Head to toe exam

Injuries under clothes

Suction injury with petechiae

Puberty Definitions Assess sexual maturation to determine need for STI Prophylaxis or EC

- Prepubertal:
 - Female child who has not yet reached menarche and is Tanner Stage 2 or less
 - Male child who has not yet reached puberty. Consider Tanner Stages less than 3 when determining puberty.
- Pubertal:
 - Female child who has reached menarche, or any female child who is Tanner Stage 3 or greater (regardless of menarche)
 - Male child who has reached Tanner stage 3 or greater

Kit Contents

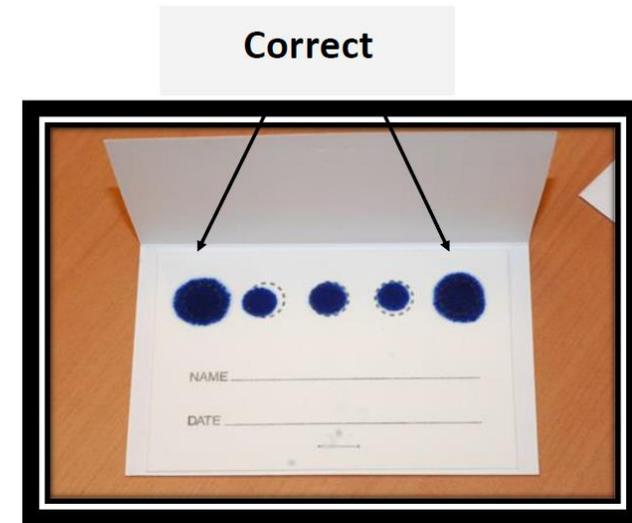
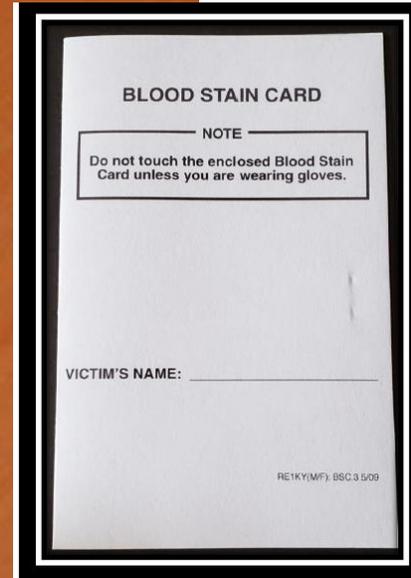
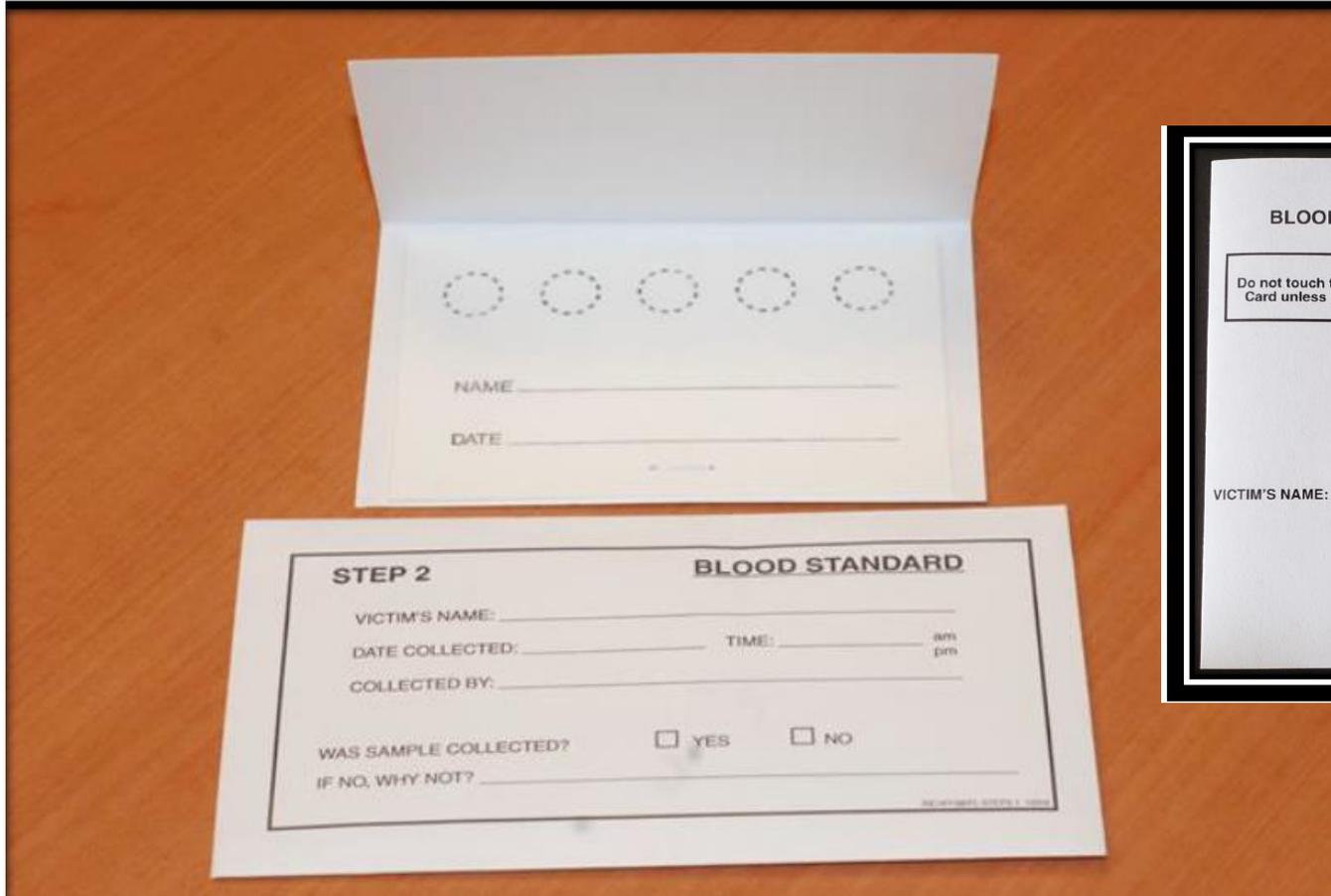
Victim's Medical History and Sexual Assault Information Form

- This form must be completed in addition to paperwork required by the hospital.
- Fill out all information requested on form.
- Once form is completed:
 - Pink copy provided to the officer (reported case).
 - Yellow copy returned to the kit for the laboratory.
 - White copy submitted to the facility medical records.

Anatomical Drawings

- Do not document findings on the diagrams in the instructions.
- Once form is completed:
 - Pink copy provided to the officer (reported case)
 - Yellow copy returned to the kit for the laboratory.
 - White copy submitted to the facility medical records.

Blood Standard



Kit Contents: Blood Standard

- Should be collected in all cases, if possible.
- If obtaining a Blood Standard is too traumatic for the patient: Use an EDTA microtube in conjunction with a finger stick for the Blood Standard.
- If no patient oral-to-assailant genital contact has been reported, a Buccal Standard is sufficient.
- If the patient reports oral contact with the assailant's genitals:
 - Collect a Blood Standard
 - Collect a Buccal Standard
 - Also collect Oral Swabs (to look for assailant's DNA)
- Coordinate all necessary testing prior to collection.

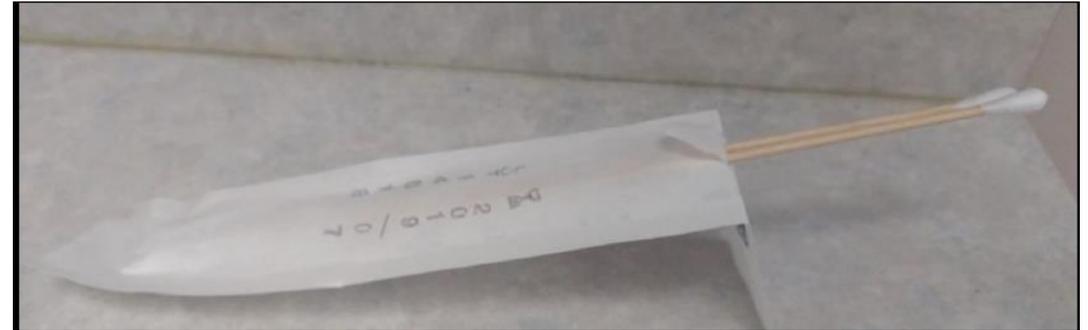
Kit Contents: Buccal Standard

- The known Buccal Standard is NOT an Oral Swab.
- Buccal Swab is for patient's DNA standard.
- Oral Swab is for foreign DNA (offender DNA).
 - If oral swabs are collected, it should be collected prior to rinsing for the buccal standard.
 - For Buccal, have the patient rinse with water two times prior to collection.
- No drinking, eating, chewing, or smoking for a minimum of 15 minutes prior to collection.

Kit Contents: Buccal Standard

- Obtain consent/assent.
- Change gloves.
- Using two swabs simultaneously, vigorously swab the right and left side of the patient's cheek for 5 to 10 seconds.
- Using the two other swabs, repeat the same procedure.
- Dry, package, label, and seal appropriately.

Dry Specimens



- Open the swab by popping the non-cotton tip side through the paper as in the top picture.
- Bend the paper at that point and place on counter like a stand. Can write specimen site on wrapper if you wish, but it will be discarded after drying.
- After collecting, replace the non-cotton tip end through the opening as in the bottom picture and let the cotton end stick out to air dry.

Kit Contents: Underwear Collection

If the patient is not wearing the underpants worn during and/or immediately after the reported assault:

- Collect underwear worn at time of the exam.

AND

Inform the investigating officer of need for collection at the scene.

If the patient was not wearing underpants after the assault:

- Collect clothing item that was in contact with the anogenital area.
- Package in brown paper bag, not kit.

Kit Contents: Pulled Head Hair

- As hairs can change over time, it is important to preserve the evidence near the time of the assault.
- Collection of less than 30 hairs is an insufficient sampling.
- Obtain consent/assent.
- Change gloves.
- **Pull, do not cut**, a minimum of 6 hairs from each of the following locations: center, front, back, left side and right side.
- Place in Pulled Head Hairs envelope, label, and seal appropriately.

Kit Contents: Pubic Hair Combing

- Do not collect if greater than 24 hours since assault unless the patient was physically incapacitated or had limited mobility.
- If no hair, vellus hair, or early Tanner Stage, Pubic Hair Combing may not be necessary. Document on the envelope the reason why collection did not occur.
- Obvious foreign hair and/or fibers should still be collected.
- Patients may prefer to do the combing themselves.

Pubic Hair Combing



- Obtain consent/assent.
- Change gloves.
- Remove the paper towel and comb provided in the envelope.
- Place the towel under patient's buttocks.
- Using the comb provided, comb pubic hair in downward strokes.
- Fold towel in manner to retain comb and any evidence.
- Package, label, and seal appropriately.

Kit Contents: Pulled Pubic Hair Standard

- Patient should be informed that this portion of the exam is voluntary.
- Consider deferring this step until later.
- Collection of less than 30 hairs is an insufficient sample.
- If the suspected assailant resides in the same environment as the patient, collection may not be indicated UNLESS hairs are found in the patient's body cavity.

Kit Contents: Pulled Pubic Hair Standard

- Obtain consent/assent.
- Change gloves.
- Pull, do not cut, a minimum of 30 full-length hairs from various locations of the pubic region. Try to collect hairs by gently applying traction to a large section of the hair.
- It is imperative the root be attached to each hair.
- To assist in the transfer of hairs, place the hairs on a piece of paper; fold and place in the Pulled Pubic Hair Standard envelope.
- Seal and label appropriately.

Prepubertal genital swabs

External Genital

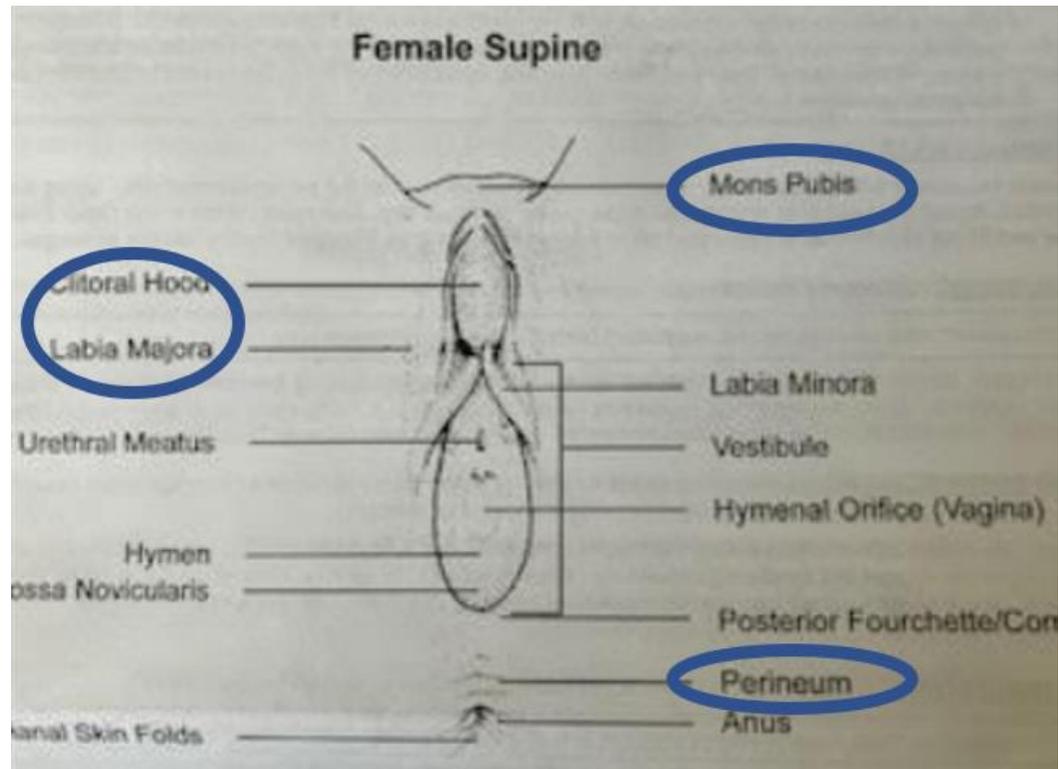
- mons pubis
- clitoral hood
- labia majora
- perineum

Vaginal

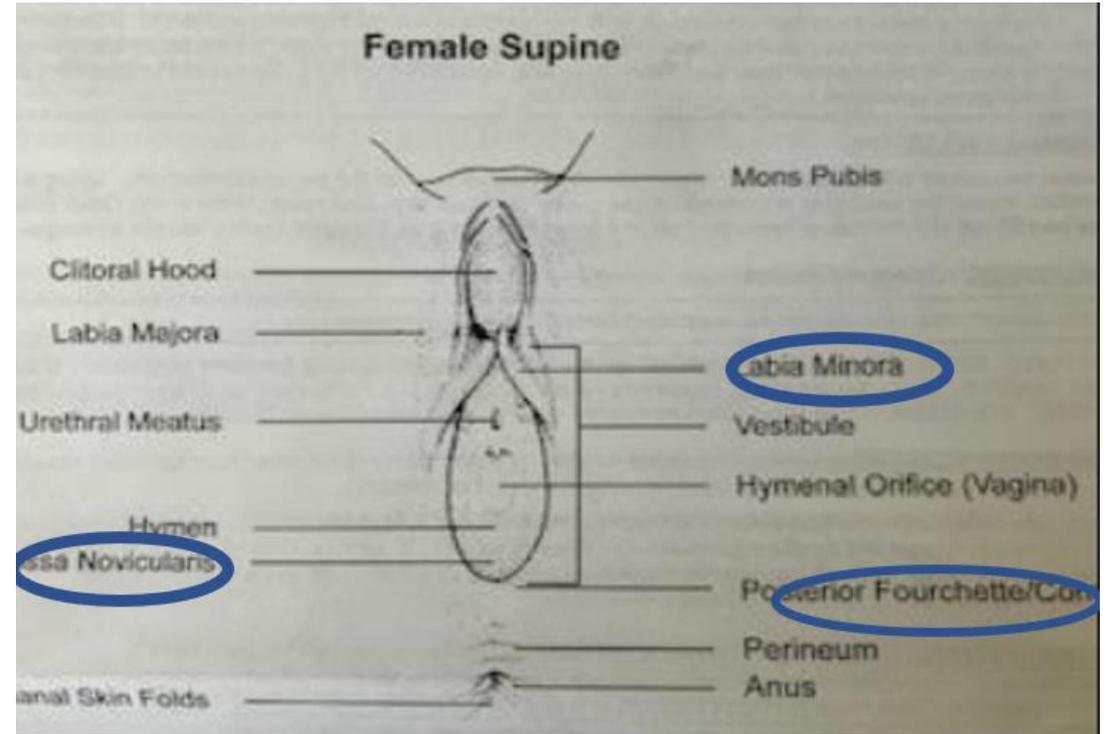
- labia minor
- posterior
fourchette/commissure
- fossa navicularis

Prepubertal genital swabs

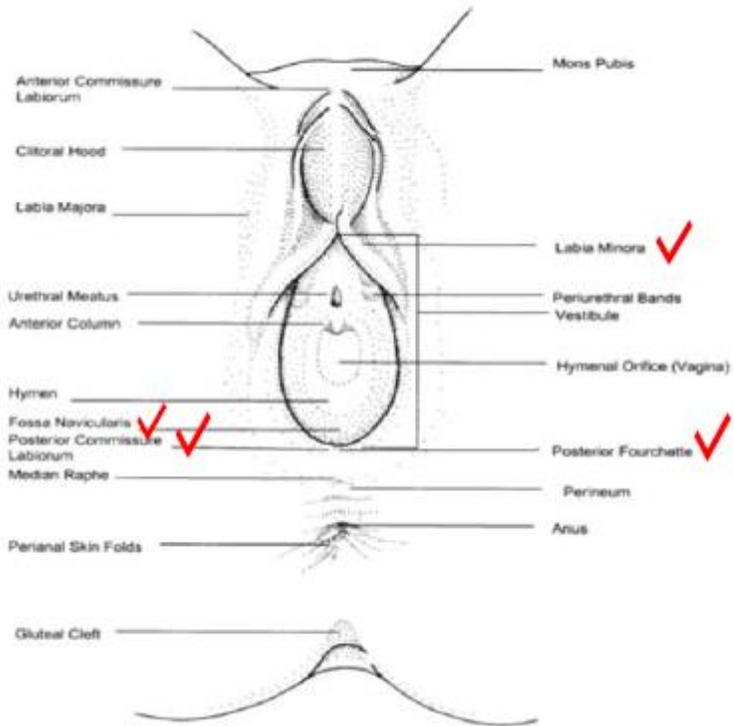
External Genital



Vaginal



Kit Contents: Female Vaginal Swabs Prepubertal



- Consent/assent
- Change gloves
- Lightly moisten two swabs with sterile water.
- While gently separating the labia, simultaneously swab: Outer and inner aspects of the labia minora
- Posterior commissure/fourchette
- Fossa navicularis
- Avoid touching the hymen or inserting the swab beyond the hymen.
- Repeat using remaining swabs.
- Dry, package, seal, and label appropriately

Kit Contents: Vaginal Swabs Prepubertal Child : **If penetrating injury to the hymen and vagina is identified**

- **If penetrating injury to the hymen and vagina is identified**, consider collection of vaginal/cervical swabs in the setting of a sedated exam.
- Do not moisten swabs.
- Using two swabs simultaneously, carefully swab the vaginal walls and cervix.
- Repeat with two additional swabs.
- Dry, package in Other Evidence envelope, seal, and label appropriately.
- Mark as “Vaginal/Cervical.”

Pubertal Vaginal Swabs

- Use two swabs simultaneously
- Swab the vaginal walls
- Repeat using the two additional swabs
- Allow all 4 swabs to air dry
- Place in envelope

Pubertal External Genital Swabs

- Mons pubis
- Clitoral hood
- Labia majora
- Perineum

Speculum Exams

Prepubertal Females

- Speculum exams should NEVER be done on prepubertal children without sedation or anesthesia.
- Indications for speculum use include:
 - Concern for a laceration.
 - The source of vaginal bleeding or pain is unknown.
 - The presence of a foreign body is suspected.

Females that have reached puberty

- Care should be taken when deciding to do a speculum exam in order to prevent further injury, pain or trauma.
- Indications for a speculum exam include:
 - Concern for a laceration.
 - The source of vaginal bleeding or pain is unknown.
 - The presence of a foreign body is suspected.

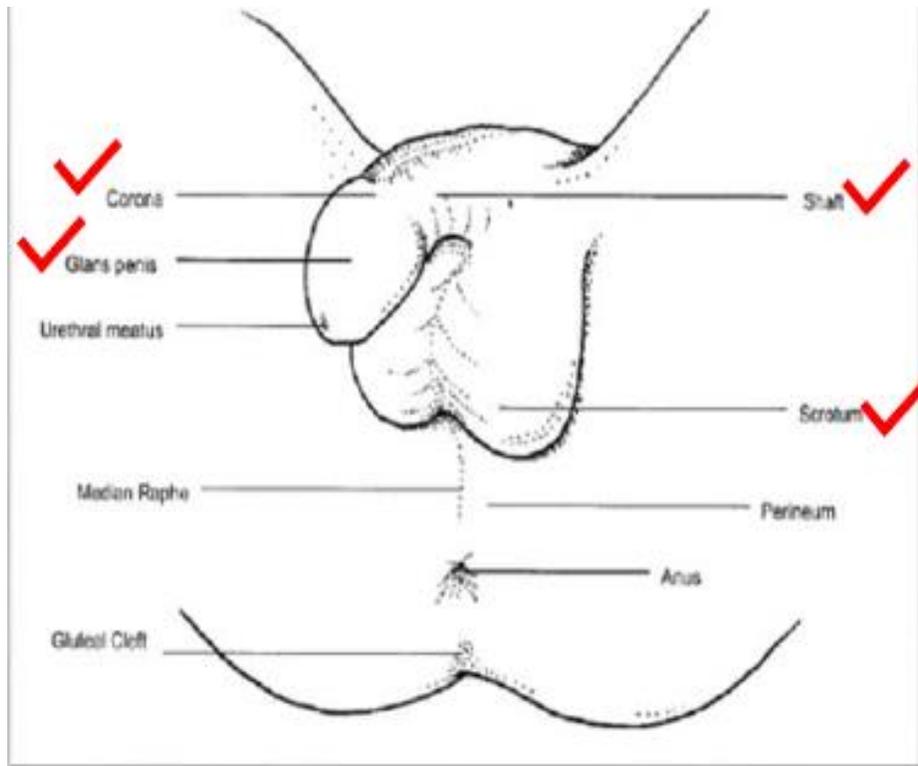
Vaginal/Cervical Swabs in Pubertal Females When A Speculum is Used (see previous slide regarding indications for speculum use)

- A speculum should be used to visualize cervix
- Using two swabs simultaneously, carefully swab the cervix and the vaginal walls.
- Using the additional swabs provided, repeat the swabbing procedure
- Allow swabs (4) to air dry
- Return to the envelope
- Seal and fill out information on the envelope
- Mark as “Vaginal/cervical” swabs

Medical Samples Versus Forensic Samples

- Coordinate forensic collection with medical exam.
- Collect forensic samples before medical samples.
- It is not necessary to maintain the chain of custody of medical specimens.

Penile swabs



- Obtain consent/assent.
- Change gloves.
- Slightly moisten two swabs, and thoroughly swab: The glans
- Shaft of the penis
- All outer areas of the penis and scrotum where contact is suspected.
- If the patient is not circumcised or has foreskin covering the corona/glans, gently retract the foreskin and swab the glans.
- Using the two remaining swabs, repeat the swabbing procedure.
- Dry, package, seal, and label appropriately.

Kit Contents: Other Evidence --Perianal Swabs

- Obtain consent/assent.
- Change gloves.
- If necessary, lightly moisten the swabs.
- Gently separate buttocks, and using the two swabs simultaneously, swab the perianal area, including the rugae.
- Using the two remaining swabs, repeat the swabbing procedure.
- Dry, package in “Other Evidence” envelope, label, and seal accordingly.

Kit Contents: Other Evidence --Anal Swabs

- Obtain consent/assent.
- Change gloves.
- If necessary, the swabs may be moistened slightly with sterile water.
- Using two swabs simultaneously, gently insert the cotton tip portion into the anal opening. If not well tolerated by the patient, collect swabs separately.
- Using the two remaining swabs, repeat the swabbing procedure.
- Dry, package in “Other Evidence” envelope, seal, and label appropriately.

Kit Contents: Other Evidence –Oral Swabs

- Using two swabs simultaneously, swab areas of the mouth where seminal fluid might remain for the longest amount of time.
 - Between upper lip and gum and lower lip and gum
 - Under the tongue
 - Along the gum line
- Using the two additional swabs, repeat the swabbing procedure.
- Dry, package, seal, and label appropriately.

Kit Contents: Other Evidence –Dried Secretion Swabs

- Collected for dried blood, semen, saliva, or areas of intentional touching, such as:
 - Bite mark
 - “Hickey”/suction injury
 - Licking, kissing, or spitting
 - Neck for manual strangulation
- Four swabs should be used for each location.
- Roll the swabs in the stain, which will distribute concentrated staining if possible.
- Swab the neck and breasts of pubescent females when details of assault are unknown.

Kit Contents: Other Evidence--Debris under fingernails

- Consent/assent
- Change gloves
- Remove two swabs from a wrapper; do not throw wrapper away!
- Moisten two swabs, then thoroughly swab under the fingernails of one hand.
- Using the two additional swabs provided, repeat the swabbing procedure for the other hand.
- Allow swabs to air dry.
- Place two swabs in a wrapper. Write the specific hand from which the set was collected (right hand or left hand).
- Return remaining swabs to other wrapper –note hand from which collected.
- Return both wrappers to the Other Evidence envelope, label, and seal appropriately.
- Note pertinent history on the envelope.

Kit Contents: Other Evidence--Debris on body

- Obtain consent/assent.
- Change gloves.
- Carefully inspect for the patient's body or clothing for foreign material and debris.
- If possible, photograph before removal.
- Collect, seal, and label appropriately.
- Note pertinent history on collection envelope.
- Note sample collection location on the anatomical drawings.
- Debris-containing evidence may be found on equipment used by some patients with physical impairments.
- With the patient's permission, swab equipment and/or animals for evidence, if appropriate.

Possible Location of Evidence

Possible Location of DNA Evidence	Common Sources of DNA
Bite mark or area licked	Saliva
Fingernail scrapings	Blood or skin cells
Blankets, sheets, pillows, or other bed linens	Semen, sweat, hair, or saliva
Used condom	Semen or skin cells
Clothing, including underpants worn during and after the assault	Hair, semen, blood, or sweat
Hat, bandanna, or mask	Sweat, skin cells, hair, or saliva
Tissue, washcloth, baby wipe, or similar item	Saliva, semen, hair, skin cells, or blood
Tape, ligature, or other restraint	Skin cells, saliva, or hair
Tampon or sanitary pad	Semen, skin cells, or blood
National Institute of Justice and Office for Victims of Crime (2001)	

Photo of Appropriately Labeled Specimen

STEP 5 **30 PULLED PUBIC HAIRS**

VICTIM'S NAME: Sally Smith

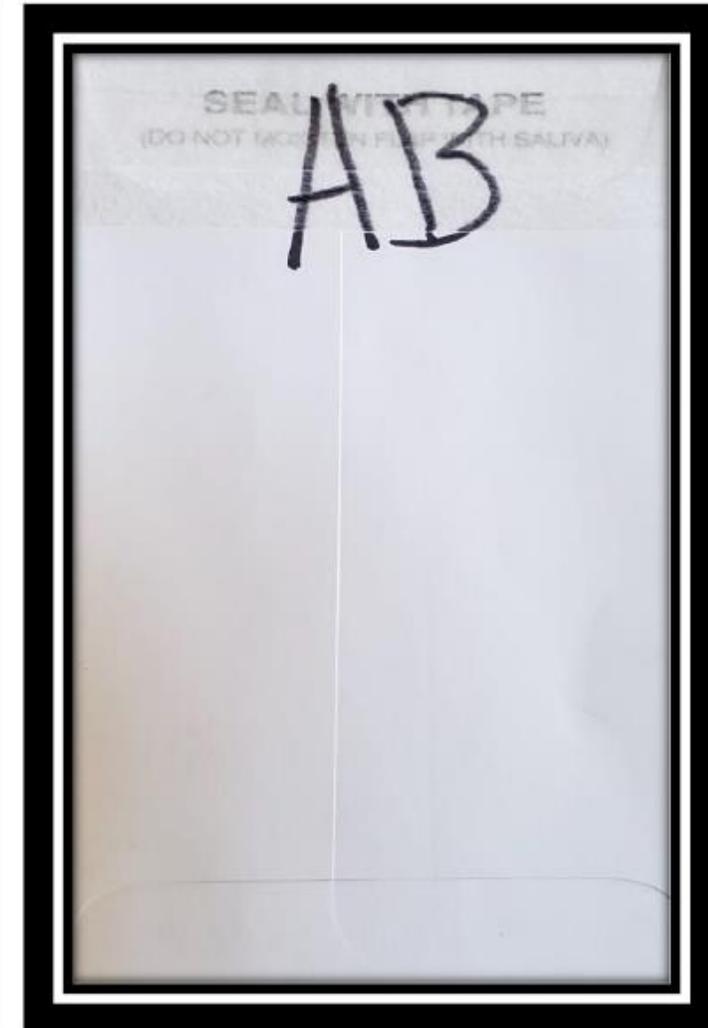
DATE COLLECTED: 6-1-2021 TIME: 3:00 ^{am}
pm

COLLECTED BY: Amy Bashaw, RN, SANE

WAS SAMPLE COLLECTED? YES NO

IF NO, WHY NOT? Vellus hair only

REKVMF, STEP 5 4/06



Maintaining the Integrity of the Evidence

KIT BOX SEAL

**FORENSIC LABORATORIES
KENTUCKY STATE POLICE**

NAME OF VICTIM: _____

COLLECTOR'S INITIALS: _____

INV. OFFICER'S INITIALS: _____

DATE: _____ TIME: _____ am
pm

KIT BOX SEAL

KENT/CLP/RES | 1010

- Do not leave the unsealed box
- Ensure kit forms are completed and legible.
- Ensure all specimen envelopes are completed and sealed appropriately.
- Seal kit with the Kit Box Seal provided.
- Fill out the seal and initial across seal.

Transfer of Evidence



- Complete Chain of Custody documentation, noting all forensic specimens collected during the exam.
- Log KSP Sexual Assault Evidence Collection kit into the KSP SAFE Kit Tracking system. If you need a login code contact the KSP Forensic Lab.
- Release forensic specimens to investigating officer or secure on site per jurisdictional policy.

What If I Run Out Of Envelopes Or The Kit Is Past The Expiration Date

- If the SAECK is expired, swap swabs in kit for hospital stock swabs and make a note of this
- If additional evidence collection is needed:
 - Hospital stock swabs
 - Clean, unused legal-sized envelopes
 - Clean, white paper
 - Clean PAPER grocery-type bags

Case 1

- 5 year old child came to the CAC and had FI where she reported the babysitter's paramour touched her vagina. She could not say what he touched her with. She had a follow up FI where she said he touched her vagina with a screwdriver.
- Child came to the CAC for medical exam, which was normal.

Case 1

- Police just recently located the suspect and brought him to headquarters for questioning
- He confessed to rubbing his penis between the folds of the child's buttocks
- Last incident was likely just under 72 hours ago
- It was unknown if the child had bathed or showered or changed her clothes
- Child had no complaints

Female External Genitalia Swabs (4 swabs)

Moisten two swabs with sterile water, then thoroughly swab the external genitalia, beginning with the most external structures and working inward: mons pubis, clitoral hood, labia majora and perineum. Using the additional swabs provided, repeat the swabbing procedure. Mark as “female external genitalia” on the envelope.

Vaginal Swabs

Prepubertal (4 swabs)

Moisten two swabs with sterile water. While separating the labia, simultaneously swab the outer and inner aspects of the labia minor, the posterior fourchette/commissure, and the fossa navicularis. Using the additional swabs provided, repeat the swabbing procedure. Mark as “vaginal swabs” but also note the collection was from the “vaginal vestibule.”

Perianal Swabs (4 swabs)

Moisten two swabs with sterile water, then simultaneously swab over the perianal area/folds. Using the additional swabs provided, repeat the swabbing procedure. Mark as “Perianal swabs.”

Anal Swabs (4 swabs)

If necessary, moisten 2 swabs with sterile water, then carefully swab the anal canal. Using the additional swabs provided, repeat the swabbing procedure. Mark as “anal swabs.”

Other Evidence Swabs

Moisten two swabs with sterile water, then thoroughly swab the area. Using the additional swabs provided, repeat the swabbing procedure. Mark as “other” and provide a description of the evidence.

Additional evidence collection decisions

- Underwear the child had on was collected but police were advised to obtain bedding, linens and pajamas and underwear possibly worn at the time the child was at the offender's residence
- No hair was collected
- No oral swab was collected

Rapid DNA



- Is separate from the traditional kit
- Use when suspected semen not for touch DNA
- 2 additional swabs per site (ideally swabs 2 and 6)
- Victim/patient standard

Drug Facilitated Sexual Assault Kit

- Blood: What is present at the time of collection
- Urine: Gives a history
- Give the toxicologist as much information as you know
- Rohypnol is screened but not quantitated at the KSP lab
- GHB is not tested at the KSP lab
- Ketamine is screened and quantitated at the KSP lab

Drug Facilitated Sexual Assault Kit

Drug Facilitated Sexual Assault
BLOOD AND URINE SPECIMEN COLLECTION KIT
FOR MEDICAL PERSONNEL
© 2008, 2010

WITNESS NAME _____
WITNESS SIGNATURE _____
HOSPITAL/CLINIC _____
KIT ANALYZED BY _____

PLACE BLOOD KIT IN ICE/REF AND URINE KIT IN STORAGE AREA
AFTER SPECIMEN COLLECTION

PLACED BY _____ TIME _____

FOR POLICE USE ONLY
© 2008, 2010

RECEIVED FROM	_____	_____
DATE	____/____/____	____:____
RECEIVED BY	_____	_____
DATE	____/____/____	____:____
RECEIVED FROM	_____	_____
DATE	____/____/____	____:____
RECEIVED BY	_____	_____
DATE	____/____/____	____:____

DO NOT REUSE KIT FOR OTHER LABORATORY USES ONLY



Not every case, just where it is warranted based on case specific information.

Key Points

- In general, consider collecting evidence within 72 hours for prepubertal patients and 96 hours for pubertal patients.
- Speculum exams should **never** be performed on prepubescent patients for routine evidence collection.
- Seek consent/assent for each step of the collection process.
- Change gloves between each step to avoid cross contamination.
- If possible, allow all evidence to dry before packaging.
- Package, seal, and label all evidence appropriately.

Additional Considerations

- Document patient's statements
- Avoid documentation that uses words that have negative connotations
 - *Patient reports rather than patient alleges*
- Exam is not all or none
- A patient can return within 96 hours if they initially decline a SAECK and then change their mind
- Consider collecting evidence in locations that the patient did not specify (disclosure may be incomplete due to development, embarrassment, or trauma)
- Evaluate patient for HIV nPEP if assault within 72 hours
- For pubertal patients provide antibiotic prophylaxis and offer EC
- Everyone should have follow up



**Children's Advocacy
Centers of Kentucky**

Donate

Kentucky Child Sexual Abuse Medical Protocol and Resources

Below are up-to-date reference materials for medical providers who are treating children for concerns of abuse.



Document 1: Clinical Decision Tool for Evaluating Pediatric/Adolescent Sexual Assault/Abuse

Document 2: HIV Nonoccupational Postexposure Prophylaxis (HIV nPEP) Considerations

Document 3: Medical Protocol for Acute Child Sexual Assault/Abuse Evaluation

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Appendices:

- A.** Sexual maturation diagram
- B.** Strangulation Resources, child's face with findings, adult face, adult flowsheet
- C.** Female, diagrams of exam positions and techniques
- D.** Anatomy diagrams from national protocol
- E.** Hymenal anatomy diagrams

Reference

- <https://cackentucky.org/medical-resources/>

Questions

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The Role of the Medical Provider

- Sir William Osler said, “The good physician treats the disease; the great physician treats the patient who has the disease.”

