

# SANEs & SAFEs

## The Who, What, When, Why and Where of Sexual Assault Exams in Kentucky



# Objectives

- Define a Sexual Assault Forensic-Medical Exam (SAFE)
- Explain the role of a Sexual Assault Nurse Examiner (SANE)
- Provide an overview of the SAFE
- Discuss how an active Sexual Assault Response Team (SART) can enhance the medical and legal process for the victim.

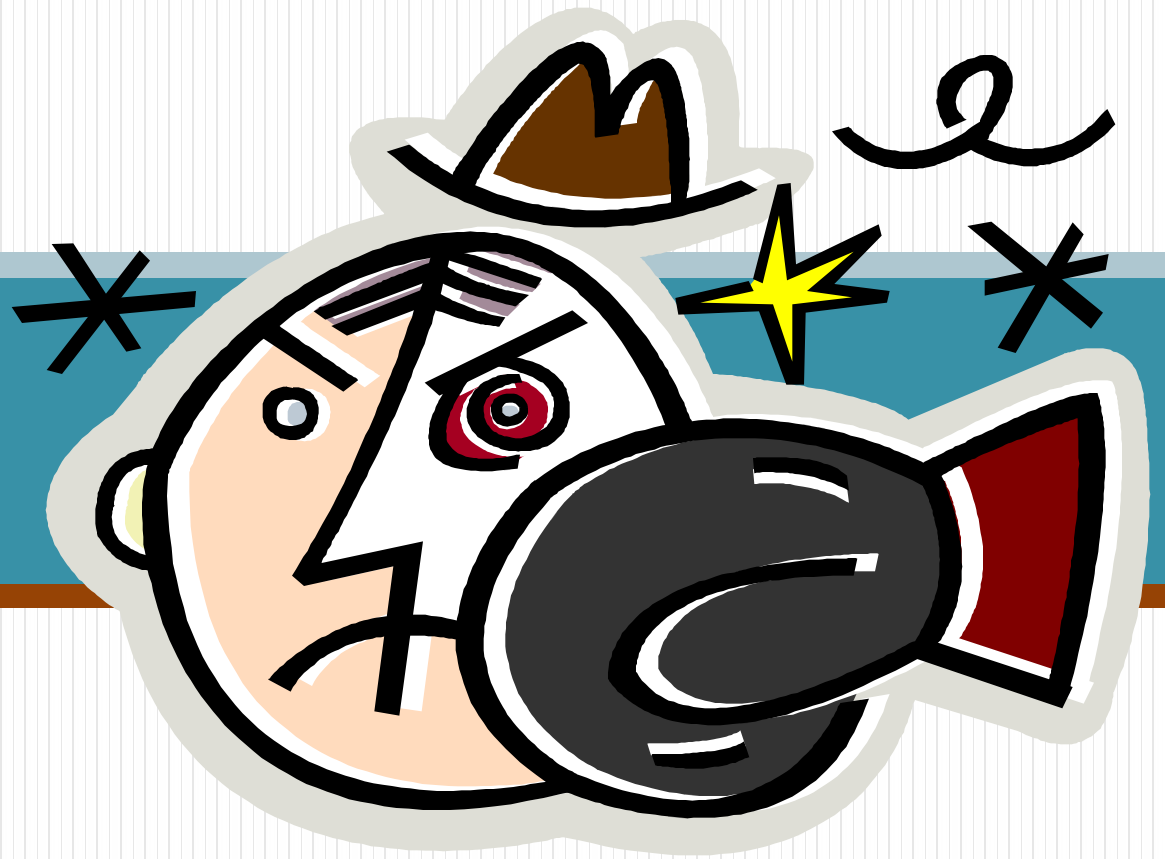




# SEXUAL ASSAULT FORENSIC-MEDICAL EXAMINATION

A medical exam that will:

Address the immediate health care needs  
of the patient while protecting the  
potential future needs of the criminal  
justice system



THE PATIENT IS THE CRIME  
SCENE

# Who can provide SAFE exams?



- Sexual Assault Nurse Examiner (SANE)
- Physician
- Others if scope of practice and training include speculum exam
  - APRN
  - PA

**\*\*KRS 216B.400**

# SANEs as Preferred Care Providers

- Specialized Training & Credential
- Continuing Education Required
- Consistency of Service
  
- Recommended by recent Federal Legislation
  - VAWA
  - National Defense Authorization Act
  - Prison Rape Elimination Act



# A SANE IS...

- SANE is a registered nurse (R.N.) who has advanced education and clinical preparation in forensic examination of sexual assault victims.
- In Kentucky SANE is regulated by the KBN
- Credentials for SANE are awarded by KBN after completing 40 hours of didactic education and 60 hours of clinical training.
- Credential renewal is obtained annually by acquiring 5 hours of continuing education specific to forensic science.

# The Kit



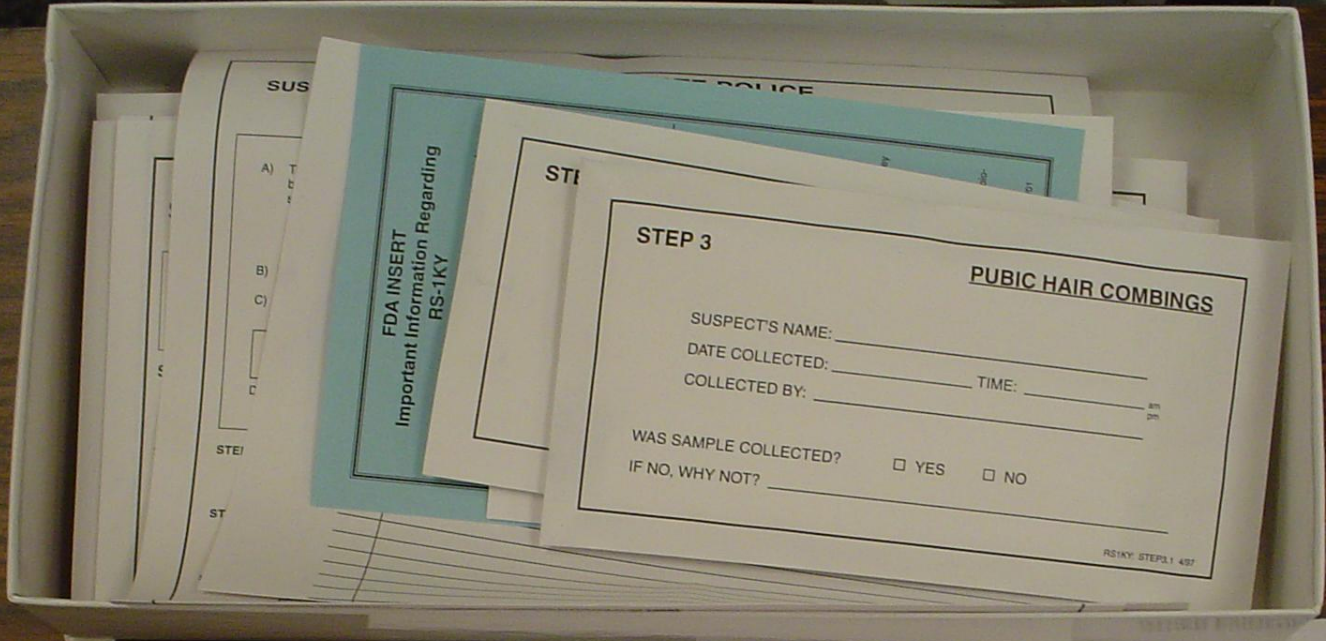


FORENSIC LABORATORIES SECTION  
KENTUCKY STATE POLICE

## 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.

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FDA INSERT  
Important Information Regarding  
RS-1KY

**STEP 3**

**PUBIC HAIR COMBINGS**

SUSPECT'S NAME: \_\_\_\_\_  
DATE COLLECTED: \_\_\_\_\_ TIME: \_\_\_\_\_  
COLLECTED BY: \_\_\_\_\_

WAS SAMPLE COLLECTED?  YES  NO  
IF NO, WHY NOT? \_\_\_\_\_

RS1KY, STEP3, 1.497

**STEP 5**

**BLOOD STANDARD**

SUSPECT'S NAME: \_\_\_\_\_  
DATE COLLECTED: \_\_\_\_\_ TIME: \_\_\_\_\_  
COLLECTED BY: \_\_\_\_\_

**OTHER EVIDENCE**

TIME: \_\_\_\_\_

**STEP 8**

SUSPECT'S  
DATE COLLECTED  
COLLECTED BY

WAS SAMPLE COLLECTED?  
IF NO, WHY NOT?

**STEP 4**

SUSPECT'S NAME: \_\_\_\_\_  
DATE COLLECTED: \_\_\_\_\_  
COLLECTED BY: \_\_\_\_\_

WAS SAMPLE COLLECTED?  
IF NO, WHY NOT?  YES  NO

**STEP 6**

**PULLED HEAD HAIRS**

SUSPECT'S NAME: \_\_\_\_\_  
DATE COLLECTED: \_\_\_\_\_ TIME: \_\_\_\_\_  
COLLECTED BY: \_\_\_\_\_

WAS SAMPLE COLLECTED?  
IF NO, WHY NOT?  YES  NO

RS1KY, STEP6, 1.497

**STEP 7**

SUSPECT'S NAME: \_\_\_\_\_  
DATE COLLECTED: \_\_\_\_\_  
COLLECTED BY: \_\_\_\_\_

WAS SAMPLE COLLECTED?  
IF NO, WHY NOT?  YES  NO

RS1KY, STEP7, 1.497

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**KENTUCKY STATE POLICE**  
**SEXUAL ASSAULT EVIDENCE COLLECTION KIT INSTRUCTIONS**  
(FOR FEMALE OR MALE VICTIM)

This kit has been designed to assist the examining physician, nurse or technician in the collection and preservation of physical evidence from a victim of sexual assault for analysis by the Kentucky State Police Forensic Laboratory.

Hospital personnel are not requested or encouraged to analyze any of the specimens/evidence collected in this kit. Any specimens required by the hospital are to be collected with hospital supplies.

**STEP 1**      **VICTIM'S MEDICAL HISTORY AND ASSAULT INFORMATION FORM**

Fill out all information requested on form and have examining physician sign and date where indicated.

**STEP 2**      **BLOOD STANDARD**

Note: Blood stain collection cards must be prepared in all cases.

Using a 7 ml lavender stoppered (EDTA) blood collection tube from hospital stock and following normal hospital procedures, draw specimen from victim allowing tube to fill to maximum volume.

Using the Blood Stain Collection Cards provided, place one to two drops of blood on each of the nine (9) printed circles on the cards.

Allow blood stains to thoroughly **air dry**. Write victim's name on the front of the Blood Stain Collection Cards and return cards to the Blood Standard envelope. Seal and fill out all information requested on envelope. **Do not place empty blood tube in Step 2 envelope or in kit.**

**If toxicology or blood alcohol analysis is indicated, please collect additional blood samples in a separate Kentucky State Police blood/urine kit.**

**STEP 3**      **UNDERPANTS BAG** (For spermatozoa and foreign debris)

Note: 1. If victim is not wearing the underpants worn immediately after the alleged assault, inform investigating officer in charge so that those underpants can be collected by police personnel.  
2. Do not shake out underpants or microscopic evidence will be lost.  
3. Do not cut through any existing holes, rips or stains in victim's underpants.

Collect victim's underpants and place in Underpants bag. Seal bag with tape, then fill out all information requested on bag label.

**STEP 4**      **PUBIC HAIR COMBING** (To obtain pubic hairs shed by the assailant during the assault)

Remove paper towel and comb provided in Pubic Hair Combing envelope. Place towel under victim's buttocks. Using comb provided, comb (or have victim comb) pubic hair in downward strokes so that any loose hairs and/or debris will fall onto paper towel. Fold towel in manner to retain both comb and any evidence present. Return to Pubic Hair Combing envelope. Seal and fill out all information requested on envelope.

**STEP 5**      **PULLED PUBIC HAIRS** (For comparisons with hairs found at crime scene or on assailant's body)

Pull (or have victim pull), do not cut, a minimum of 30 full-length hairs from various locations and place in Pulled Pubic Hairs envelope. Seal and fill out all information requested on envelope.

**STEP 6A & 6C** **VAGINAL SWABS AND SMEAR** (Collect if vaginal assault occurred)

Note: 1. Do not stain or chemically fix smear. Do not moisten swabs prior to sample collection.  
2. **After** completing the following procedure, if any additional fluid is present in the vaginal vault, collect fluid using hospital supplied swabs. Allow swabs to **air dry**, then return them to their original wrapper. Mark wrapper "Additional Vaginal" and place the swabs in the Step 6A envelope.

Using two swabs simultaneously, carefully swab the vaginal vault, then prepare a smear using these swabs.

Using the additional swabs provided, repeat the swabbing procedure. Allow swabs (4) and smear (1) to **air dry**. Return smear to slide holder and fill out all information requested on slide holder. Return swabs to Vaginal Swabs envelope. Seal and fill out all information requested on envelope.

**STEP 6B**      **PENILE SWABS**

Note: Swabs used in this procedure should be lightly moistened with distilled water prior to swabbing.

Using the swabs provided, thoroughly swab the glans and shaft of the victim's penis. Allow swabs (4) to **air dry**. Return swabs to Penile Swabs envelope. Seal and fill out all information requested on envelope.

**STEP 7 OTHER EVIDENCE ENVELOPES**

Note: These envelopes are provided for the collection of the various specimens listed. If more than two of the following procedures are required, please use additional swabs from hospital stock. If hospital stock swabs are used, allow swabs to **air dry**, place in an additional envelope and mark the envelope accordingly (example: "Oral Swabs, Victim's Name, Date and Time Collected, and Collected By"). Do not put swabs from different sources in the same envelope.

**7A ANAL SWABS** (Collect if anal assault occurred)

Using two swabs simultaneously, carefully swab the anal cavity. Using the two additional swabs provided, repeat the swabbing procedure. Allow swabs to **air dry**, then return them to the Other Evidence envelope. Seal and fill out all information requested on envelope, then check off "Anal Swabs" on the envelope.

**7B ORAL SWABS** (Collect if oral-genital assault occurred)

Using two swabs simultaneously, carefully swab the buccal area and the gum line. Allow swabs to **air dry**, then return them to the Other Evidence envelope. Seal and fill out all information requested on envelope, then check off "Oral Swabs" on the envelope.

**7C DRIED SECRETIONS SWABS** (For dried blood, semen or saliva found on victim's body)

Moisten two swabs with distilled water, then thoroughly swab the suspected area on the victim's body. Allow swabs to **air dry**, then return them to the Other Evidence envelope. Seal and fill out all information requested on envelope, then check off "Dried Secretions" on the envelope and note location where collected on anatomical drawings.

**7D FEMALE EXTERNAL GENITALIA SWABS**

Moisten two swabs with distilled water, then thoroughly swab the external genitalia. Allow swabs to **air dry**, then return them to the Other Evidence envelope. Seal and fill out all information requested on envelope, then check off "Female External Genitalia" on the envelope.

**7E FOR ADDITIONAL SITES**

Moisten two swabs with distilled water, then thoroughly swab the area. Allow swabs to **air dry**, then return to the Other Evidence envelope. Seal and fill out all information requested, including checking the "Other" box and adding a description of the evidence.

**STEP 8 CONTROL SWABS**

If swabs used in any Step collection were moistened with water or saline, moisten the two control swabs with the same fluid and then allow them to **air dry**. Return the swabs to Control Swabs envelope, seal and fill out all information requested on envelope.

**STEP 9 PULLED HEAD HAIRS** (For comparison with hairs found at crime scene or on assailant's body)

Pull (or have victim pull), do not cut, a minimum of 30 full-length head hairs, 6 from each of the following scalp locations: center, front, back, left side and right side and place in Pulled Head Hairs envelope. Seal and fill out all information requested on envelope.

**STEP 10 KNOWN BUCCAL STANDARD**

Note: The victim should not have anything to drink, eat or smoke for a minimum of 15 minutes prior to Known Buccal Standard collection.

Using two swabs simultaneously, vigorously swab the right side of the victim's cheek for 5 to 10 seconds. Using the other two swabs, repeat same procedure on left side of victim's cheek. Allow both swabs to **air dry**. Return swabs to Known Buccal Standard envelope, seal and fill out all information requested on envelope.

**STEP 11 ANATOMICAL DRAWINGS**

Using the appropriate set of anatomical drawings, note findings on form, then sign and date form where indicated.

**STEP 12 REQUEST FOR EXAMINATION FORM**

Instruct investigating officer to fill out all information requested on form and return completed form to the kit.

**FINAL INSTRUCTIONS**

- 1) Make sure all information requested on all forms and specimen containers has been filled out completely.
- 2) Return all yellow copies of forms and specimen containers to kit box.
- 3) Seal kit box with the Kit Box Seal provided. Fill out all information requested on seal, then collector and investigating officer should initial seal where indicated.
- 4) Hand sealed kit and all pink copies of forms to investigating officer.

Note: If investigating officer is not present at this time, place sealed kit in a secure area. Hold for pickup by investigating officer or his representative.

**STEP 1****VICTIM'S MEDICAL HISTORY AND ASSAULT INFORMATION**

(Please Print)

1. Department: \_\_\_\_\_ 2. Investigating Officer: \_\_\_\_\_  
 3. Victim's Name: \_\_\_\_\_  
 4. Date of Birth: \_\_\_\_\_ 5. Race: \_\_\_\_\_ 6.  Male  Female  
 7. Marital Status:  S  M  SEP  DIV  WID  
 8. Date and time of alleged assault: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_ : \_\_\_\_ AM/PM  
 9. Date and time of hospital examination: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_ : \_\_\_\_ AM/PM  
 10. Examining physician: \_\_\_\_\_ 11. Nurse: \_\_\_\_\_

## 12. Between the assault and now, has the victim:

- Douched  Defecated  Brushed Teeth  
 Bathed/Showered  Vomited  Used Mouthwash  
 Urinated  Anything to Eat or Drink  Changed Clothes

- |                                             | YES                      | NO                       | NOT SURE                 |
|---------------------------------------------|--------------------------|--------------------------|--------------------------|
| 13. Was there penetration of: <b>Vagina</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Anus</b>                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Mouth</b>                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- |                                             |                          |                          |                          |
|---------------------------------------------|--------------------------|--------------------------|--------------------------|
| 14. Was there ejaculation in: <b>Vagina</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Anus</b>                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Mouth</b>                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

15. Oral/Genital Sexual Contact:
- 
- Fellatio
- 
- Cunnilingus

16. Did assailant use:
- 
- Lubricant
- 
- Condom
- 
- Insert foreign object(s)

- |                                                 | YES                      | NO                       | NOT SURE                 |
|-------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 17. Was victim menstruating at time of assault? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Any consensual coitus in the last week?     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, Date: \_\_\_\_\_ and Time: \_\_\_\_\_

If yes, was condom used?

19. Is victim pregnant?
- 
- YES
- 
- NO
- 
- NOT SURE

If yes, duration of pregnancy? \_\_\_\_\_

20. Any injuries to victim resulting in bleeding?
- 
- YES
- 
- NO
- 
- NOT SURE

If yes, describe: \_\_\_\_\_

21. Number of assailants? \_\_\_\_\_

22. Name of assailant(s) if known: \_\_\_\_\_

23. Age of assailant(s) if known: \_\_\_\_\_ 24. Race of assailant(s) if known: \_\_\_\_\_

25. Assailant(s) relationship to victim:

- 
- Stranger
- 
- Acquaintance
- 
- Relative (Specify): \_\_\_\_\_

26. Any injuries to assailant(s) resulting in bleeding?
- 
- Yes
- 
- No
- 
- Not Sure

27. Was any coercion used:
- 
- Yes
- 
- No

If yes,  Knife  Gun  Choke  Fists  Verbal Threats

Other: \_\_\_\_\_

28. Description of victim's outward appearance - i.e., clothes torn, shoe(s) missing, etc.: \_\_\_\_\_

29. Victim's description of alleged assault: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Hospital

Signature of Examining Physician

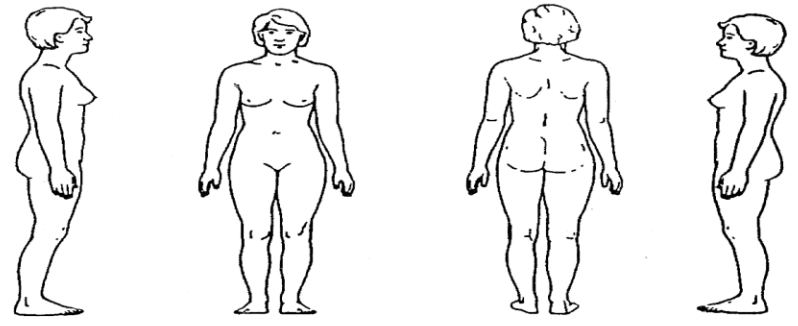
Date

# STEP 11

# ANATOMICAL DRAWINGS

VICTIM'S NAME: \_\_\_\_\_

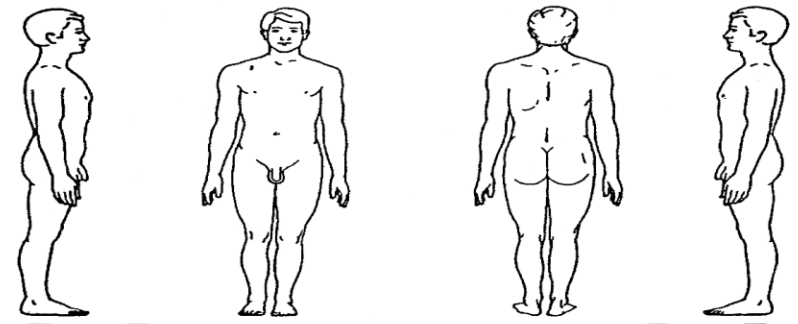
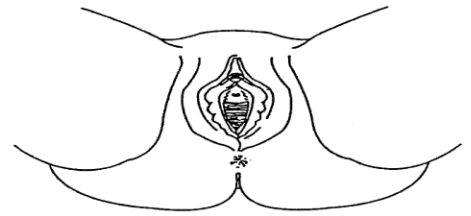
USING THE APPROPRIATE SET OF ANATOMICAL DRAWINGS, MARK AND DESCRIBE ALL BRUISES, SCRATCHES, LACERATIONS, BITEMARKS, ETC.



Photographs Taken?  Yes  No      Forensic Odontologist consulted?  Yes  No

**PELVIC EXAMINATION** - Note all signs of trauma, use non-lubricated speculum when possible.

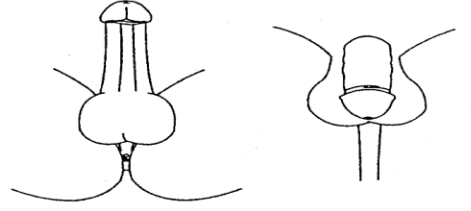
VULVA: \_\_\_\_\_  
 INTROITUS: \_\_\_\_\_  
 VAGINA: \_\_\_\_\_  
 CERVIX: \_\_\_\_\_  
 UTERUS: \_\_\_\_\_  
 ADNEXA: \_\_\_\_\_  
 HYMEN: \_\_\_\_\_  
 RECTUM: \_\_\_\_\_  
 ANUS: \_\_\_\_\_



Photographs Taken?  Yes  No      Forensic Odontologist consulted?  Yes  No

**EXTERNAL GENITALIA EXAMINATION** - Note all signs of trauma, i.e. bruises, petechiae, discharges, sphincter tone. Also note any traces of lubricants or rectal soiling.

PENIS: \_\_\_\_\_  
 SCROTUM: \_\_\_\_\_  
 MEATUS: \_\_\_\_\_  
 GLANS: \_\_\_\_\_  
 TESTICLES: \_\_\_\_\_  
 PERINEUM: \_\_\_\_\_  
 RECTUM: \_\_\_\_\_  
 ANUS: \_\_\_\_\_



\_\_\_\_\_  
 Physician's Signature

\_\_\_\_\_  
 Date



REORDER NO: BA-4KY

**FORENSIC LABORATORIES  
KENTUCKY STATE POLICE**

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**BLOOD/URINE COLLECTION KIT  
FOR ALCOHOL AND/OR DRUG DETERMINATIONS**

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## INVESTIGATING OFFICER'S REPORT

NAME OF SUBJECT: \_\_\_\_\_

OFFENSE: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_ TIME: \_\_\_\_\_ AM-PM

COUNTY: \_\_\_\_\_

INVESTIGATING OFFICER: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

DATE BLOOD DRAWN: \_\_\_\_\_ TIME: \_\_\_\_\_ AM-PM

FACILITY WHERE DRAWN: \_\_\_\_\_

BLOOD DRAWN BY: \_\_\_\_\_

CASE OR CITATION NO.: \_\_\_\_\_

LAB NO.: \_\_\_\_\_

WAS SUBJECT GIVEN BREATH ALCOHOL  YES  NO

IF YES, RESULTS: \_\_\_\_\_

### CHECK APPROPRIATE BLOCKS

ALCOHOL

DRUG SCREEN IF BAC IS BELOW .10% (IN DUI CASES)

DRUG SCREEN (SPECIFY) \_\_\_\_\_

### CHAIN OF POSSESSION

RECEIVED FROM: \_\_\_\_\_

BY: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ AM-PM



BLOOD COLLECTOR'S NAME \_\_\_\_\_

FACILITY WHERE DRAWN \_\_\_\_\_

POLICE OFFICER'S NAME \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

DATE \_\_\_\_\_

TIME \_\_\_\_\_

BLOOD SPECIMEN

NAME OF SUBJECT \_\_\_\_\_

CITATION NUMBER \_\_\_\_\_

BLOOD COLLECTOR'S NAME \_\_\_\_\_

BLOOD SPECIMEN

NAME OF SUBJECT \_\_\_\_\_

CITATION NUMBER \_\_\_\_\_

BLOOD COLLECTOR'S NAME \_\_\_\_\_

URINE SPECIMEN

NAME OF SUBJECT \_\_\_\_\_

CITATION NUMBER \_\_\_\_\_

URINE COLLECTOR'S NAME \_\_\_\_\_

FACILITY WHERE DRAWN \_\_\_\_\_

POLICE OFFICER'S NAME \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

DATE \_\_\_\_\_

To Dry Swabs Set Timer to 60 Min.

# DRY - FAST SWAB DRYER

SWABS DRIED BY  
UNHEATED AIR FLOW

KINDERPRINT CO., INC.  
(800) 227-6020



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# What can be concluded?

- Victim's medical needs
- Trauma indications
- Consistency between finding and victim's account of events



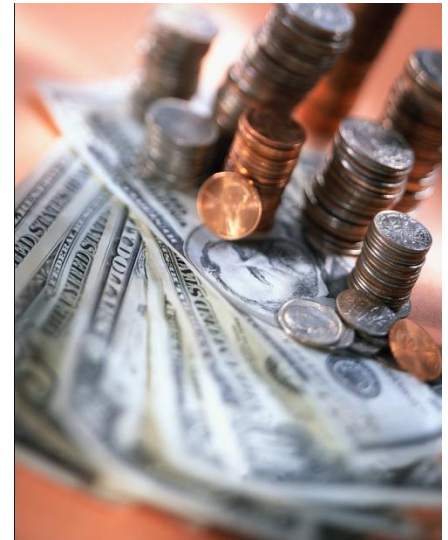
# What cannot be concluded?

- “Diagnosis” of rape
- Validity of claim
- Presence of consent
- Status of virginity



# Payment

- Health Insurance
- Crime Victims Compensation Board
  - Rape Exam Fund
    - No investigation
    - Direct pay to providers only
  - Expansion to cover
    - Medical clearance exam
    - Pregnancy/STI/HIV Prophylaxis  
(capped amount)





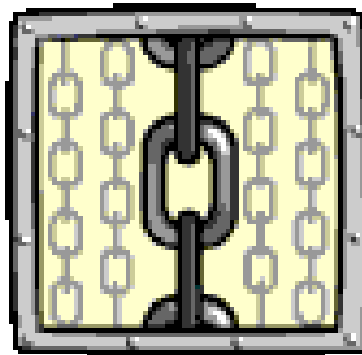


## In Kentucky...

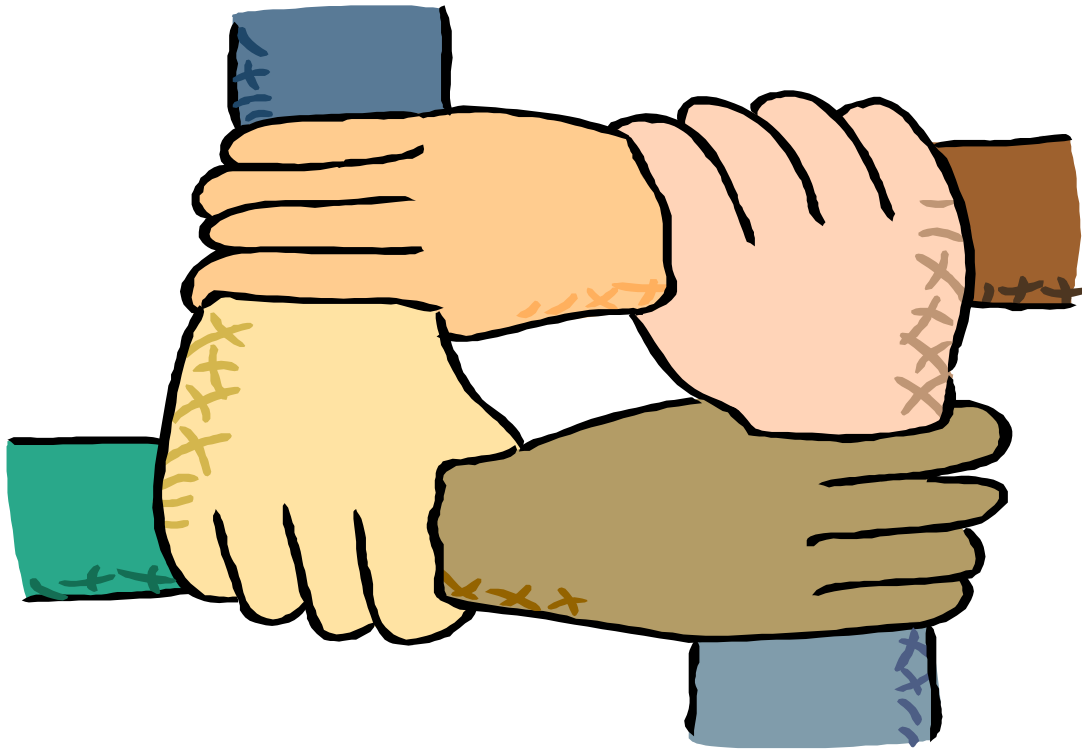
- Reporting is not required for payment by the CVCB
- In most cases, the victim has right to choose whether to report
- Hospital *must* store samples for at least 1 year

# Chain of Custody

- Process used to maintain and document the chronological history of the sample
- Guarantees identity and integrity of the samples collected from start to finish



# Sexual Assault Response Team (SART)



# What is SART?

A multidisciplinary team dedicated to providing a **victim-centered, trauma-informed** response to *all victims who report* sexual assault.

Can provide:

- Information
- Crisis intervention
- Investigation
- Other assistance

Can create:

- Public confidence
- Improved conviction rates
- Decreased incidence

# Goals of a SART?

- **Prevent further trauma to victims.**
- **Provide a coordinated response that meets all of the victims immediate needs**
- Enhance evidence collection and investigation
- Increase reporting and victim participation.
- Improve community awareness & support.
- Increase offender accountability

# Advantages of the SART

IN SHORT: SARTs can make everyone's job easier -  
including the victim's...

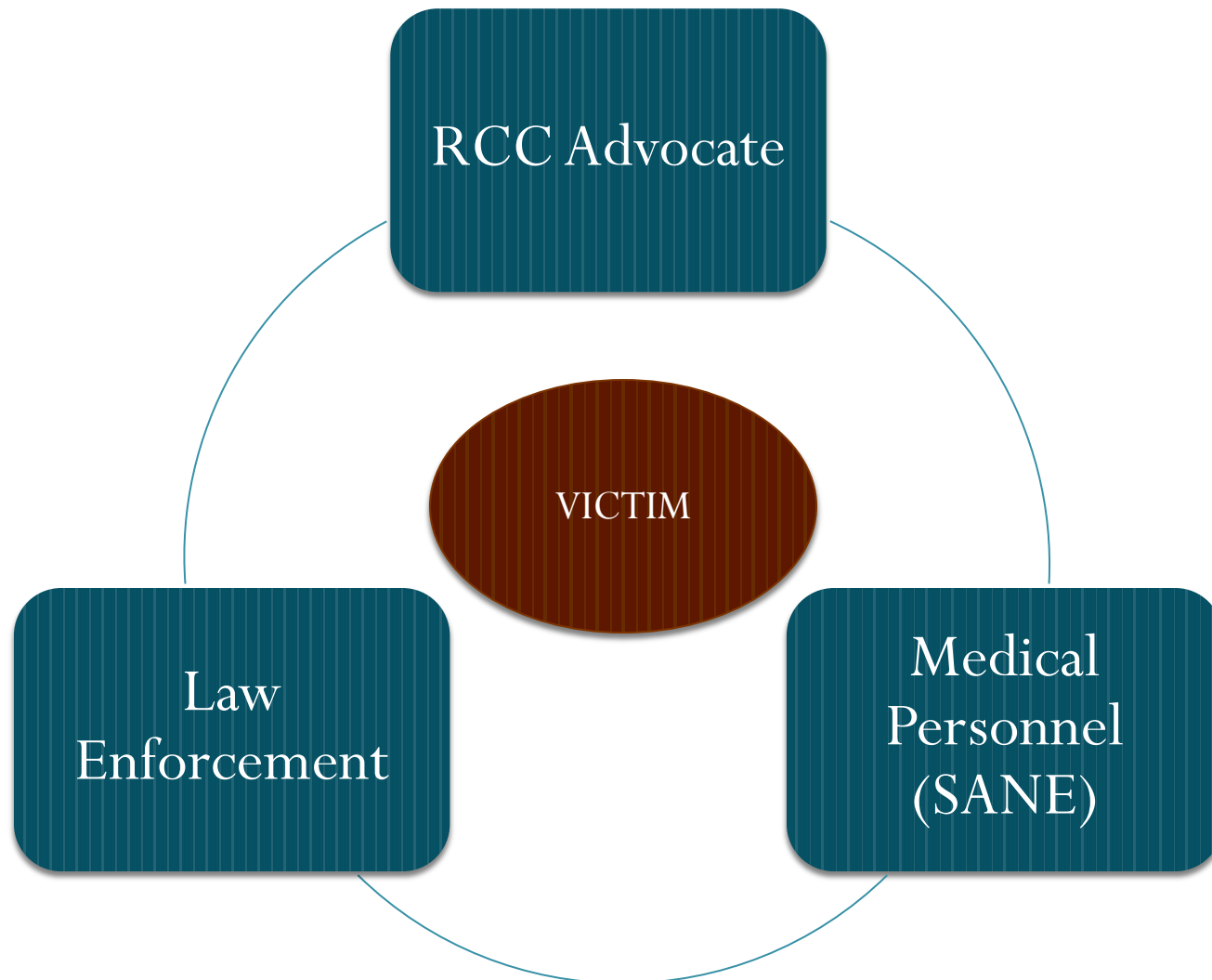
AND

Ultimately, decrease incidents of sexual assault.

# What does it look like?

- What will work best for your community?
  - Regional
  - Local
  - Site-based
  
- Advisory capacity, or
- Implementation

# Who is on the team?





# Sexual Assault Interagency Council (SAIC)



# WHY?

*“Because surviving the system should not be harder than surviving the assault.”*



# SEXUAL ASSAULT FORENSIC-MEDICAL EXAMINATION

**Thank you very much!**

**Melissa Gilpin, RN, SANE**  
**Kentucky Association of Sexual Assault Programs**  
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