Recognizing, Reporting, and Responding to Child Sexual Abuse in Kentucky
An Update for 2025

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Objectives

- Discuss resources available to aid in the evaluation of children and adolescents who report experiencing acute sexual abuse/assault
- Understand current Kentucky law on sexual assault evidence collection and examination

Case

- 7 year old reports penile anal penetration by an adult that happened 24 hours ago

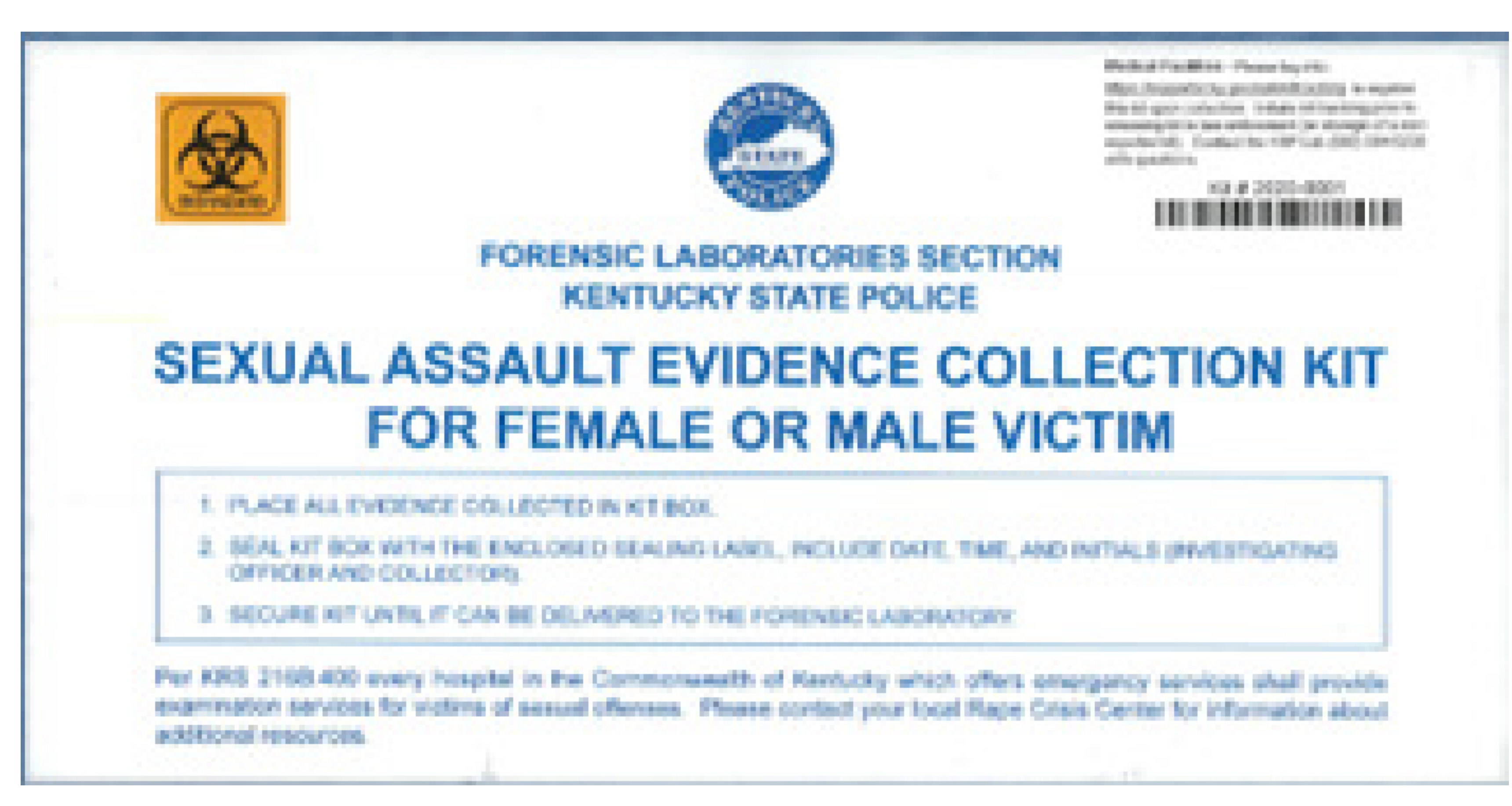
Emergent exam– Exam Without Delay

- Medical, psychological or safety concerns (acute pain or bleeding, suicidal ideation, or suspected human trafficking)
- Assault have occurred within the previous 72 hours-96 hours, necessitating collection of trace evidence for later forensic analysis
- Need for emergency contraception (up to 120 hours)
- Need for post-exposure prophylaxis (PEP) for STIs
- Need for Human Immunodeficiency Virus (HIV) post-exposure prophylaxis (72 hours)

Sexual Assault Evidence Collection Kits

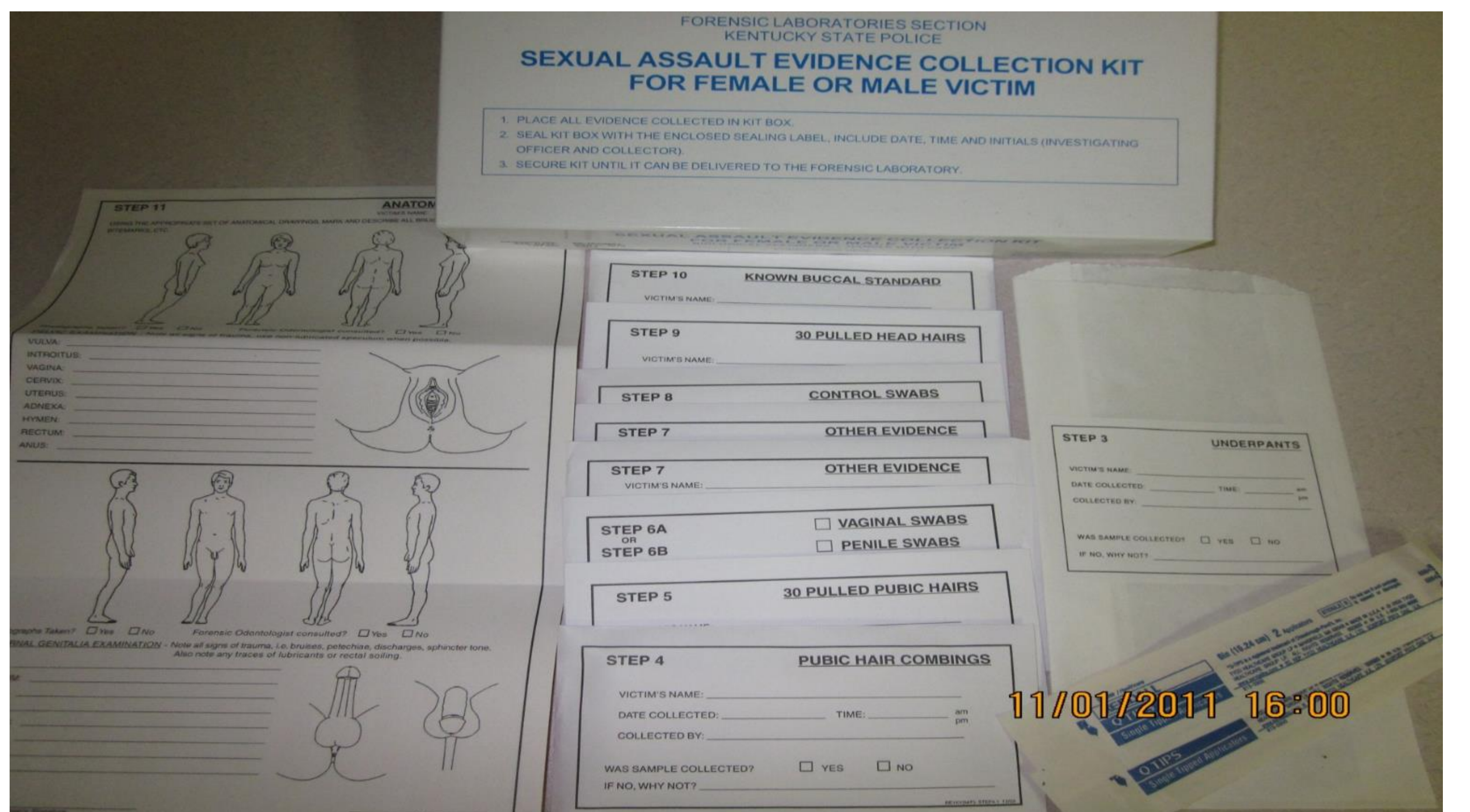
- Per 502 KAR 12:010. Sexual Assault Forensic-Medical Examination Protocol: “If the sexual assault occurred within ninety-six (96) hours prior to the forensic-medical examination, a Kentucky State Police Sexual Assault Evidence Collection Kit shall be used.”

Sexual Assault Evidence Collection Kits



Crime Lab / Forensic Biology

- Blood
- Semen
- Saliva
- DNA Analysis
- CODIS (Database)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KENTUCKY STATE POLICE
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3. SECURE KIT UNTIL IT CAN BE DELIVERED TO THE FORENSIC LABORATORY.
STEP 11
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STEP 9 30 PULLED HEAD HAIRS
STEP 8 CONTROL SWABS
STEP 7 OTHER EVIDENCE
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STEP 6A OR STEP 6B
VAGINAL SWABS
PENILE SWABS
STEP 5 30 PULLED PUBIC HAIRS
STEP 4 PUBIC HAIR COMBINGS
VICTIM'S NAME:
DATE COLLECTED:
TIME:
COLLECTED BY:
WAS SAMPLE COLLECTED? YES NO
IF NO, WHY NOT?
STEP 3 UNDERPANTS
VULVA:
INTROITUS:
VAGINA:
CERVIX:
UTERUS:
ADNEXA:
HYMEN:
RECTUM:
ANUS:
Forensic Odontologist consulted? Yes No
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Sexual Assault Evidence Collection Reality in Prepubertal Children

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

Available Resources

- KY Medical Protocol for Child/Adolescent Sexual Assault/Abuse
- SANE P/A (Sexual Assault Nurse Examiner Pediatric/Adolescent)
- New Sexual Assault Evidence Collection Kit and Instructions
- Regional Children's Advocacy Centers
- Child Abuse Pediatrician Led Child Protection Teams

cackentucky.org/medical-resources/

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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.

Clinical Decision Tool for Evaluating Pediatric/Adolescent Sexual Assault/Abuse

- Contact local advocacy agency to request victim advocate
- Consult Hospital SW per hospital protocol
- Contact SANE-A/A or SANE-P/A for case consultation, per facility protocol and as appropriate for patient's sexual development. If SANE unavailable, proceed according to your facility protocol.
- Per KRS 216.400, each victim shall have the right to determine whether a report shall be made to law enforcement. **It is required to report to Child Protective Services or law enforcement where there is suspected <u>abuse</u> of a child, in all cases of suspected sex trafficking of a minor, and in all cases of female genital mutilation.** (KRS 216B.400, KRS 620.030, and KRS 600.020)
  - Kentucky Department for Community Based Services Hotline 1-877-597-2331

- Immediate medical or mental health needs always take priority over evidence collection
- Physician, NP or PA should provide medical clearance

Patient reports **sexual abuse/assault** within the last **96 hours** and/or there is **potential to recover biologic or trace evidence**

Yes

- **Maintain ongoing consent and/or assent**
- **Obtain information from investigators first, if available**
- **Obtain non leading medical history from caregiver without child present, and from child without caregiver present (See medical protocol)**
- **Perform mental health assessment (screen for substance use, self-harm)**
- **Assess for signs of strangulation**
- **Complete head to toe assessment including anogenital exam**
- **Collect Sexual Assault Forensic Evidence (SAFE) Kit (as indicated in the medical protocol)**
- **Record all injuries and/or points of tenderness with written and photographic documentation**
- **Assess and/or perform as appropriate:**
  - **Urine drug screen**
  - **Drug Facilitated Sexual Assault Urine/Blood Collection Kit**
  - **STI testing**
  - **HIV Risk Assessment**
  - **Pregnancy Testing**
  - **STI Prophylaxis**
  - **Emergency Contraception (Up to 120 hours)**
  - **HIV Prophylaxis (up to 72 hours)**
- **Consider additional testing and treatment based on symptoms**
- **Assess for safe discharge plan**

No

- **Maintain ongoing consent and/or assent**
- **Obtain information from investigators first, if available**
- **Obtain non leading medical history from caregiver without child present, and from child without caregiver present (See medical protocol)**
- **Perform mental health assessment (screen for substance use, self-harm)**
- **Complete head to toe assessment**
- **Complete anogenital exam, unless timely follow-up can be assured, and patient is asymptomatic**
- **Assess and/or perform as appropriate:**
  - **STI testing**
  - **HIV Risk Assessment**
  - **Pregnancy Testing**
  - **STI Prophylaxis**
  - **Emergency Contraception (Up to 120 hours)**
- **Consider additional testing and treatment based on symptoms**
- **Assess for safe discharge plan**

FOR ALL CASES:

***** Prior to discharge, review with patient and caretaker testing completed, medications given, and recommended follow-up care. Coordinate care with regional Children's Advocacy Center whenever possible.**

***** Validate the child's feelings by acknowledging sexual abuse disclosures are difficult to make and take courage.**

***** If Child Protective Services (CPS) is involved, await safe disposition/CPS prevention plan prior to discharge.**

***** Additional resources at Children's Advocacy Centers of Kentucky (https://www.cackentucky.org/medical-resources).**

Clinical Decision Tool for Evaluating Pediatric/Adolescent Sexual Assault/Abuse

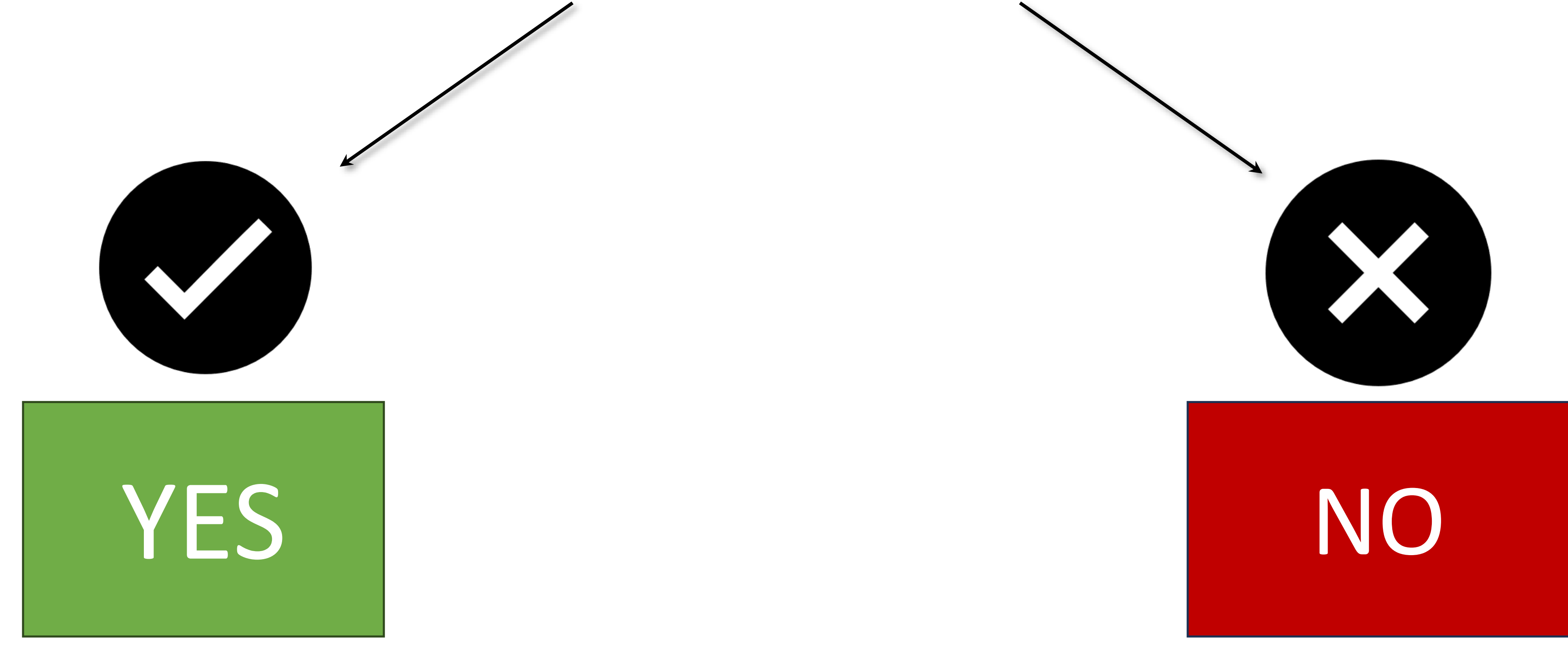
First Steps:

- Contact local advocacy agency to request victim advocate
- Consult Hospital SW per hospital protocol
- Contact SANE-A/A or SANE-P/A for case consultation, per facility protocol and as appropriate for patient's sexual development. If SANE unavailable, proceed according to your facility protocol.
- Per KRS 216.400, each victim shall have the right to determine whether a report shall be made to law enforcement. **It is required to report to Child Protective Services or law enforcement where there is suspected abuse of a child, in all cases of suspected sex trafficking of a minor, and in all cases of female genital mutilation.** (KRS 216B.400, KRS 620.030, and KRS 600.020)
    - Kentucky Department for Community Based Services Hotline 1-877-597-2331

Remember:

- Immediate medical or mental health needs always take priority over evidence collection
- Physician, NP or PA shall provide medical clearance

Did the patient report **sexual abuse/assault** within the last **96 hours** and/or there is potential to **recover biologic or trace evidence?**



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  - Urine drug screen
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  - STI testing
  - HIV Risk Assessment
  - Pregnancy Testing
  - STI Prophylaxis
  - Emergency Contraception (Up to 120 hours)
  - HIV Prophylaxis (up to 72 hours)
- Consider additional testing and treatment based on symptoms
- Assess for safe discharge plan

Statewide Protocol

- Mandatory Reporting
- Determining the Need for Evidence Collection: Timeframe and Circumstances
- Identifying a Qualified Medical Provider
- Obtaining Consent and Assent
- Obtaining a Medical History
- Assessment for Strangulation
- General Physical and Anogenital Examination
- Detailed Information Evidence Collection
- STI Testing and Prophylaxis
- HIV Prophylaxis
- Emergency Contraception
- Discharge Planning and Follow-up Care

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: • 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: • 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.

When Is Evidence Collection Recommended/ Pubertal Child

Kentucky Medical Protocol for Child Sexual Assault/Abuse Evaluation

Patient reports	Time since assault	Recommended action regarding evidence collection in addition to the standards (as discussed above). Additional collection may be considered as clinically indicated.
Oral penetration with penis	24-96 hours	Assess oral cavity for mucosal injury, petechiae, injury to frenula. Consider additional evidence collection if there are concerns that the disclosure of assault/abuse is incomplete.
Digital penetration of vagina or anus or hand to genital contact	Less than or equal to 24 hours	Collection should include swabs of the external labia, the vaginal vestibule (area between the labia in front of the hymen), intravaginal swabs, and swabs of the peri[...] area and the anus.
Digital penetration of vagina or anus or hand to genital contact.	24-96 hours	Swabs in addition to the standards are not generally recommended unless patient ha[...] bathed or urinated or defecated and there [...] potential of bodily fluid transfer. Consider additional evidence collection if there are concerns that the disclosure of assault/abuse is incomplete.
Transfer of bodily fluids to extragenital body areas such as breast, neck, abdomen, thighs, etc.	Less than or equal to 96 hours	Recovery may be diminished with bathing, but additional evidence collection (by swabbing the identified areas) should still be considered.

Patient reports	Time since assault	Recommended action regarding evidence collection in addition to the standards (as discussed above). Additional collection may be considered as clinically indicated.
Vaginal or anal penetration with penis or object	Less than or equal to 96 hours	Collection should include swabs of the external labia, the vaginal vestibule (area between the labia in front of the hymen), intravaginal swabs, and swabs of the perianal area and the anus.
Oral penetration with penis	Less than or equal to 24 hours	Collect evidence within oral cavity. Consider additional evidence collection if there are concerns that the disclosure of assault/abuse is incomplete.

Recommended STI Testing

- Urine NAAT gonorrhea, chlamydia
  - or vaginal NAAT (girls)
  - or urethral discharge (boys)
- Rectal NAAT gonorrhea, chlamydia
- Pharyngeal NAAT gonorrhea, chlamydia
- Urine trichomonas RNA TMA (girls)
- Hepatitis B surface antigen, surface antibody and core antibody
- Syphilis IgG and IgM antibody
- HIV antibody

Prophylaxis for STI (*other than HIV nPEP*) for Prepubertal Children

- **Prophylaxis differs from treatment**. Treatment is indicated for patients of **all ages** when a patient is **positive for a disease**.
- In general, prophylaxis and/or treatment of a discharge without a positive test is not recommended for prepubertal girls
  - Follow up can usually be assured and
  - The risk of ascending infection (spread to pelvis/PID) in a prepubertal girl is low
- Consider prophylaxis however if follow up cannot be assured (patient is from out of town, homeless, etc)
- **Prophylaxis** for **HIV, when indicated,** should be provided to children of **all ages**.

Prophylaxis for STI for Children Who Have Reached Puberty

- For **pubertal** female children, **provide prophylaxis** for **Gonorrhea, Chlamydia, and Trichomonas**, if acute sexual assault with known or possible exchange of bodily fluids is reported.
- For **pubertal** male children, **provide prophylaxis** for **Gonorrhea and Chlamydia** if acute sexual assault with known or possible exchange of bodily fluids is reported.
- Consider prophylaxis when the assault occurred within 2 weeks of presentation and involved potential exchange of bodily fluids.
- If presentation is after 2 weeks, consider testing first and treating based on results or on clinical presentation.
- HIV prophylaxis should be considered if the sexual assault occurred within 72 hours of presentation for medical care and there is potential for exposure to bodily fluids that may carry the Human Immunodeficiency Virus.

Emergency Contraception (EC)

- Can be offered up to 120 hours post assault
- Not an abortion
- Will not affect a preexisting pregnancy
- The main mechanism of action of both levonorgestrel and ulipristal acetate for EC is delaying or inhibiting ovulation
- Offer to females, SMR 2 or greater

CDC MMWR 2021 Recommendations for STI Prophylaxis for Adolescents

Recommended Regimen for Adolescent and Adult Female Sexual Assault Survivors
Ceftriaxone 500 mg* IM in a single dose
plus
Doxycycline 100 mg 2 times/day orally for 7 days
plus
Metronidazole 500 mg 2 times/day orally for 7 days
* For persons weighing ≥150 kg, 1 g of ceftriaxone should be administered.

Recommended Regimen for Adolescent and Adult Male Sexual Assault Survivors
Ceftriaxone 500 mg* IM in a single dose
plus
Doxycycline 100 mg 2 times/day orally for 7 days
* For persons weighing ≥150 kg, 1 g of ceftriaxone should be administered.

HIV nPEP

When determining if HIV nPEP is indicated, do not await assailant testing results.

HIV prophylaxis should be started within 72 hours and as close to the time of sexual contact as possible.

Consider possible adverse effects and likelihood of medication adherence prior to prescribing nPEP.

CDC's data regarding the likelihood of HIV acquisition from **an infected source based on a single exposure may be helpful in decision making:**

The highest risk of acquisition is associated with receptive anal penetration.

The lowest risk of acquisition is associated with receptive oral and insertive oral intercourse.

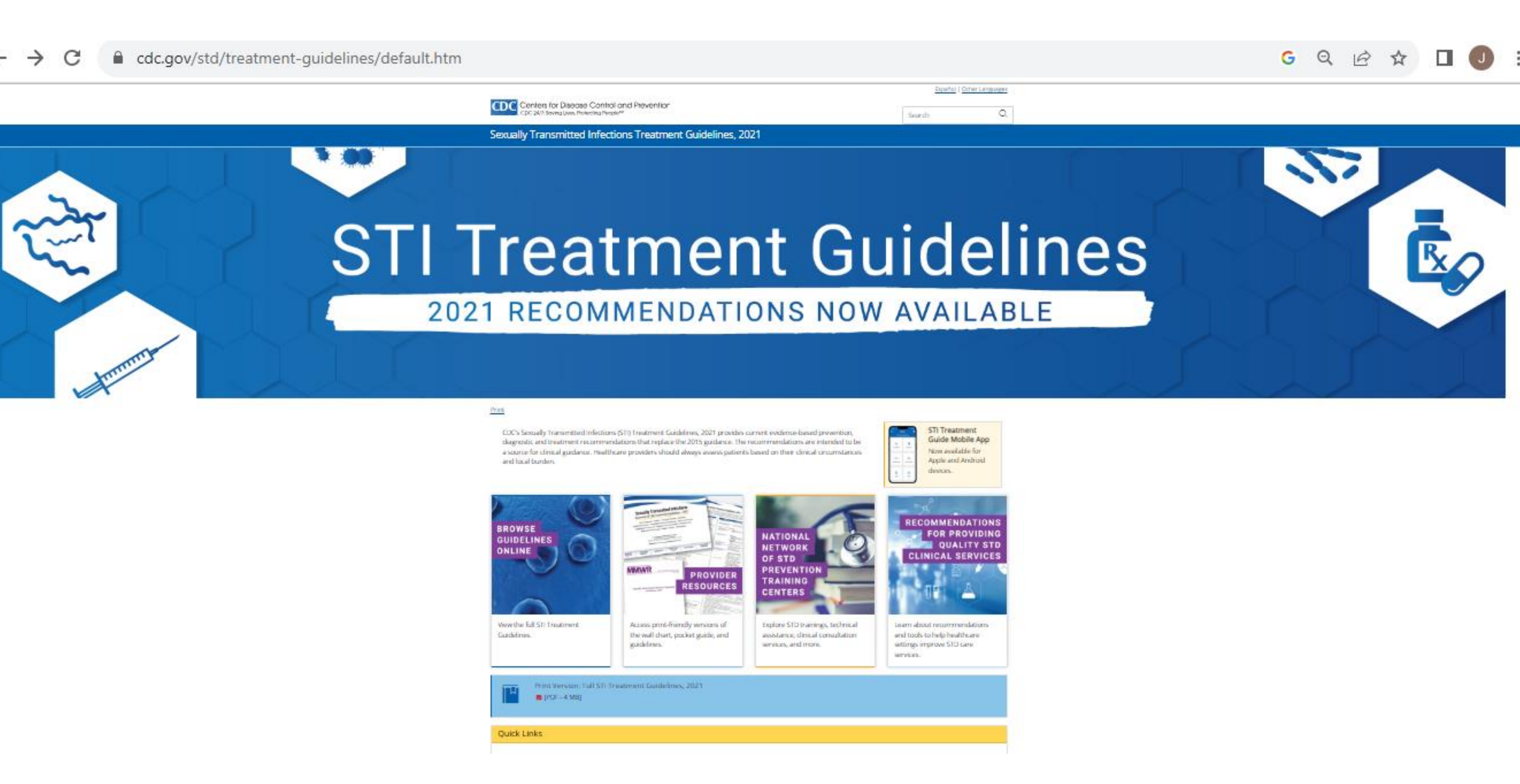
The risk of HIV acquisition as a result of a **single** act of biting, spitting, sex toy sharing or having body fluids thrown at a person is negligible.

Resources for Providers

HIV nPEP Consultation Services for Clinicians (1-888-448-4911)

For additional resources, visit Children's Advocacy Centers of Kentucky: https://www.cackentucky.org/medical-resources

HIV Nonoccupational Postexposure Prophylaxis (HIV nPEP) Considerations		
Type of Exposure within 72 Hours	**Assailant HIV status**	**Recommendation**
Assailant's: • Blood, • Semen, • Vaginal secretions, • Rectal secretions, • Breast milk, • Body fluid that is visibly contaminated with blood (for example saliva with blood)	**Known positive**	**Initiate nPEP**
Assailant's: • Blood, • Semen, • Vaginal secretions, • Rectal secretions, • Breast milk, • Body fluid that is visibly contaminated with blood (for example saliva with blood)	**Unknown**	**Consider on case by case basis** Consideration includes: • Type of assault/abuse described • Age of the assailant (juvenile assailant may decrease risk) • Presence of anogenital injury or genital ulcer or STI (may serve as a portal for infection) • Whether assault/abuse was ongoing by the SAME individual • Other high-risk factors for assailant and patient (drugs involvement, trafficking history, STIs, incarceration history) • Multiple assailants may increase risk
Assailant's secretions not visibly contaminated with blood: • Urine • Nasal secretions • Saliva • Sweat • Tears	**Regardless of assailant's HIV status**	**nPEP NOT recommended**



cdc.gov/std/treatment-guidelines/default.htm
CDC Centers for Disease Control and Prevention
Sexually Transmitted Infections Treatment Guidelines, 2021
STI Treatment Guidelines
2021 RECOMMENDATIONS NOW AVAILABLE
CDC's Sexually Transmitted Infections (STI) Treatment Guidelines, 2021 provides current evidence-based prevention, diagnostic and treatment recommendations that replace the 2015 guidance. The recommendations are intended to be a source for clinical guidance. Healthcare providers should always assess patients based on their clinical circumstances and local burden.
STI Treatment Guide Mobile App
Now available for Apple and Android devices.
BROWSE GUIDELINES ONLINE
View the full STI Treatment Guidelines.
PROVIDER RESOURCES
Access print-friendly versions of the wall chart, pocket guide, and guidelines.
NATIONAL NETWORK OF STD PREVENTION TRAINING CENTERS
Explore STD trainings, technical assistance, clinical consultation services, and more.
RECOMMENDATIONS FOR PROVIDING QUALITY STD CLINICAL SERVICES
Learn about recommendations and tools to help healthcare settings improve STD care services.
Print Version: Full STI Treatment Guidelines, 2021
[PDF – 4 MB]
Quick Links

Frequently Asked Questions About Child Sexual Abuse Medical Examinations

- Sedation is rarely indicated.
- Speculum exams should never be performed on prepubescent patients for routine evidence collection alone.
- Careful consideration should inform the decision to provide a speculum exam for a young adolescent and/ or teen without prior sexual experience.
- A speculum exam should be considered if there is unexplained bleeding and/or concern for intravaginal injury or foreign body (Sedation may be needed).

Available Resources

KY Medical Protocol for Child/Adolescent Sexual Assault/Abuse

SANE P/A (Sexual Assault Nurse Examiner Pediatric/Adolescent)

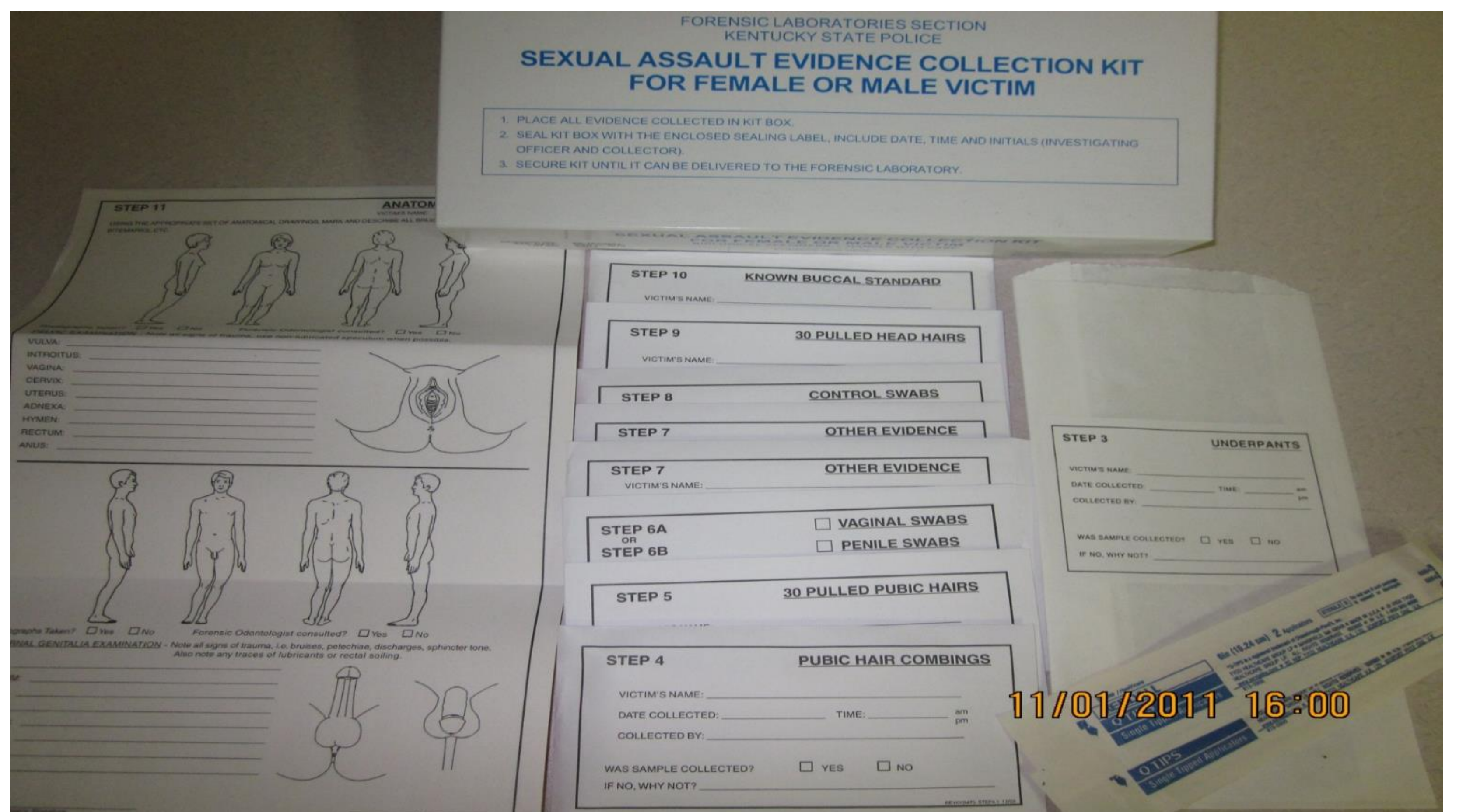
New Sexual Assault Evidence Collection Kit and Instructions

Regional Children's Advocacy Centers

Child Abuse Pediatrician Led Child Protection Teams

Comments About The Kit

- Separate instructions were created for prepubertal patients.
- Collection sites are different for prepubertal patients reflecting where evidence most likely would be deposited.
- Statewide protocol suggests evidence collection within 72-96 hours for prepubertal patients (depending on what occurred and whether injury is present) and 96 hours for pubertal patients.
- Consider collecting evidence in locations that the patient did not specify (disclosure may be incomplete due to development, embarrassment, or trauma).



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TIME:
am
pm
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WAS SAMPLE COLLECTED? YES NO
IF NO, WHY NOT?
STEP 3 UNDERPANTS
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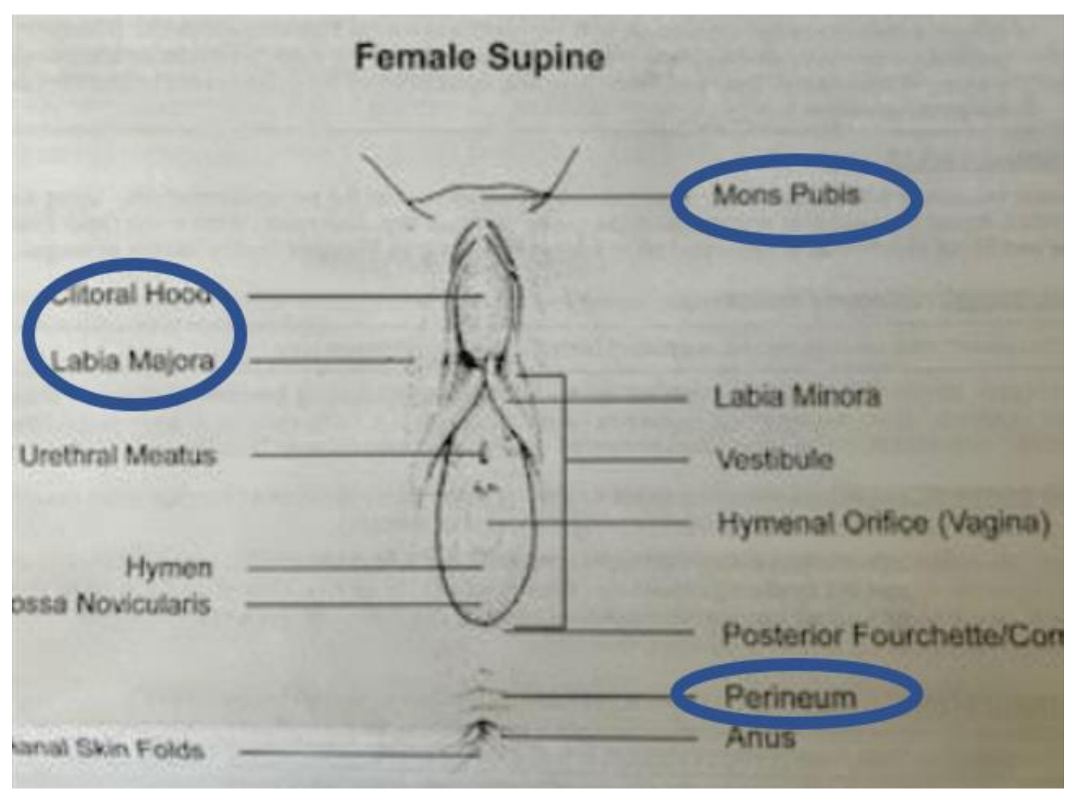
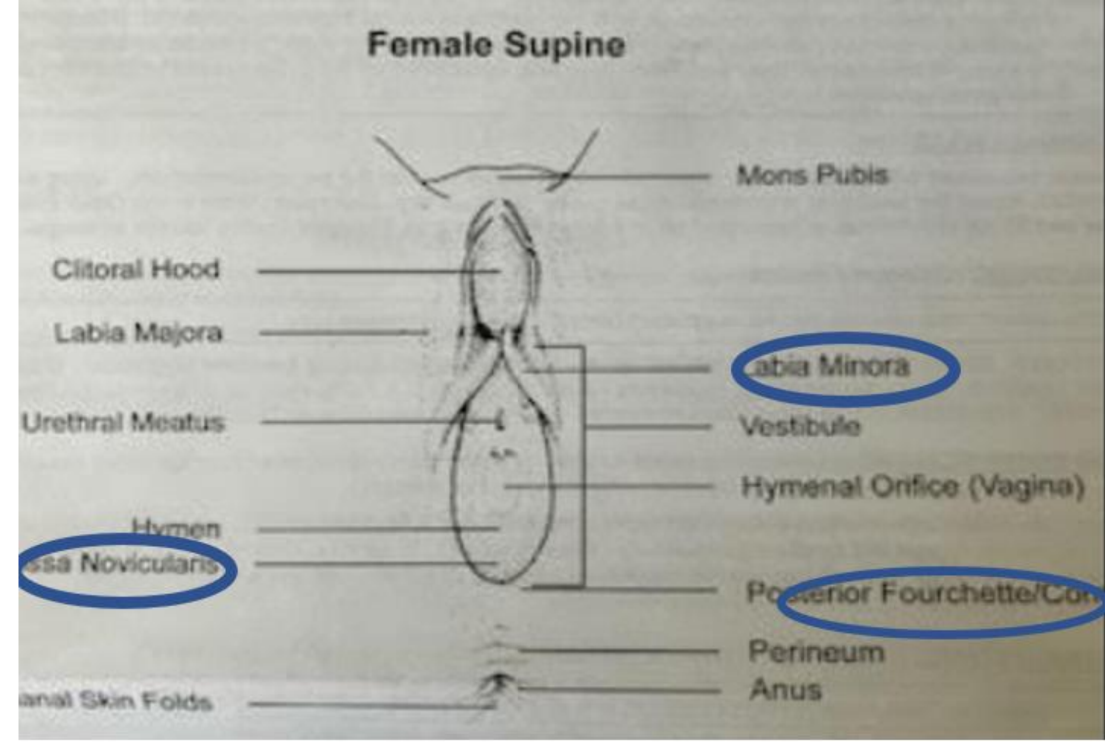
Prepubertal genital swabs

External Genital



Vaginal



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SANE P/A

- Sexual Assault Nurse Examiner Pediatric/Adolescent
- A registered nurse who completes additional education and training to provide comprehensive health care to pediatric survivors of sexual assault.
- Additional education : 40 hour didactic course, document performance of a variety of clinical competencies (evidence collection, articulate examination techniques and findings, demonstrate understanding of multidisciplinary approach to child sexual abuse investigations).
- Once SANE credential is obtained, nurses must demonstrate continuing education in the field.
- Peer review is highly recommended.

Available Resources

- KY Medical Protocol for Child/Adolescent Sexual Assault/Abuse
- SANE P/A (Sexual Assault Nurse Examiner Pediatric/Adolescent)
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Medical Follow Up Is Essential

- Obtain clinical photography for an abnormal finding or injury that was identified
- Assess healing of an injury
- Clarify an unclear finding
- Reassess a finding that was identified by an inexperienced examiner
- Provide the patient with STI testing results and perform additional STI testing if necessary
- Discuss and the results of the medical exam that occurred outside of the CAC with the patient
- Prescribe additional HIV nPEP to complete a full 28 day course
- Monitor adherence with treatment recommendations
- Address patient's mental health
- Assess the patient's continued safety

Timing of Recommended STI Follow Up Labs

	Source Patient	Exposed Person			
	Baseline	Baseline	4 - 6 wk after exposure	3 mo after exposure	6 mo after exposure
For ANY exposure					
HIV-1/2 Antigen/Antibody	✓	✓	✓	✓	(✓) [2]
HIV RNA PCR (Quantitative)	(✓) [1]	(✓) [1]	—	—	—
Hepatitis B (HBV) serology, including • HBV surface antigen (HBsAg) • HBV surface antibody (HBsAb) • HBV core antibody (HBcAb)	✓	✓	—	—	(✓) [3]
Hepatitis C (HCV) antibody	✓	✓	—	—	(✓) [4]
For SEXUAL exposure					
Syphilis Serology (RPR) [5]	✓	✓	✓	—	✓
Gonorrhea NAAT/PCR [6]	✓	✓	(✓) [7]	—	—
Chlamydia NAAT/PCR [6]	✓	✓	(✓) [7]	—	—
Pregnancy [8]	—	✓	✓	—	—
For any patient STARTED on nPEP					
CBC		✓	✓	—	—
CMP (AST, ALT, BUN, Cr)		✓	✓	—	—

(✓) Testing may be conditional based on specified scenario.

[1] Any positive or indeterminate HIV antibody/antigen test should be confirmed with HIV RNA quantitative PCR.

[2] Only if Hepatitis C infection was acquired during the original exposure. Delayed HIV seroconversion has been seen in persons who simultaneously acquire HIV and HCV infection.

[3] If exposed person is susceptible to HBV at baseline.

[4] If exposed person is susceptible to HCV at baseline.

[5] If found to be infected and then treated, RPR should be repeated 6 months after treatment.

[6] For patient diagnosed with chlamydia or gonorrhea, retesting 3 months after treatment is recommended.

- For men reporting insertive vaginal or oral sex, a urine specimen should be tested for chlamydia and gonorrhea.
- For women reporting receptive vaginal sex, a vaginal (preferred) or endocervical swab or urine specimen should be tested for chlamydia and gonorrhea.
- For men and women reporting receptive anal sex, a rectal swab specimen should be tested for chlamydia and gonorrhea.
- For men and women reporting receptive oral sex, an oropharyngeal swab should be tested for gonorrhea.

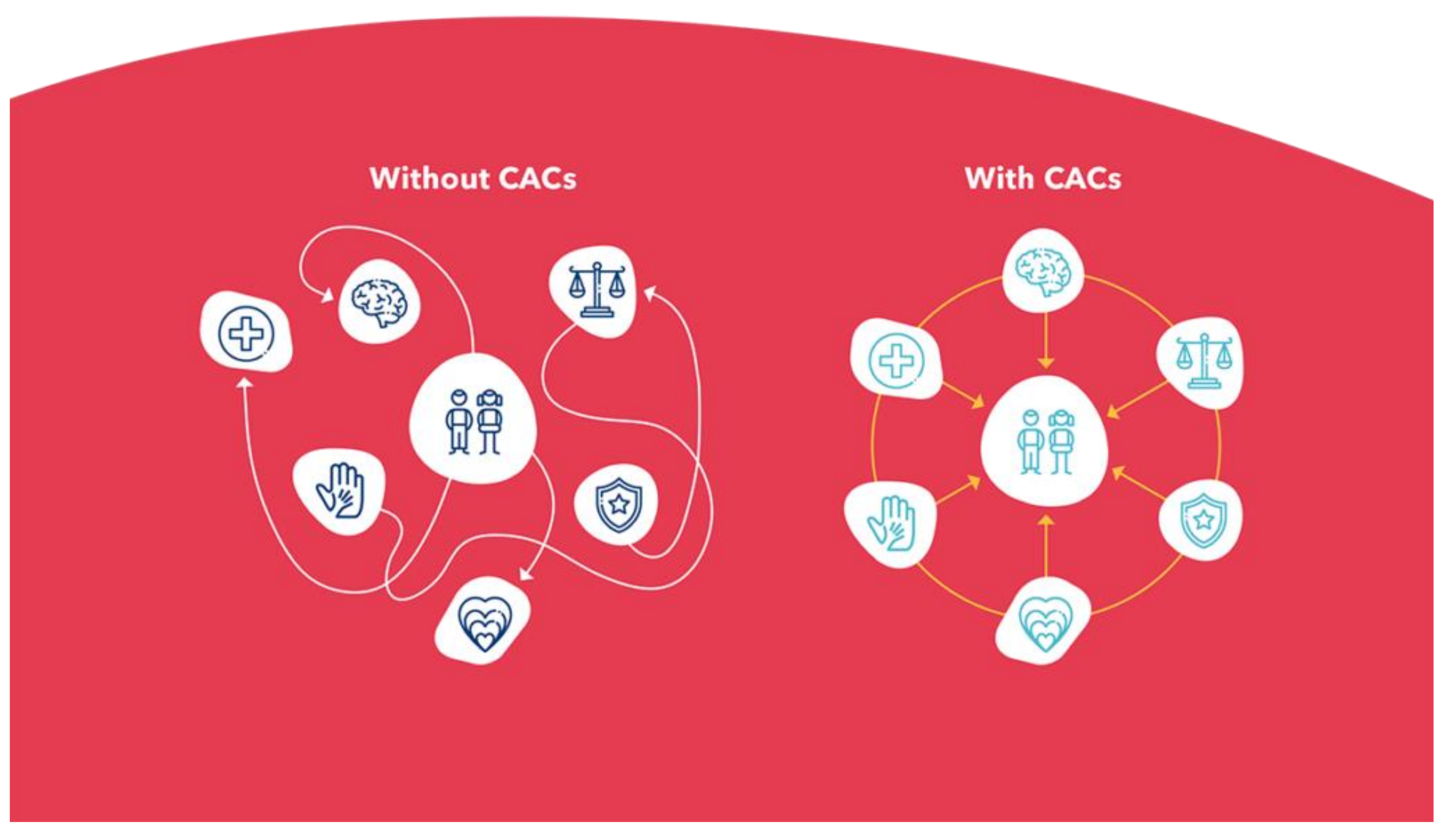
[7] If not provided treatment at baseline or if symptomatic at follow-up visit.

[8] If woman of reproductive age, not using effective contraception, and with vaginal exposure to semen.

https://www.hopkinsmedicine.org/-/media/files/allchildrens/clinical-pathways/hiv-npep-clinical-pathway-10_6_21.pdf

https://cackentucky.org/what-we-do/

Response to child abuse is complex and requires multiple disciplines



Definition of a Children's Advocacy Center KRS 620.020 (4): An agency that...

Advocates on behalf of children alleged to have been abused;

Assists in the coordination of the investigation of child abuse by providing a location for forensic interviews and medical examinations;

Promotes the coordination of services.

Core CAC Services

- Forensic Interviews
- Victim Advocacy and Support
- Medical Evaluations
- Mental Health Services
- Case Review and Coordination
- Case Tracking

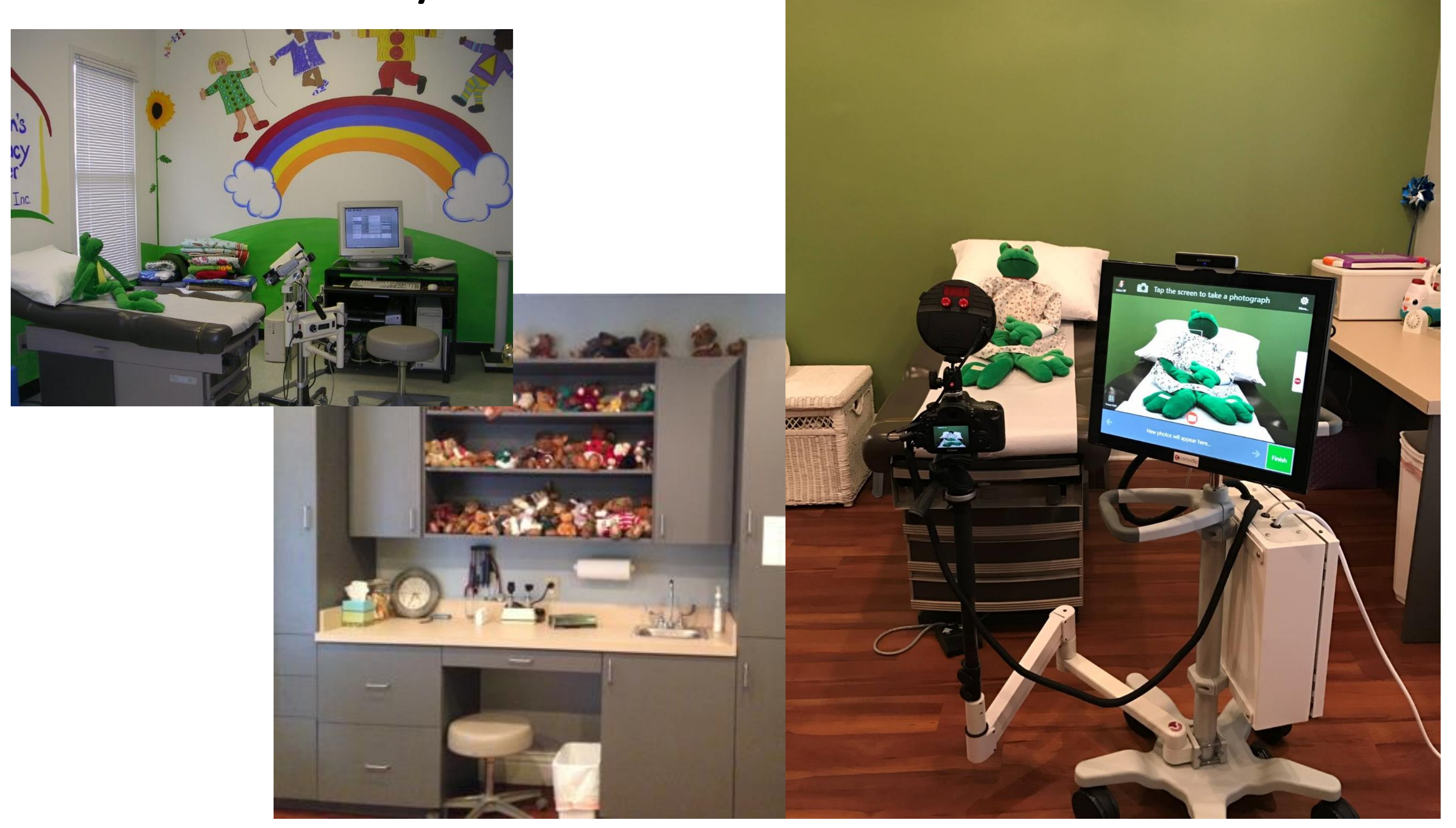
Forensic Interviews

- Non Leading
- Developmentally appropriate
- Nonthreatening
- Structured
- Peer reviewed
- Recorded
- Investigative team participates in the interview through closed circuit television and wireless audio equipment

Medical Care/CAC

Children's Advocacy Centers (CAC's) can provide medical evaluations outside of window for evidence collection, nonacute evaluations, as well as medical follow-up examinations

Child Friendly Environment



Do No Harm

GOAL: Provide comprehensive, child focused, developmentally appropriate, trauma informed medical exams performed by **experienced, qualified examiners**. Exams are **photo-documented to minimize unnecessary repeat examinations, obtain consultation from another expert when necessary, and allow for peer review of examination findings**.

Purpose of the Medical Examination

- Document the medical history
- Collect forensic evidence when applicable
- Conduct a comprehensive physical exam (including an anogenital examination)
- Ensure both the physical and emotional health, safety, and well-being of the child
- Diagnose and address/ treat any medical conditions resulting from abuse
- Identify and treat any infections resulting from abuse
- Differentiate medical findings that are indicative of abuse from those which may be explained by other medical conditions
- Diagnose and address/treat medical conditions unrelated to abuse
- Identify any physical, developmental, emotional, or behavioral concerns needing further evaluation and treatment and make referrals as necessary
- Provide reassurance and education to the child and family
- Provide written and photodocumentation of the examination findings

KRS 620.040

- Investigations involving sexual abuse and/or human trafficking allegations must be presented to the local multi-disciplinary team **to assess service delivery** and **facilitate efficient and appropriate disposition of case through the criminal justice system**

Members of the Multidisciplinary Team

- Prosecutor (Commonwealth and County Attorney)
- Law enforcement
- Social services
- Forensic interviewer
- Mental health provider
- Medical provider
- Family advocate
- Victim advocate
- School representative

Multidisciplinary Team (MDT) Purpose

Review reported or suspected cases meeting agreed upon criteria

Assess service delivery

Facilitate efficient and appropriate disposition of cases through the criminal justice system

Case Follow-up

- 7 year old had evidence (SAFE kit) collected in the ED.
- HIV nPEP prescribed by CAC provider (child had follow up within 72 hours of the abuse and was noted to have an anal injury by CAC provider).
- She had forensic interview and medical follow up at the CAC
- She received counseling through her school.
- Her case was discussed at MDT case review.
- Crime Lab identified male DNA on anal swabs.
- Case was prosecuted and offender was sentenced to jail.

Questions?

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