



Access To Sexual Assault Nurse Examiners In Kentucky

Research Report No. 501

Legislative Research Commission

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Foreword

During the 2025 Regular Session, the General Assembly directed staff of the Legislative Research Commission to study access to sexual assault nurse examiners (SANEs) in emergency care settings. This publication reviews the geographical gaps in SANE coverage by hospitals; the barriers to filling the geographic gaps in SANE coverage by hospitals; the geographic location of credentialed SANEs; and the barriers for hospitals obtaining a SANE-ready designation. In addition, this publication provides detailed information about the number of sexual assault forensic exams conducted in Kentucky.

Staff are grateful to all those who helped with this study including staff from the Kentucky Board of Nursing, which provided data on the number of SANEs in Kentucky; the Kentucky Hospital Association, which provided information on hospitals and valuable assistance in distributing the LRC survey to hospitals; and the Kentucky Association of Sexual Assault Programs, which provided assistance in coordinating meetings with the Sexual Assault Response Team Advisory Committee (SART AC). Finally, staff would like to thank the members of the SART AC for their insights.

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Summary

Sexual assault nurse examiners (SANEs) are registered nurses who provide comprehensive care for survivors of sexual assault. States across the country are encountering SANE shortages. Rural areas are especially susceptible to SANE shortages. The Kentucky Board of Nursing regulates SANEs in Kentucky.

A SANE-ready hospital is an acute care hospital which has certified to the Cabinet for Health and Family Services that a SANE is available on call 24 hours each day for the examination of persons seeking treatment as survivors of sexual assault.

KRS 216B.400 requires hospitals that provide emergency services to have qualified medical professionals available on call 24 hours each day for persons seeking treatment as victims of sexual offenses.

Major Conclusions

- The number of SANE credentials has increased from 296 in 2019 to 556 in 2025.
- As of July 2025, there were 512 nurses with a SANE credential in Kentucky; 491 had a sexual assault nurse examiner (adult or adolescent) (SANE A/A) credential and 66 had a sexual assault nurse examiner (pediatric or adolescent) (SANE P/A) credential. There were 45 nurses with both SANE A/A and SANE P/A credentials. These nurses were mostly concentrated in urban counties.
- There were six counties with 10 or more SANEs living in them.
- There were 81 counties with three or fewer SANEs living in them; of those 81 counties, there were 30 counties with no SANEs living in them.
- From 2019 to 2024, the number of new SANE credentials issued each year ranged from 43 to 94. From 2019 to 2024, the number of SANE credentials that were not renewed each year was between 23 and 42.
- Access to training and the costs and time commitments associated with training are major obstacles to nurses becoming SANEs.
- Burnout and lack of incentives for becoming a SANE are additional barriers to nurses becoming SANEs and maintaining their credentials.
- As of October 2025, there were 25 SANE-ready hospitals in Kentucky. That number has increased steadily since 2017.
- As of October 2025, most SANE-ready hospitals were located in Louisville, Lexington, and Northern Kentucky. There were no SANE-ready hospitals west of Owensboro.
- There were 100 counties without a SANE-ready hospital, and of those, 44 counties did not neighbor a county with a SANE-ready hospital.
- Forty-five hospitals employ at least one SANE full time, and 25 hospitals contract with at least one SANE for on-call services.
- Seven hospitals employ at least one SANE full time and contract with at least one SANE for on-call services.

- Hospitals face several challenges in becoming SANE-ready, including access to training; recruitment and retention of SANEs; and access to resources.
- In the LRC survey, there were 30 hospitals that had indicated that a sexual violence victim had been referred or transferred from their hospital's emergency department to another hospital emergency department for completion of a sexual assault forensic examination (SAFE).
- From 2019 to 2024, there were 4,468 SAFEs that were logged in the Kentucky State Police kit tracking portal.
- There is near-universal compliance with the requirement that the facility conducting each SAFE contact a rape crisis center advocate.

Recommendations

The LRC survey of Kentucky hospitals was sent to 99 acute and critical access hospitals in Kentucky. In the LRC survey, there were 33 hospitals with an emergency department that indicated that they were SANE-ready; however, only 23 of the 99 hospitals were listed as SANE-ready hospitals in the SANE-ready hospital directory released by the Cabinet for Health and Family Services. It is possible that a hospital has 24/7 SANE coverage but has not requested a SANE-ready designation from the cabinet.

Recommendation 2.1

The Cabinet for Health and Family Services should work with hospital administrators to understand the SANE-ready designation for hospitals and its specific designation under KRS 216B.401.

There are currently few incentives for hospitals to become SANE-ready or for nurses to become SANEs. Hospitals are not required to maintain SANE coverage 24 hours a day and there are costs associated with training, scheduling, and conducting SAFEs. Nurses are not required to obtain SANE certification and, in many instances, SANEs do not get any additional pay or time off for their additional training and additional duties.

Recommendation 2.2

In order to incentivize more nurses to become sexual assault nurse examiners (SANEs), Kentucky hospitals with the help of the Kentucky Hospital Association should consider developing potential monetary incentives and job codes for SANEs.

Nurses must undergo 40 hours of didactic training in a classroom setting and extensive field training before they may apply to the Kentucky Board of Nursing for a SANE credential. To maintain the credential, SANEs must complete 5 hours of continuing education relating to the area of sexual assault or forensic nursing each annual licensure period. The cost of initial certification as a SANE A/A or SANE P/A is \$120 for each designation. The cost of the training can be borne by either the SANE or reimbursed by their hospitals. In addition to the financial

costs of the training, there are also the costs of time off from work, travel, accommodations, and nurse coverage at the nurses' hospitals.

Recommendation 2.3

In approving sexual assault nurse examiner (SANE) training programs, the Kentucky Board of Nursing should consider working with training programs to make them more accessible to potential SANEs. This may include using practical experience as a nurse to fulfill some of the requirements for SANE credentialing.

Recommendation 2.4

Hospitals should work with the Kentucky Board of Nursing in order to offer more training options for SANE A/As and SANE P/As.

Staffing was seen to be an issue in hospitals becoming SANE-ready. In addition to respondents indicating that there should be more SANEs in the potential workforce, there were some respondents that indicated that it would be advantageous for hospitals to pool their resources and allow SANEs to float between different hospitals. Nationwide, some hospital systems have been doing that. In some Kentucky hospitals, it was seen as a way to alleviate the SANE shortage in rural areas.

Recommendation 2.5

Hospitals should consider working together to allow sexual assault nurse examiners (SANEs) to float between hospitals. This would allow more hospitals to have on-call SANEs and become SANE-ready hospitals.

Recommendation 2.6

The Cabinet for Health and Family Services and the Sexual Assault Response Team Advisory Committee should consider developing a statewide SANE coordinator position, which would coordinate the efforts of different state agencies and hospitals in order to increase access to sexual assault nurse examiners, promote standards in training and practice, provide technical assistance to build and maintain SANE programs, and to collaborate with community partners and appropriate state agencies.

Hospitals face financial constraints to becoming SANE-ready hospitals. Hospitals may not be able to afford the costs associated with training staff to become SANEs. These costs include the cost of the training, a nurse's time, travel, and accommodations.

Recommendation 2.7

In consultation with the Sexual Assault Response Team Advisory Committee, the Kentucky Hospital Association should work with hospitals in rural areas to facilitate the sharing of

sexual assault nurse examiner (SANE) resources between hospitals. This could include developing a Tele-SANE program that would allow for professionals in hospitals to be assisted remotely in conducting sexual assault forensic exams.

Because there is currently no requirement for hospitals to be SANE-ready, there are few incentives to increase SANE coverage.

Recommendation 2.8

The General Assembly may wish to consider requiring that hospitals have a sexual assault nurse examiner on call 24 hours each day.

When a survivor of sexual assault first arrives at the hospital emergency department, they register and inform the triage staff of their situation. When that happens, they should be offered a SAFE regardless of whether the hospital is SANE-ready hospital. The registration process should be completed and precautions should be taken to safeguard the patient's privacy. There are instances where registration staff do not have the proper training and may recommend that the patient go elsewhere for treatment.

Recommendation 3.1

There should be greater training of hospital registration staff in order to ensure that survivors of sexual assault are not turned away, transferred, or denied treatment. The Office of the Inspector General within the Cabinet for Health and Family Services should implement a compliance program and investigate reported violations.

Once the patient is registered, they will be seen by a triage team. The patient's needs are assessed, a SAFE is requested, and a medical exam is also completed. There are instances where nonSANE providers may refuse or delay exams if there are no SANEs available in the hospital. In situations where SAFEs are refused or delayed, the likelihood of victims leaving may increase leading to negative outcomes.

Recommendation 3.2

All applicable medical providers should receive training that includes information on the treatment of survivors of sexual assault. That training should include information concerning medical providers inability to refuse to administer a sexual assault forensic examination (SAFE) as well as the procedures for conducting SAFEs appropriately. The Kentucky Board of Nursing and the Kentucky Board of Medical Licensure could collaborate on providing the training. The Office of the Inspector General within the Cabinet for Health and Family Services should implement a compliance program and investigate reported violations.

Chapter 1

Sexual Assault Nurse Examiners

Roles Of Sexual Assault Nurse Examiners

Sexual assault nurse examiners (SANEs) are registered nurses who provide comprehensive care for survivors of sexual assault.

Sexual assault nurse examiners (SANEs) are registered nurses who provide comprehensive care for survivors of sexual assault. SANE programs emerged in the United States in the mid-1970s after nurses recognized a need for specialized care for sexual assault patients in emergency departments.¹ SANEs conduct physical assessments of sexual assault patients, collect forensic evidence through the use of sexual assault forensic examinations (SAFEs), and may be called upon to testify in court.

The US Department of Justice, the International Association of Forensic Nurses (IAFN), and the American College of Emergency Physicians recommend that SAFEs be conducted by specially trained medical providers.² These examiners include SANEs.

Credentialing of SANEs varies by state, and there are organizations that offer SANE certifications to nurses that complete certain training requirements.³ The IAFN offers two certifications for SANEs: the Sexual Assault Nurse Examiner-Adult/Adolescent (SANE-A) and the Sexual Assault Nurse Examiner-Pediatric/Adolescent (SANE-P). IAFN certification provides benefits to nurses such as access to peer-reviewed exams, additional training opportunities, and staying updated on best practices. IAFN certification is not required, however, to obtain a SANE credential in Kentucky.

Study Objectives And Methodology

Study Objectives

In March 2025, the Kentucky General Assembly passed HCR 20, which directed the staff of the Legislative Research Commission to study access to sexual assault nurse examiners in emergency care settings.

The resolution directed staff to analyze

- the geographic gaps in SANE coverage by hospitals;
- the barriers to filling the geographic gaps in SANE coverage by hospitals;
- the geographic location of credentialed sexual assault nurse examiners (adult or adolescent) (SANE A/As) and sexual assault nurse examiners (pediatric or adolescent) (SANE P/As);
- the number of SANEs employed full time in emergency care settings by hospital;
- the methods SANE-ready hospitals use to maintain their SANE staffing;
- the barriers to hospitals obtaining SANE-ready designation;
- the number of sexual violence victims that have been referred or transferred from one hospital emergency department to another for the completion of a SAFE; and
- the number of SAFEs completed in each hospital.⁴

Data Used For This Study

In carrying out this study, LRC staff reviewed state statutes and regulations related to SANEs, SANE-ready hospitals, and SAFEs. Staff also conducted a survey that was distributed to all hospitals with an emergency department in Kentucky.^a The survey received a 100 percent response rate. Appendix A includes a copy of the survey. In analyzing the survey's open-ended responses, staff determined which themes the responses could be attributed to and at times assigned the responses to multiple themes.

Staff also relied on data from the Kentucky Board of Nursing, the Kentucky State Police (KSP), and the Cabinet for Health and Family Services (CHFS).

Note On Terminology. The terms “victim,” “patient,” and “survivor” have been used interchangeably by prosecutors, medical professionals, and others who work in the field. These terms retain equal importance depending on how they are used. A prosecutor may choose to use the term “victim,” whereas a sexual assault advocate might use the term “survivor” as means of empowerment to those affected who continue to struggle with their experience.⁵

^a The survey was developed by LRC staff and sent through the Kentucky Hospital Association. The survey was sent to 99 acute and critical access hospitals in Kentucky. Two SANE-ready hospitals did not receive the survey since they were categorized as psychiatric or rehabilitation hospitals (UofL Peace Hospital and Fleming County Hospital).

These terms are all acceptable and are used in this report depending on the context.

Organization Of This Report

The remainder of Chapter 1 includes the major conclusions, followed by an overview of SANEs in Kentucky, a national perspective on SANEs and SANE shortages, the role of the Sexual Assault Response Team Advisory Committee (SART AC), an analysis of the number of SANE A/As and SANE P/As in Kentucky, and possible recommendations.

Chapter 2 describes the process of a hospital becoming a SANE-ready hospital in Kentucky and the barriers hospitals may face.

Chapter 3 examines the laws regarding SAFEs and the processes hospital emergency departments follow in collecting evidence during SAFEs.

Major Conclusions

- The number of SANE credentials has increased from 296 in 2019 to 556 in 2025.
- As of July 2025, there were 512 nurses with a SANE credential in Kentucky; 491 had a SANE A/A credential and 66 had a SANE P/A credential. There were 45 nurses with both SANE A/A and SANE P/A credentials. These nurses were mostly concentrated in urban counties.
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- Forty-five hospitals employ at least one SANE full time, and 25 hospitals contract with at least one SANE for on-call services.
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- From 2019 to 2024, there were 4,468 SAFEs that were logged in the Kentucky State Police kit tracking portal.
- There is near-universal compliance with the requirement that the facility conducting each SAFE contact a rape crisis center advocate.

Sexual Assault Nurse Examiners In Kentucky

The Kentucky Board of Nursing (KBN) regulates SANEs in Kentucky. A SANE in Kentucky is a registered nurse who holds a current RN license in Kentucky or another compact state, maintains a SANE credential issued by the board, and has completed the required education and training.

The Kentucky Board of Nursing (KBN or the board) regulates the SANE program in Kentucky.⁶ A SANE in Kentucky is a registered nurse who

- holds a current RN license in Kentucky or another compact state;
- maintains a SANE credential issued by the board; and
- has completed the required education and training to conduct forensic examinations of sexual assault survivors under the medical protocol issued by the Justice and Public Safety Cabinet in consultation with the Sexual Assault Response Team Advisory Committee.⁷

Only those who hold a SANE credential from the board have the right to use the title “Sexual Assault Nurse Examiner” and the abbreviation “SANE” in Kentucky. To receive a SANE credential, a registered nurse must complete a board-approved SANE educational course or a comparable course.⁸

Accreditation And Training

Nurses in Kentucky may be credentialed as a SANE A/A (adult or adolescent) or SANE P/A (pediatric or adolescent). SANE credentials are renewed on a yearly basis.

In Kentucky, nurses may be credentialed as a SANE A/A (adult or adolescent) or SANE P/A (pediatric or adolescent). Some nurses obtain both credentials. The SANE A/A and SANE P/A credentials offered by KBN are distinct from the SANE-A and SANE-P certifications offered by the IAFN. SANE credentials are renewed on a yearly basis. There is a continuing education requirement of at least 5 contact hours.⁹

SANE A/As. SANE A/As are trained to perform forensic exams on patients who have reached the onset of physiological normal puberty, focusing on acute evidence collection and trauma-informed care for adolescents and adults.¹⁰

SANE P/As. SANE P/As are trained to perform forensic exams on children who have not yet reached the onset of physiological normal puberty as well as individuals up to age 18. Most forensic exams of children do not require acute evidence collection. Children who are victims of sexual abuse require further evaluation by health care providers trained in evaluating such children. A SANE P/A has knowledge of how sexual abuse is evaluated with a multidisciplinary response and may provide coordination of services for these children and their caregivers.¹¹

SANE Training Programs In Kentucky

The IAFN issues education guidelines for SANE training programs. The course content of KBN-approved training programs must be consistent with the IAFN guidelines. There are also Kentucky-specific content requirements.¹²

Number Of Training Programs. There are currently eight board-approved SANE training programs in Kentucky: six for SANE A/As and two for SANE P/As.¹³ A list of these training programs can be found in Appendix B.

National Perspectives

The International Association of Forensic Nurses (IAFN) offers SANE-A and SANE-P certifications. IAFN certification is not required to be a SANE in Kentucky.

IAFN has developed education guidelines for SANE-As and SANE-Ps. Beginning in 2002, IAFN began offering SANE-A certification and in 2006, IAFN began offering SANE-P certification.¹⁴ To become IAFN-certified, SANEs initially become certified by meeting the eligibility requirements and achieving a passing score on a certification examination; renewal is available

by either examination or documented continuing education activity over a 3-year certification period.¹⁵ As of October 2025, IAFN lists 1,971 registered SANE-As and 867 SANE-Ps in its directory.^{b 16} The number of IAFN-certified SANEs may underestimate the number of nurses providing SANE services nationwide as IAFN certification is not required to be a SANE in many states including Kentucky.¹⁷ There are currently 14 SANE-As and 3 SANE-Ps with IAFN certification in Kentucky.^{c d 18}

Because of the relatively small number of certified SANEs, there have been SANE shortages identified in the US, particularly in rural areas.¹⁹ These shortages have led to diminished care and burnout among SANEs.

In other states, strategies have been developed in order to address SANE shortages including using staffing strategies that utilize floating nursing pool positions to allow nurses to move between hospitals in a hospital system and using telehealth to allow SANEs to assist medical staff remotely in conducting SAFEs.²⁰

National SANE Shortage

A 2016 study conducted by the US Government Accountability Office on the availability of SANEs in six states found that the number of SANEs did not meet the need for forensic exams.

In 2016, the US Government Accountability Office issued a report studying the availability of sexual assault nurse examiners in six states.^{e 21} The study found that in all six states, officials reported that the number of examiners did not meet the need for SAFEs. This was especially true in rural regions.²² In Wisconsin, nearly half of all counties did not have sexual assault examiner programs available, and in Nebraska, most counties did not have programs.²³ Factors contributing to shortages in these states included the limited availability of training for examiners; weak stakeholder support, including from hospitals, for examiners; and low examiner retention rates.²⁴

SANE shortages may be worse in rural areas due to factors such as the lack of access to training and technical assistance, as well as the fewer number of sexual assault cases treated in rural hospitals.

SANE Shortages May Be Exacerbated In Rural Areas. Rural areas are especially susceptible to SANE shortages.²⁵ Lack of access to training and technical assistance may be factors in rural

^b Individuals can receive both SANE-A and SANE-P certifications. Individuals can also opt out of being included in the SANE-A and SANE-P directories.

^c All three SANE-Ps in Kentucky also have SANE-A certification.

^d IAFN certification is not required to be a SANE A/A or SANE P/A in Kentucky. In order to become a SANE A/A or SANE P/A in Kentucky, a credential from the Kentucky Board of Nursing is required. As of July 2025, there were 512 nurses with SANE credentials in Kentucky; 491 with a SANE A/A credential, 66 with a SANE P/A credential, and 45 nurses with both SANE A/A and SANE P/A credentials.

^e Colorado, Florida, Massachusetts, Nebraska, Oregon, and Wisconsin.

SANE shortages. Another factor in rural SANE shortages may be the relatively few sexual assault cases treated in rural hospitals. One study reported that obtaining clinical experience may be more difficult in rural areas where hospitals may treat only a few sexual assault cases each year—perhaps making SANEs feel less competent to perform exams due to the low number of cases they treat.²⁶ These shortages may place rural sexual assault victims at risk of receiving lower quality care.²⁷

SANE Shortages In Appalachia And Gulf South Regions.

SANE shortages have been studied in the Appalachian region. It was found that in the 13 states with Appalachian counties, shortages did not differ by Appalachian county status; however, it was found that in these states, there was lower availability of SANEs in rural areas.²⁸ States in the Gulf South region are also facing SANE shortages.^{f 29}

What Other States Are Doing About SANE Shortages

Other states are encountering SANE shortages. Like Kentucky, these states are studying the problem and experimenting with potential solutions. Solutions include pooling hospital staff, using traveling SANEs, and using telemedicine.

To address SANE shortages in rural areas, some systems have implemented traveling SANE programs.

Traveling SANEs. In Louisiana, to address shortages of SANEs in rural areas, there is a traveling SANE program. In one region of Louisiana, traveling SANEs cover an area that includes nine parishes.^g If a patient presents to a hospital that does not have a SANE, the hospital can request a traveling SANE to conduct the forensic exam.³⁰ There are limitations to the traveling SANE programs. In some regions, there are SANEs that cover large territories of over 3,000 square miles that include a population of over 1 million people.³¹ In Missouri, Saint Luke's Health System has 16 hospitals in the metropolitan region and several rural access and community locations. To increase the availability of SANEs, Saint Luke's Health System allowed for nurses to travel between different hospitals within the health system. This led to decreased instance of burnout and cost savings for the hospital system.³²

Tele-SANE programs use telehealth technology to pair a remote SANE with an onsite clinician during forensic exams.

Tele-SANEs. Arkansas and Pennsylvania have systems where they use telemedicine to address SANE shortages. Tele-SANE programs use telehealth technology to pair a remote SANE with an onsite clinician during forensic exams.³³ In Arkansas, 27 hospitals participate in the Tele-SANE program.³⁴ The SAFE-T system in

^f For this report, the Gulf South includes Alabama, Louisiana, and Mississippi.

^g In Louisiana, parishes are equivalent to counties.

Pennsylvania has partnered with six different health systems in Pennsylvania to provide SANE coverage remotely.³⁵

Role Of Sexual Assault Response Team Advisory Committee

The Sexual Assault Response Team Advisory Committee (SART AC) was created in 2016.

KRS 403.707 establishes the Sexual Assault Response Team Advisory Committee (SART AC). The SART AC was created in 2016 to coordinate and support its member organizations in creating protocols and policies, providing support and resources, and reporting on outcomes as they relate to professionals who interact with survivors of sexual violence.³⁶

SART AC Membership

Members of the SART AC serve at the pleasure of the appointing authority for terms not to exceed 4 years unless they are reappointed. The SART AC is co-chaired by the executive director of the Kentucky Association of Sexual Assault Programs (KASAP) and the KSP commissioner or designee. The membership of the SART AC includes

- the executive director of Kentucky Board of Nursing or the executive director's designee;
- the executive director of the Kentucky Nurses Association or the executive director's designee;
- the executive director of the Kentucky Hospital Association or the executive director's designee;
- the executive director of the Kentucky Association of Children's Advocacy Centers;
- the director of the Kentucky State Police Crime Lab;
- the commissioner of the Department for Community Based Services or the commissioner's designee;
- the director of the Office of Victims Advocacy in the Office of the Attorney General or the director's designee;
- a SANE appointed by the secretary of the Cabinet for Health and Family Services;
- a representative from a sexual assault response team (SART) appointed by the executive director of the Kentucky Association of Sexual Assault Programs;
- a physician appointed by the secretary of the Cabinet for Health and Family Services; and
- a commonwealth's attorney or assistant commonwealth's attorney appointed by the Attorney General.³⁷

Duties Of The SART AC

The SART AC has several functions as it relates to advising organizations from its members' organizations and developing policies related to sexual assault.

The SART AC advises government bodies and develops model policies and protocols related to treatment for survivors of sexual assault.

The SART AC is required to

- advise the KBN in promulgating regulations related to the SANE program including SANE education standards, continuing education requirements, the application process, and monitoring implementation;
- advise the Justice and Public Safety Cabinet in the development of the statewide sexual assault protocol;
- develop model protocols for the operation of SARTs, which includes the roles for SANEs, physicians, law enforcement, prosecutors, and victims' advocates;
- assist rape crisis centers (RCCs) in establishing SARTs;
- develop model policies for law enforcement agencies related to handling sexual assault examination kits (SAE kits) and investigating sexual assaults;
- report to the General Assembly and the secretary of the Justice and Public Safety Cabinet the number of sexual assaults reported, the number of SAE kits submitted to the KSP forensic laboratory, the number of kits tested, and the number of charges filed and convictions obtained in sexual assault cases in the previous year;
- provide information and recommendations to the SART AC membership concerning their agencies' activities as it relates to sexual assault issues and programs within their purview; and
- recommend to the appropriate state agency any changes in statute, regulation, training, policy, and budget to promote a multidisciplinary response to sexual assault.³⁸

Roles Of SANE A/As And SANE P/As

SANEs conduct physical assessments of sexual assault patients, collect forensic evidence, and are trained to testify in legal proceedings.

SANEs, with the consent of the victim, or upon the request of the victim, provide examinations for the purposes of providing basic medical care relating to incidents of sexual assault and gathering samples that may be used as physical evidence. Examinations include, but are not limited to, basic treatment and sample gathering services and laboratory tests as appropriate.³⁹ SANEs are also trained in testifying in legal proceedings.⁴⁰

SANEs are registered nurses licensed to practice in Kentucky.⁴¹ SANE A/As and SANE P/As serve related but slightly different functions. SANE A/As are trained in the forensic examination of sexual assault victims who are adults and adolescents, while SANE P/As are trained in the forensic examination sexual assault victims who are pediatrics and adolescents. This study, while focusing on the number of SANEs in emergency departments, will also report the number SANEs statewide since many SANEs work in more than one setting or may be pulled into their hospital's emergency department (ED) to perform a SAFE.

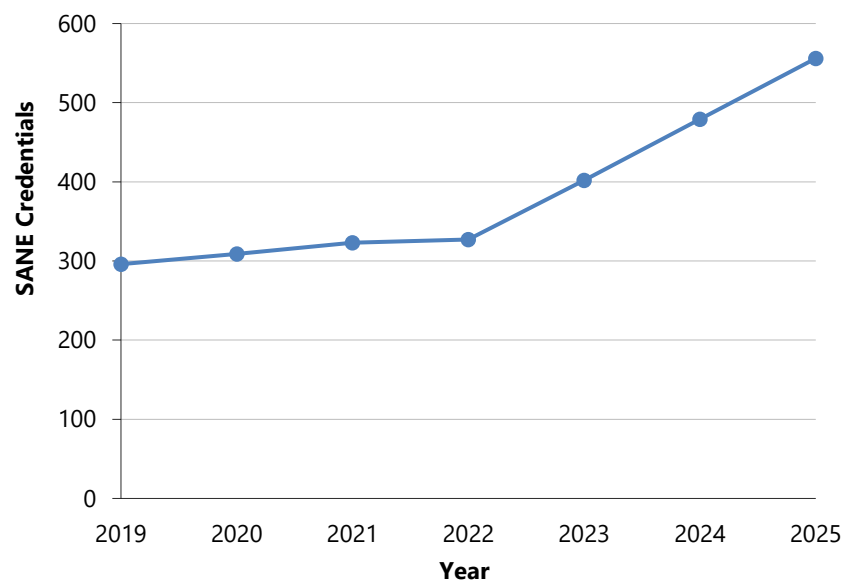
SANE Credentials

As of July 1, 2025, there were 556 SANE credentials issued by KBN.

As of July 1, 2025, there were 556 active SANE credentials issued by KBN.⁴² Those SANE credentials were issued to 512 individuals working full time in different settings throughout the commonwealth.

Number Of SANE Credentials 2019 To 2025. The number of SANE credentials has increased from 296 in 2019 to 556 in 2025. Figure 1.A displays the number of SANE credentials by year.

**Figure 1.A
SANE Credentials In Kentucky
2019 To 2025**



Note: SANE = sexual assault nurse examiner. All years represent the active credentials as of July 1 of that year, except for 2023 (July 11) and 2024 (June 1). In 2024, the credentials included 429 SANE A/A and 40 SANE P/A credentials. In 2025, the credentials included 490 SANE A/A and 66 SANE P/A credentials. Source: Sandeep Reddy, information management consultant, Kentucky Board of Nursing. Email to Bart Liguori, July 8, 2025.

Clinical Settings For Credentialed SANEs In 2025. There were 512 credentialed SANEs in Kentucky in 2025.⁴³ These SANEs worked full time in a variety of different settings. While the plurality of SANEs worked in emergency or trauma specialties, most SANEs were employed full time in another specialty.^h Table 1.1 displays the settings in which SANEs worked. A detailed list of the number SANEs and their employment specialties can be found in Appendix C.

Table 1.1
Kentucky SANEs By Employment Specialty
2025

Employment Specialty	SANEs
Emergency/trauma	152
Not emergency/trauma	359
Both emergency/trauma and not emergency/trauma specialties	31
Total	512

Note: SANE = sexual assault nurse examiner. Number of SANEs includes both SANE A/As (adults or adolescents) and SANE P/As (pediatrics or adolescents). SANEs can be employed in more than one specialty. Employment specialties that are not emergency/trauma include acute/critical care, administration (non-nursing), adult health, cardiology, case management, community, cosmetic, dermatology, family health, geriatric/gerontology, home health, hospice, maternal-child health/obstetrics, medical surgical, neonatal, nursing administration, nursing education, occupational health, oncology, orthopedics, palliative care/hospice, pediatrics, perioperative, postoperative/PACU, pre-operative, psychiatric/mental health, psychiatric/mental health/substance abuse, public health, quality improvement, regulatory, rehabilitation, school health, telehealth, urgent care, women's health, and other-clinical and -nonclinical specialties.

Source: Kentucky. Board of Nursing. FTP Server. July 8, 2025.

Number Of SANEs In 2025 And Their Geographic Distribution

As of July 2025, 512 nurses had a SANE credential in Kentucky. 446 nurses had a SANE A/A credential, 21 nurses had a SANE P/A credential, and 45 nurses had both credentials.

As of July 2025, there were 512 nurses with SANE credentials in Kentucky: 446 with a SANE A/A credential only, 21 with a SANE P/A credential, and 45 nurses with both SANE A/A and SANE P/A credentials. These SANEs do not all live in Kentucky; and of the SANEs living in Kentucky, they are not evenly distributed geographically.

Number Of SANEs Credentialed In Kentucky By State. Of the 512 SANEs credentialed by KBN in 2025, 472 lived in Kentucky, 35 lived in a state that neighbors Kentucky, and 5 lived in a state

^h SANEs could be in more than one specialty.

that does not neighbor Kentucky.ⁱ Table 1.2 displays the residency of SANEs credentialed in Kentucky and their SANE credential type.

Table 1.2
Nurses With Kentucky SANE Credentials
By SANE Credential Type And State Of Residence
2025

State	SANE A/A	SANE P/A	SANE A/A And SANE P/A	Total
Kentucky	415	16	41	472
Florida	2	1	0	3
Illinois	3	1	0	4
Indiana	14	3	4	21
Ohio	6	0	0	6
Tennessee	3	0	0	3
Texas	2	0	0	2
West Virginia	1	0	0	1
Total	446	21	45	512

Note SANE= sexual assault nurse examiner; SANE A/A = sexual assault nurse examiner (adult or adolescent); SANE P/A = sexual assault nurse examiner (pediatric or adolescent).

Source: Kentucky. Board of Nursing. FTP Server. July 8, 2025.

In Kentucky, more than half of all SANEs lived in 12 counties. There were 30 counties in which no SANE lived.

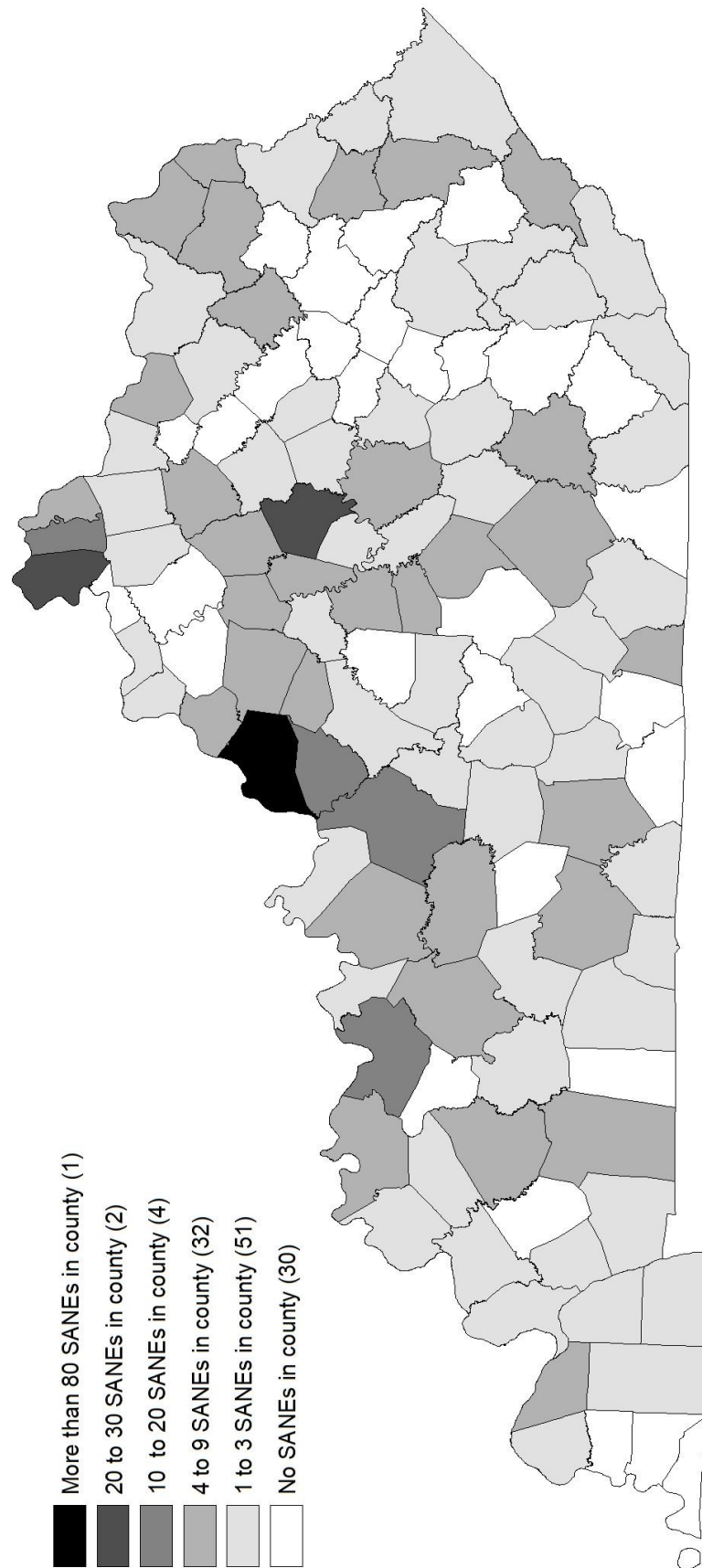
Geographic Distribution Of SANEs In Kentucky. Within Kentucky more than half of all SANEs live in 12 counties. There are also 30 counties without any SANEs living in them. Figure 1.B shows the geographic distribution of credentialed SANEs living in Kentucky by their county of residence.

SANE A/As. There are 456 credentialed SANE A/As living in 90 Kentucky counties. The majority of SANE A/As live in 13 counties. There are also 30 counties without any SANE A/As living in them. Figure 1.C shows the geographic distribution of credentialed SANE A/As living in Kentucky by their county of residence.

SANE P/As. There are 57 credentialed SANE P/As living in 24 Kentucky counties. The majority of SANE P/As live in 3 counties. There are 96 counties without any SANE P/As living in them. Figure 1.D shows the geographic distribution of credentialed SANE P/As living in Kentucky by their county of residence.

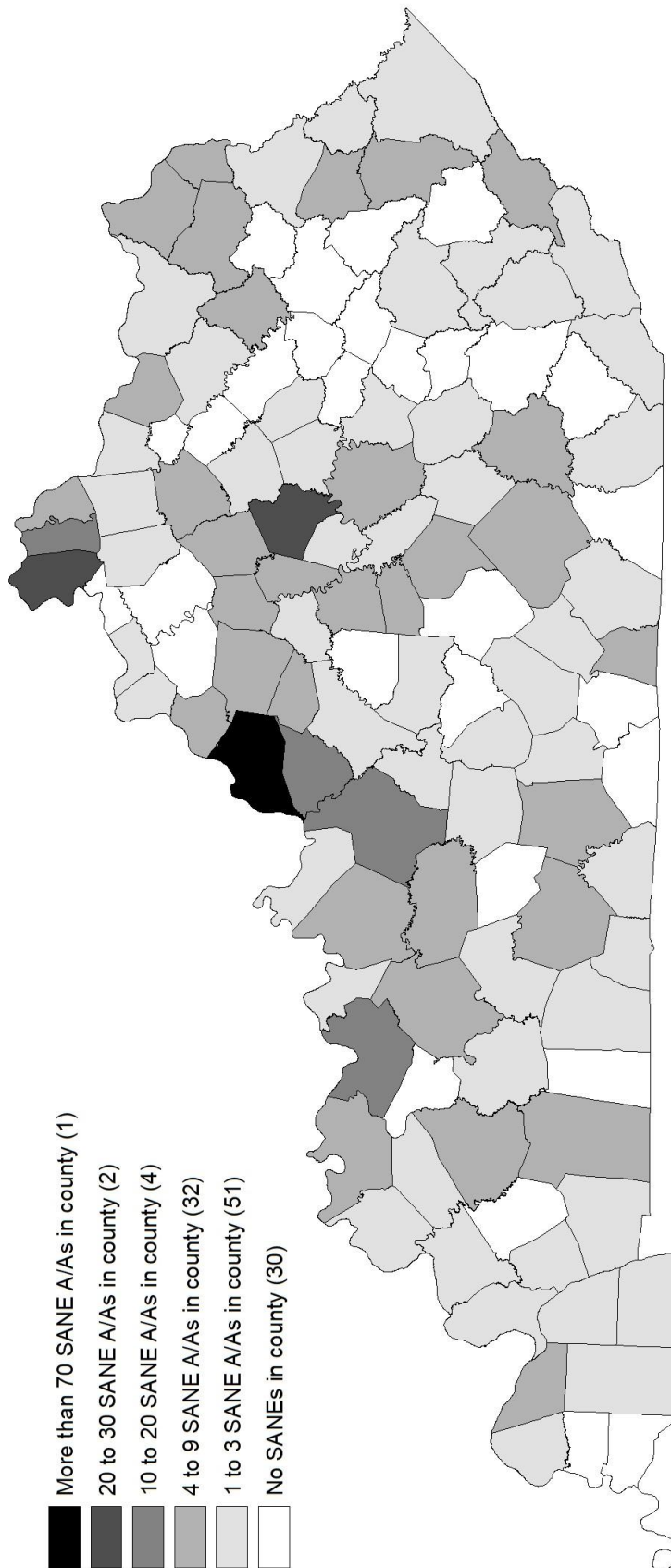
ⁱ Neighboring states with residents who held SANE credentials in Kentucky include Illinois, Indiana, Ohio, Tennessee, and West Virginia.

Figure 1.B
Geographic Distribution Of SANEs Living In Kentucky
By County Of Residence



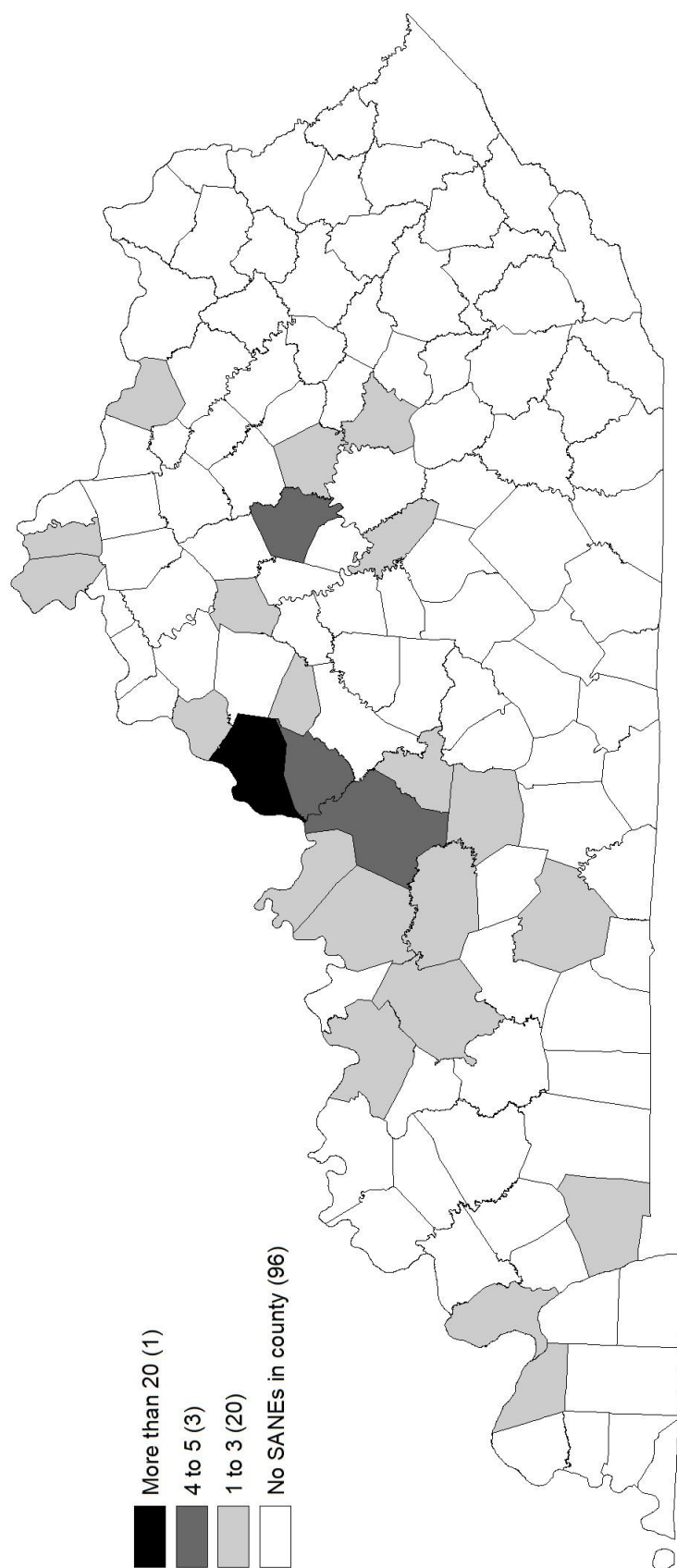
Note: SANE= sexual assault nurse examiner.
Source: Kentucky. Board of Nursing. FTP Server. July 8, 2025.

Figure 1.C
Geographic Distribution Of SANE A/As Living In Kentucky
By County Of Residence



Note: SANE A/A = sexual assault nurse examiner (adult or adolescent).
 Source: Kentucky. Board of Nursing. FTP Server. July 8, 2025.

Figure 1.D
Geographic Distribution Of SANE P/As Living In Kentucky
By County Of Residence



Note: SANE= sexual assault nurse examiner.
Source: Kentucky. Board of Nursing. FTP Server. July 8, 2025.

Barriers For Nurses Becoming SANE A/As And SANE P/As

Geography. To become a SANE, a nurse must attend a board-approved training course. While some of the training courses are offered virtually, others require nurses to attend in person. This presents a challenge for nurses who live far from where the training is held.

ONE Online Nursing Education offers a virtual SANE A/A course, and St. Elizabeth Healthcare in Florence has a virtual option for their SANE A/A course. The SANE P/A course offered by Children's Advocacy Centers of Kentucky is a hybrid course that has both virtual and in-person components. The other SANE A/A courses in Cadiz, Bowling Green, Louisville, and Owensboro do not offer virtual training. Training courses are not readily available in Eastern Kentucky.

Training. There are other barriers related to training apart from geography. The cost of training is not always covered by the nurse's employer. Nurses will also have to take time off to attend the training.

Some hospitals, especially those in rural areas, do not see many cases of sexual assault. A hospital might conduct only three or four forensic exams in a year. As a result, nurses may not perform many forensic exams after completing training, making it difficult to maintain both the competence and confidence in examining the patient and collecting evidence.

Time. Some nurses expressed concerns about the time it takes to complete the training. Board-approved training courses are required to contain a minimum of 40 hours of didactic coursework. In addition to the classroom content, the training courses require nurses to

- observe criminal trials and meet with the commonwealth's attorney's office;
- meet with the local rape crisis center and a rape crisis center victim advocate; and
- meet with local law enforcement officers or investigators.

These additional requirements are completed on the nurse's own time.

Burnout. The duties of a SANE—conducting forensic exams, providing care for survivors of sexual assault, testifying in criminal cases, etc.—are in addition to the nurse's regular duties. Nurses can experience burnout from the added responsibilities of being a SANE.

Chapter 2

SANE-Ready Hospitals

Statutory Definitions

A SANE-ready hospital is a hospital that has at least one SANE available on call 24 hours each day.

A SANE-ready hospital is an acute care hospital which has certified to CHFS that a sexual assault nurse examiner is available on call 24 hours each day for the examination of persons seeking treatment as survivors of sexual assault.⁴⁴ CHFS is required to maintain a list of SANE-ready hospitals on its website. The list is updated on a monthly basis. SANE-ready hospitals have to recertify annually with CHFS that they are maintaining 24-hour coverage.

Number Of SANE-Ready Hospitals

As of October 2025, there were 25 SANE-ready hospitals in Kentucky.

As of October 2025, there were 25 SANE-ready hospitals in Kentucky. A list of them can be found in Appendix D. The number of SANE-ready hospitals has grown from 7 in January 2017 to 25 in October 2025. In that time period, there have been several hospitals that have lost SANE-ready status.

Geographic Distribution Of SANE-Ready Hospitals. There were 114 hospitals in Kentucky in October 2025.^a Those hospitals were located in 76 different counties. Jefferson County had 16 hospitals, the most of any county. There were 61 counties with one hospital. There were 44 counties that did not have a hospital. Each of the 44 counties without a hospital neighbors a county with a hospital.

As of October 2025, 20 counties in Kentucky had a SANE-ready hospital.

There were 20 counties with a SANE-ready hospital. Only Jefferson and Fayette counties had more than one SANE-ready hospital.^b The SANE-ready hospitals were mostly concentrated in the Golden Triangle and adjacent counties with 16 of the 25 SANE-ready hospitals in that region.^c As of October 2025, there

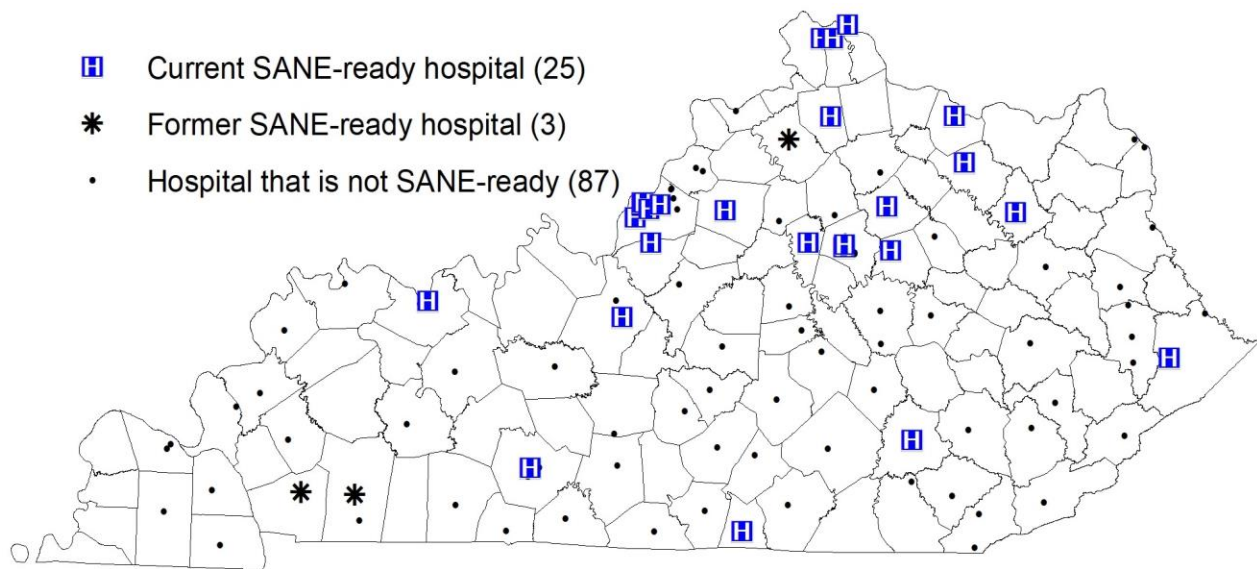
^a This number includes rehab and behavioral health hospitals that do not have emergency departments.

^b Jefferson County had five SANE-ready hospitals and Fayette County had two SANE-ready hospitals.

^c The Golden Triangle region refers to the triangular shaped area outlined by Lexington, Louisville and Northern Kentucky.

are no SANE-ready hospitals west of Owensboro.^d Figure 2.A shows the geographic location of all hospitals and SANE-ready hospitals in Kentucky.

Figure 2.A
Geographic Distribution Of SANE-Ready Hospitals In Kentucky
October 2025



Note: SANE= sexual assault nurse examiner. The three hospitals that are former SANE-ready hospitals include Jennie Stuart Medical Center, St. Elizabeth Owen Hospital, and Trigg County Hospital. St. Elizabeth Owen Hospital is no longer in operation.

Source: Kentucky. Cabinet for Health and Family Services. SANE-Ready Hospital Directory. January 2017 to October 2025.

Among the 100 counties with no SANE-ready hospital, 44 did not neighbor a county with a SANE-ready hospital.

There were 100 counties with no SANE-ready hospital as of October 2025. Among those 100 counties without a SANE-ready hospitals, 44 did not neighbor a county with a SANE-ready hospital. Table 2.1 displays the number of counties that do not neighbor a county with a SANE-ready hospital by region.

^d There were SANE-ready hospitals in Christian and Trigg counties that are no longer SANE-ready. As of the writing of this report Jennie Stuart Medical Center in Christian County has not been a SANE-ready hospital since November 2024 and Trigg County Hospital has not been a SANE-ready hospital since July 2025.

Table 2.1
Number Of Counties In Kentucky
That Do Not Border A County With A SANE-Ready Hospital
By Region, October 2025

Region	Number Of Counties
Western	19
Eastern	13
South Central	11
Northern	2
Total	44

Note: Western Kentucky counties include: Ballard, Caldwell, Calloway, Carlisle, Christian, Crittenden, Fulton, Graves, Hickman, Hopkins, Livingston, Lyon, Marshall, McCracken, Muhlenberg, Todd, Trigg, Union, and Webster; Eastern Kentucky counties include: Bell, Boyd, Breathitt, Greenup, Harlan, Johnson, Lawrence, Lee, Leslie, Magoffin, Owsley, Perry, and Wolfe; South Central Kentucky counties include: Adair, Boyle, Casey, Grayson, Green, Hart, Lincoln, Marion, Metcalfe, Taylor, and Washington; Northern Kentucky counties include: Carroll and Gallatin. These figures do not include counties that may neighbor a county with a SANE-ready hospital (or equivalent) in another state.

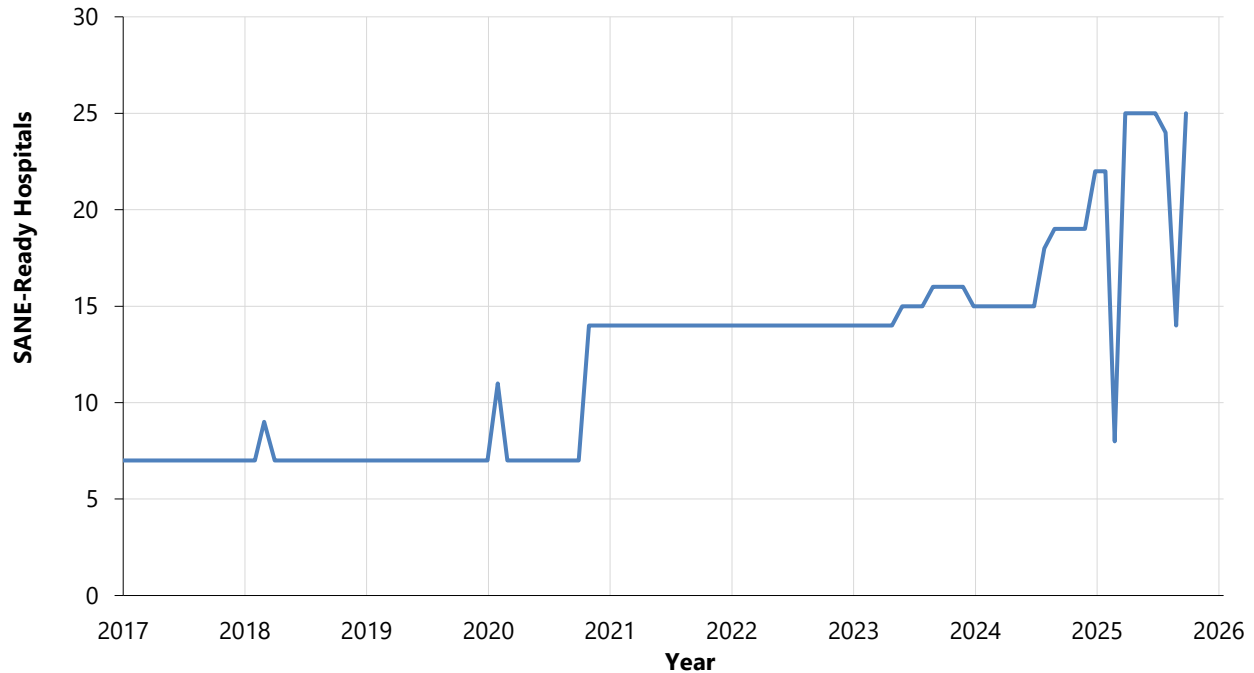
Source: Kentucky. Cabinet for Health and Family Services. SANE-Ready Hospital Directory. October 2025.

Proliferation Of SANE-Ready Hospitals. In 2017, there were seven SANE-ready hospitals. By 2025, there were 25 hospitals that were SANE ready. In all, there have been 28 hospitals that received the SANE-ready designation.

All SANE certifications expire on August 31 annually, which impacts the number of hospitals in the SANE-ready registry in the month of September. Some hospitals miss this deadline or do not provide complete documentation. However, these hospitals are again added to the registry once they provide the required information. Renewal notification reminders are sent out annually as a courtesy. The Office of the Inspector General (OIG) updates the registry when a facility notifies them of their desire to become a designated SANE facility, if a facility states they no longer want to be certified, or if the facility fails to submit the annually required documentation. Although certifications can be requested by a facility to be either added or removed from the certified listing anytime throughout the year, they are all re-certified annually in August.⁴⁵ Figure 2.B displays the number of SANE-ready hospitals in Kentucky by month from January 2017 to October 2025.^e

^e Please note that the decreases in the number of SANE-ready hospitals in March and September 2025 were due to clerical errors.

Figure 2.B
SANE-Ready Hospitals In Kentucky By Month
January 2017 To October 2025



Note: SANE = sexual assault nurse examiner. The shifts in the number of SANE-ready hospitals in March and September 2025 were due to clerical errors.

Source: Kentucky. Cabinet for Health and Family Services. SANE-Ready Hospital Directory. January 2017 to October 2025.

Methods Of Becoming SANE-Ready

To be designated SANE-ready, a hospital must submit a written request to the CHFS Office of the Inspector General. The hospital must recertify annually.

SANE-ready hospitals can get their SANE-ready designation by having a SANE on call 24 hours a day. Hospitals can hire SANEs full time, contract with SANEs, or a combination of the two. Hospitals with emergency departments are not required to become SANE-ready. To become SANE-ready a hospital must submit a written request to the CHFS Office of the Inspector General. Requests are considered on a rolling basis. The names and SANE credentials of each of the hospital's SANE nurses must be attached to the request and sent to CHFS.⁴⁶ To maintain certification, the hospital must recertify and provide the name and SANE credential of each of the hospital's SANE nurses.⁴⁷

The LRC survey of Kentucky hospitals was sent to 99 acute and critical access hospitals in Kentucky. Due to a lack of a centralized staffing database for all Kentucky hospitals, the best way to determine employment patterns in hospitals is through a survey—

even though there are some deficiencies in the survey data.^f In the LRC survey there were 33 hospitals with an emergency department that indicated that they were SANE-ready; however, only 23 of the 99 hospitals were listed as SANE-ready hospitals in the SANE-Ready Hospital Directory released by CHFS.^g Of the 10 hospitals that incorrectly indicated that they were SANE-ready on the LRC survey, 6 indicated they employed a SANE in a full-time capacity, 2 indicated they contracted with SANES for on-call services, and the other 2 hospitals indicated that they had SANES working at their hospitals in other capacities. This lack of awareness may indicate a need to inform hospitals about what being a SANE-ready hospital means as well as the statutory definition and requirements for being a SANE-ready hospital. It is possible, however, that a hospital has 24/7 SANE coverage but has not requested a SANE-ready designation from CHFS.

Recommendation 2.1

Recommendation 2.1

The Cabinet for Health and Family Services should work with hospital administrators to understand the SANE-ready designation for hospitals and its specific definition under KRS 216B.401.

Full-Time SANES. Kentucky hospitals could become SANE-ready by hiring full-time SANES and ensuring that at least one SANE is available at all times. Of the 23 SANE-ready hospitals surveyed, 16 of them indicated that they hired one or more SANES full time while 7 indicated that they did not hire SANES full time.

Contracting with outside companies to provide SANE coverage may alleviate the burdens on hospitals.

On-Call SANES. Kentucky hospitals could become SANE-ready by contracting with SANES for on-call services and ensuring that at least one SANE is available at all times. Of the 23 SANE-ready hospitals surveyed, 9 of them indicated that they contracted with one or more SANES for on-call services while 14 indicated that they did not contract with SANES for on-call services. Hospitals in more populous areas contract with companies to provide SANE coverage; however, hospitals in more rural areas do not currently have contracts.⁴⁸ Contracting with outside companies to provide SANE coverage could alleviate the burdens on hospitals because

^f In interpreting the survey data, if a hospital was not on the list of SANE-ready hospitals, its data will be reported with the non-SANE-ready hospitals regardless of the answer that was submitted on the survey.

^g Two SANE-ready hospitals did not receive the survey since they were categorized as psychiatric or rehabilitation hospitals (UofL Peace Hospital and Fleming County Hospital).

those companies would handle verifying licensing, scheduling, and coverage.⁴⁹

Barriers To Hospitals Becoming SANE-Ready

Obstacles hospitals face in becoming SANE-ready include lack of training for SANEs and difficulty in maintaining support systems for SANEs.

There are several obstacles to hospitals becoming SANE-ready. Few training options are available for SANEs. In some parts of the commonwealth, especially in rural areas, cases may be too infrequent for professionals to maintain competency to feel confident when new cases are presented; it may also be difficult for some hospitals to maintain support systems for SANEs.⁵⁰ In addition to recruiting and retention issues, there are also financial barriers to hospitals becoming SANE-ready.⁵¹

The LRC survey asked respondents to describe challenges or obstacles to their hospitals becoming SANE-ready. There were 88 open-ended responses discussing barriers to hospitals becoming SANE-ready. While 23 responses indicated that there were no barriers to becoming SANE-ready, there were 65 responses that addressed six major themes:

- Staffing (35 responses)
- Training (19 responses)
- Incentives (12 responses)
- Number of cases seen at the hospital (7 responses)
- Funding (6 responses)
- Other (4 responses)^{h i}

Geography. Geography impacts many facets of hospitals becoming SANE-ready. In the LRC survey, hospitals in rural areas indicated the following factors as being challenges or obstacles to becoming SANE-ready: access to training, recruitment, retention, access to resources, and the number of cases that are presented at emergency departments.

Most of the SANE-ready hospitals are in the Golden Triangle region and adjacent counties. In terms of training, one respondent indicated, “SANE training not readily available in Eastern Kentucky. All of the hands-on training seems to be contained in the central and northern portions of the state.” Another respondent from a hospital in a rural area in discussing barriers to becoming SANE-ready stated that

Opportunities for training and proficiency are limited. On-call coverage expense for a hospital with very small

^h Some responses addressed more than one theme.

ⁱ Responses in the “other” category included using a staffing pool, SANE-ready requirements, space, and cost of supplies.

operating margins can be a difficulty. Hospitals are taking on more responsibilities in the midst of wage inflation, increased infrastructure expenses, and decreased reimbursement from all payor sources.

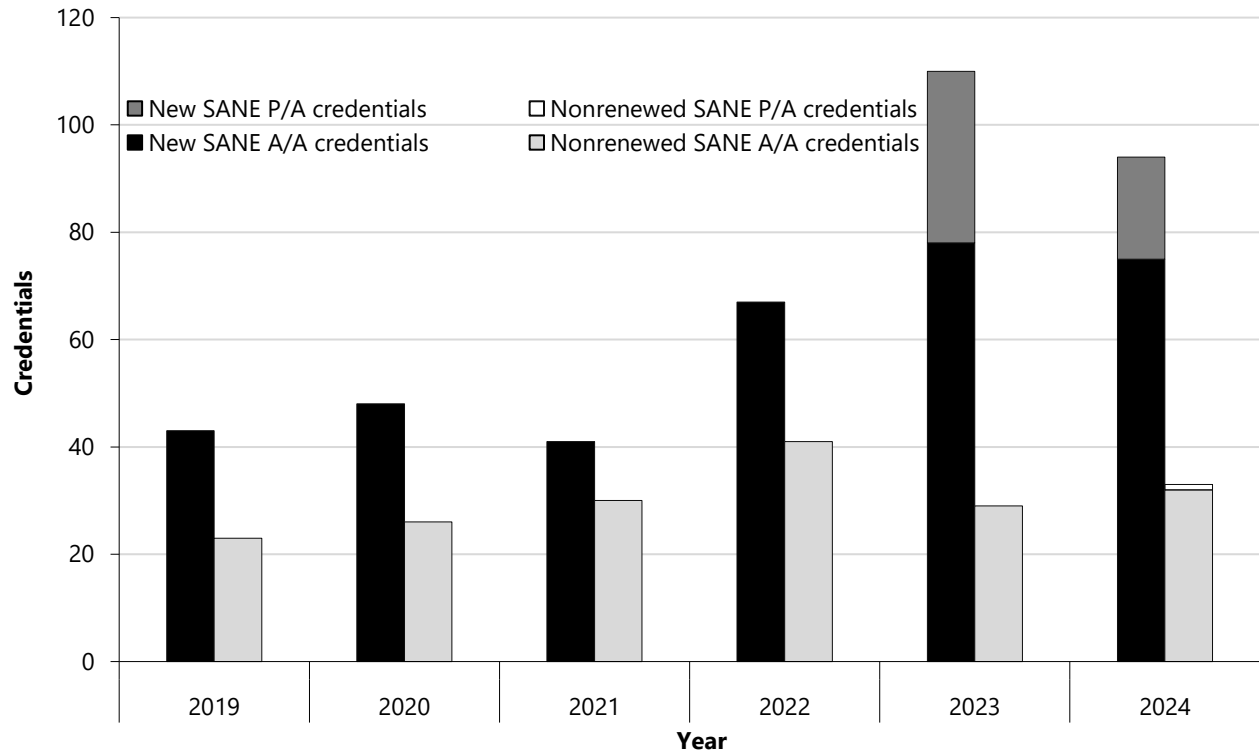
A respondent from a different rural hospital discussed the difficulties of retaining nursing staff and having limited resources.

We are a critical access hospital with limited resources. Nurse turnover is another challenge. We have sent nurses for trainings and certifications, (not necessarily sexual assault) and they have left for other jobs, taken those certifications elsewhere for more money, etc.

Recruitment And Retention. Recruitment and retention of qualified SANEs was an issue for hospitals that were SANE-ready and those that were not SANE -ready. According to one respondent “recruiting and retaining qualified [SANEs] can be difficult due to the specialized nature of the work and the emotional demands.”

The number of new SANE credentials increased from 2019 to 2024. In each of those years, the number of new SANE credentials was larger than the number of credentials that were not renewed. Figure 2.C shows the number of new and nonrenewed SANE A/A and SANE P/A credentials each year from 2019 to 2024.

Figure 2.C
New And Nonrenewed SANE Credentials By Credential Type
2019 To 2024



Note: SANE = sexual assault nurse examiner. The SANE P/A credential was first offered in 2023.

Source: Sandeep Reddy, information management consultant, Kentucky Board of Nursing. Email to Bart Liguori, July 8, 2025.

Recruitment and retention involve not only hiring and recruiting SANEs, but also encouraging existing nursing staff to become SANEs and stay at that hospital. There were also discussions that the incentives for nurses to undertake SANE training were not readily apparent. One hospital administrator in discussing hesitancy by RNs to become SANEs stated,

There is a significant lack of willingness/interest/hesitation by RNs. RNs with hesitation reported it is due to:

- cost of certification
- length of time it takes for educational/check-off requirements
- scheduling hardships for the individual RNs (having to use PTO, family needs)
- uncertainty related to legal protections for SANEs
- intimidation/insecurity related to legal proceedings
- low or no monetary incentivization for unscheduled calls, travel time, court time, etc.
- do not do enough exams to feel confident in exam/collection skills

Training. There are currently eight board-approved SANE training programs in Kentucky: six for SANE A/As and two for SANE P/As.⁵² These training sites are based in seven different cities. There are currently no training programs based in a location east of Lexington; however, some of these programs are available online or may be mobile in nature. In the LRC survey, training was the second most often cited barrier in a hospital becoming SANE-ready. Of the responses that cited the training as a potential barrier, cost, location, and availability were considered factors.

Availability Of SANEs. In order to become SANE ready, hospitals need to have staff available at all hours. This presents a limitation to hospitals wanting to become SANE-ready. Respondents surveyed indicated that “maintaining 24/7 on-call SANE schedules with limited staff” was very difficult. Other respondents indicated that there was a lack in the pooling of SANE resources in their region to maintain SANE coverage.

Financial Constraints. Hospitals face financial constraints to becoming SANE-ready hospitals. Hospitals may not be able to afford the costs associated with training staff to become SANEs. These costs include the cost of the training, a nurse’s time, travel, and accommodations.⁵³ The LRC survey asked hospitals to recommend policy options that would allow a hospital to improve access to SANEs. Of the 60 policy recommendations received, 6 of them mentioned funding for SANE programs. One respondent in discussing the barriers to hospitals becoming SANE-ready wrote,

Lack of funding for reimbursing and incentivizing RNs to obtain their SANE [is a barrier to becoming SANE-ready]. Reimbursement from insurance and Crime Victim's Compensation also creates a financial loss for hospitals in most of these cases. There is also a lack of interest internally amongst frontline nurses in obtaining their SANE.

Another respondent discussed the rigor of the certification, the intense nature of the work that SANEs do, and costs to the nurses and their employers:

In addition to the class time education, RNs are also required to

- complete pelvic exams (signed off by OB/GYN);
- perform exams with SANE;
- meet with commonwealth’s attorney;
- meet with Lotus;
- attend court hearing; and
- schedule law enforcement ride along.

These requirements are on the RN's own time and at the discretion of those with whom they are requesting appointments. This creates the scheduling hardship mentioned above not only to the working RN but also to their employer.

Potential Policy Options To Improve Access To Sexual Assault Nurse Examiners

In order to increase the number of SANE-ready hospitals there may need to be changes in policies and the way in which hospitals staff their emergency departments in order to improve SANE coverage.

The LRC survey asked respondents to describe possible policy options that would allow their hospital to improve access to sexual assault nurse examiners. There were 60 open-ended responses addressing possible policy options that would allow hospitals to improve access to sexual assault nurse examiners. Twenty responses indicated that there were no policy options. Respondents do, however, recommend improving access to SANEs. There were 40 responses that addressed six major themes:

- Incentives (11 responses)
- Training (10 responses)
- Staffing (9 responses)
- Funding (7 responses)
- Pooling of resources/on-call SANEs (7 responses)
- Mandates (2 responses)
- Other (4 responses)^{j k}

Incentives. There are currently few incentives for hospitals to become SANE-ready or for nurses to become SANEs. Hospitals are not required to maintain SANE coverage 24 hours a day and there are costs associated with training, scheduling, and conducting SAFEs.^l Nurses are not required to obtain SANE certification and, in many instances, SANEs do not get any additional pay or time off for their additional training and additional duties.⁵⁴

^j Some responses addressed more than one theme.

^k Responses in the “other” category included increasing awareness, streamlining paperwork submitted by the hospitals to the Cabinet for Health and Family Services, lowering the burden to maintain certification, and contracting with outside companies to meet staffing needs.

^l While the cost of sexual assault forensic exams are reimbursed by the Crime Victims’ Compensation Fund, there were several respondents to the LRC survey that indicated that the compensation was inadequate to cover the costs of the exams.

In addressing the needs for increasing incentives for SANEs, one respondent indicated

Having a separate job code for SANEs that paid a higher wage may be helpful. Additionally, allowing for nurses interested in serving in this capacity, regardless of their full-time job duties, to attend the course and become certified without having to take their personal time to complete the training.

Recommendation 2.2

Recommendation 2.2

In order to incentivize more nurses to become sexual assault nurse examiners (SANEs), Kentucky hospitals with the help of the Kentucky Hospital Association should consider developing potential monetary incentives and job codes for SANEs.

Training. In order to become certified SANEs, nurses must undergo 40 hours of didactic training in a classroom setting and extensive field training before they may apply to KBN for their credential.⁵⁵ To maintain the credential, SANEs must complete 5 hours of continuing education relating to the area of sexual assault or forensic nursing each annual licensure period.⁵⁶ The cost of initial certification as a SANE A/A or SANE P/A is \$120 for each designation.⁵⁷ The cost of the training can be borne by either the SANE or reimbursed by their hospitals.⁵⁸ In addition to the financial costs of the training, there are also the costs of time off from work, travel, accommodations, and nurse coverage at the nurses' hospitals.

Among the respondents that called for changes in training for SANEs, there were respondents that indicated that there was a desire to having SANE training within the hospitals themselves. In addressing the needs for SANE training, one respondent indicated,

I am unsure of any specific policy which could ensure sustained, trained nursing staff remain in rural communities other than offering incentive pay as specialty nursing staff. Avenues for maintaining proficiency would also be important for some rural areas. If hospitals had the ability to train and certify their own nursing staff, much like BLS, ACLS, and PALS certification, I believe this would greatly improve access to sexual assault nurse examiners, and allow for a greater number of nursing staff to be trained so that nursing turnover is not as much of an obstacle to the program. State approved instructor programs and trainer certifications for hospital educational

staff would be a solution for our hospital to meet criteria and maintain SANE-ready status.

Other respondents indicated that the training requirements were too onerous for experienced nurses, who may have more clinical experience. One respondent indicated that experienced RNs who may have more clinical experience should maybe have lower barriers to becoming SANEs.

Develop education/certification that is streamlined to allow working RNs the ability to become certified in less time. This could be in the form of education/certification requirement based on years of nursing experience. If an abridged version of SANE certification were available, experienced RNs might be more motivated to become SANEs.

Recommendation 2.3

Recommendation 2.3

In approving sexual assault nurse examiner (SANE) training programs, the Kentucky Board of Nursing should consider working with training programs to make them more accessible to potential SANEs. This may include using practical experience as a nurse to fulfill some of the requirements for SANE credentialing.

Recommendation 2.4

Recommendation 2.4

Hospitals should work with the Kentucky Board of Nursing in order to offer more training options for SANE A/As and SANE P/As.

Staffing And Pooling Of Resources. Staffing was seen to be an issue in hospitals becoming SANE-ready. In addition to respondents indicating that there should be more SANEs in the potential workforce, there were some respondents that indicated that it would be advantageous for hospitals to pool their resources and allow SANEs to float between different hospitals. While hospital systems have been doing that nationwide and in some Kentucky hospitals, it was seen as a way to alleviate the SANE shortage in rural areas. One respondent indicated,

It would be awesome to have a group of SANE nurses that could float between area hospitals to provide the service. [H]ave 6-8 SANE nurses to cover 5-6 hospitals in our area and be able for them to bill the hospitals for their service when they are called to assist.

Hospitals are required to contact rape crisis centers (RCCs) whenever a sexual assault survivor presents in an ED. One respondent suggested utilizing RCCs to offer SANE coverage for their regions.

Restructuring crisis centers to employ SANE nurses with the goal of internal 24/7 coverage could assist as well by allowing rural hospitals to call their local agency who could respond with an advocate and a SANE nurse (A/A or P/A).

Recommendation 2.5

Recommendation 2.5

Hospitals should consider working together to allow sexual assault nurse examiners (SANEs) to float between hospitals. This would allow more hospitals to have on-call SANEs and become SANE-ready hospitals.

Recommendation 2.6

Recommendation 2.6

The Cabinet for Health and Family Services and the Sexual Assault Response Team Advisory Committee should consider developing a statewide SANE coordinator position, which would coordinate the efforts of different state agencies and hospitals in order to increase access to sexual assault nurse examiners, promote standards in training and practice, provide technical assistance to build and maintain SANE programs, and to collaborate with community partners and appropriate state agencies.

Funding. Hospitals face financial constraints to becoming SANE-ready hospitals. Hospitals may not be able to afford the costs associated with training staff to become SANEs. These costs include the cost of the training, a nurse's time, travel, and accommodations.⁵⁹ The LRC survey asked hospitals to recommend policy options that would allow a hospital to improve access to SANEs. Of the 40 policy recommendations received, 6 of them mentioned funding for SANE programs. The funding included funding for training, nursing coverage, and to increase their reimbursement for SAFEs. One respondent described what increased funding would be needed for their hospital,

Policies aimed at funding for supplies, SANE training, and an increase in reimbursement through Crime Victims Compensation would assist.

Mandates. Because there is currently no requirement for hospitals to be SANE-ready, there are few incentives to increase SANE coverage. Of the 40 policy recommendations received, 2 of them

mentioned that there should be some form of mandate for SANE staffing or training. Absent those mandates, there may be few incentives for hospitals to become SANE-ready. One respondent indicated, “I believe it should be a requirement that every hospital have at least one SANE nurse on staff or [there should be] easier access to contract with one in rural areas.”

Recommendation 2.7

Recommendation 2.7

In consultation with the Sexual Assault Response Team Advisory Committee, the Kentucky Hospital Association should work with hospitals in rural areas to facilitate the sharing of sexual assault nurse examiner (SANE) resources between hospitals. This could include developing a Kentucky-specific Tele-SANE program that would allow for professionals in hospitals to be assisted remotely in conducting sexual assault forensic exams.

Recommendation 2.8

Recommendation 2.8

The General Assembly may wish to consider requiring that hospitals have a sexual assault nurse examiner on call 24 hours each day.

Chapter 3

Survivors Of Sexual Assault

Sexual Assault Forensic Examinations

A sexual assault forensic examination (SAFE) is a medical procedure performed to address the health needs of survivors of sexual assault.

A sexual assault forensic examination (SAFE) is a medical procedure performed to address the health needs of survivors of sexual assault and collect forensic evidence.⁶⁰ While SANEs are given special training to conduct these examinations, KRS 216B.400 requires hospitals to care for patients who are victims of sexual assault and collect evidence (with patient consent) regardless of the availability of a SANE at the hospital and regardless of whether the hospital is designated as SANE-ready.⁶¹ In addition to hospital staff, law enforcement and rape crisis centers play major roles in assisting survivors of sexual assault.

Role Of Hospital Emergency Departments In Conducting SAFEs

Hospital staff are trained in ensuring that sexual assault survivors are not turned away, rape crisis centers are contacted, and evidence is collected in a caring, compassionate, and effective manner.

Many survivors of sexual assault first present themselves to hospital emergency departments in order to get treatment after a sexual assault. Hospital staff are trained in ensuring that sexual assault survivors are not turned away; rape crisis centers are contacted pursuant to 502 KAR 12:010; and evidence is collected in a caring, compassionate, and effective manner while ensuring the rights of sexual assault survivors. Due to having to conduct these exams under strenuous circumstances, gaps in training often occur and emergency departments can fall short of their duties.

Purpose Of A SAFE. SAFEs are conducted to address the medical needs of the patient and to gather forensic samples as possible evidence.⁶² With the consent of the patient, during the examination

- patients are provided a medical examination by an appropriate medical professional;
- evidence of the assault is collected with consent of the patient;
- the event is reported and the evidence is transferred to law enforcement with consent of the patient;
- the patient is offered emergency contraception and provided HIV prophylaxis or treatment for other sexually transmitted infections (STIs), as appropriate;
- a rape crisis center is notified; and

- patients are provided information about follow-up care, referrals, and victim compensation.⁶³

Victims of sexual assault should obtain a SAFE within 96 hours of the incident to ensure that evidence is not lost.

Time Constraints. Due to the potential loss of evidence, victims should obtain a SAFE within 96 hours of the incident. If the examination is completed within the 96-hour window, a Kentucky State Police Sexual Assault Evidence Collection Kit (KSP Kit) must be used. If the incident occurred outside the 96-hour window, a KSP Kit may be used depending on circumstances.⁶⁴ A KSP Kit includes materials and instructions for collecting evidence based on the victim's history, documenting injuries and body-to-body contact, and linking perpetrators to the crime.

Hospitals that provide emergency services are required to have qualified medical professionals available on call 24 hours each day for persons seeking treatment as victims of sexual offenses.

Victims May Not Be Transferred To Other Hospitals. KRS 216B.400 and 42 U.S.C. sec. 1395dd require hospitals that provide emergency services to have qualified medical professionals available on call 24 hours each day for persons seeking treatment of sexual offenses. A hospital or health care provider that violates KRS 216B.400 is subject to a fine not less than \$100 nor more than \$500.⁶⁵

Thirty hospitals in the LRC survey indicated that a sexual violence victim had been referred or transferred to another hospital emergency department for completion of a SAFE.

In the LRC survey, there were 30 hospitals that had indicated that a sexual violence victim had been referred or transferred from their hospital's emergency department to another hospital emergency department for completion of a sexual assault forensic examination (SAFE). When asked for the reason patients may have been transferred, there were 33 different responses that addressed six major themes:

- Pediatric cases (14)
- Trauma cases (6)
- No SANE or not a SANE-ready hospital (5)
- Not sure or it was too long ago (3)
- Lack of training (2)
- Other (3)^{a b}

Because of the fast-paced nature of the registration and triage process, it is not possible to determine how many victims of sexual assault were turned away from hospital emergency departments. In some instances, victims may be turned away at registration unofficially due to lack of training on the part of the staff member registering them.

^a Some respondents had more than one reason victims were transferred to other hospitals.

^b Responses in the "other" category included KSP instructions, lack of resources, and referred to rape crisis center.

The most common reason victims were transferred was that the cases were pediatric cases. One respondent stated,

This occurred one time. Two pediatric patients during one occurrence referred to [a different hospital]. This was partially due to lack of SANE coverage and provider education, in conjunction with an outdated policy approximately 2-3 years ago. We have since educated providers, the nursing team, and restarted our SANE program with a corrected policy. These patients were under 14 years old.^c

Among the respondents that indicated that they transferred because there was no SANE available, one respondent whose hospital is implementing a SANE program said,

Our SANE program is not live yet and still in the works of development. All SANE related patients that qualify for a kit are transferred to facilities with live SANE programs.

Rape crisis centers serve as the regional planning authority for crisis and advocacy services for survivors of sexual assault.

Rape Crisis Centers. KRS 211.600 requires CHFS to designate one nonprofit corporation in each of the 15 area development districts to serve as regional rape crisis centers. Regional rape crisis centers (RCCs) serve as the regional planning authority for crisis and advocacy services for victims of sexual assault in the district in which the center is located. In accordance with KRS 216B.400, hospitals are required to inform victims of available crisis intervention or other mental health services provided by RCCs. The number of new clients served by RCCs from FY 2019 to FY 2025 are included in Appendix F.

Rape crisis centers provide free, confidential, and 24/7 crisis and support services for survivors of all ages.

Kentucky's 13 regional rape crisis centers serve as the backbone of the commonwealth's response to sexual violence.^d These centers provide free, confidential, and 24/7 crisis and support services for survivors of all ages, no matter who they are or when the violence occurred. Services include crisis intervention, mental health counseling, hospital and court advocacy, assistance with victims' compensation claims, and connections to community resources. Under Kentucky law, communications and services provided by rape crisis centers are privileged and confidential, ensuring that survivors can safely seek help and make informed choices about their care and recovery.⁶⁶

Rape crisis centers employ trained advocates and prevention specialists who partner with schools, healthcare providers, law enforcement, and community organizations.

In addition to direct services, RCCs are integral to Kentucky's prevention and education efforts. Each regional center employs trained advocates and prevention specialists who partner with schools, healthcare providers, law enforcement, and community

^c Information redacted in order to protect confidentiality.

^d Two rape crisis centers serve two area development districts.

organizations to reduce the risk of sexual violence and promote safety across the commonwealth. Collectively coordinated through KASAP, the RCCs have provided compassionate, evidence-based care to more than 200,000 Kentuckians over the past three decades. Together, KASAP and the regional centers work toward a future where all Kentuckians are free from sexual violence.⁶⁷

On the LRC survey, only five respondents indicated that a rape crisis center advocate was not contacted in conjunction with every sexual assault forensic exam conducted in their hospital. In the comments received from respondents, there seemed to be a strict adherence to contacting RCCs when a SAFE was requested.

Children's advocacy centers advocate on behalf of children alleged to have been abused.

Children's Advocacy Centers. Children's advocacy centers (CACs) advocate on behalf of children alleged to have been abused and assist in the coordination of the investigation of child abuse by providing a location for forensic interviews and medical examinations, and by promoting the coordination of services for children alleged to have been abused. CACs provide, directly or by formalized agreements, services that include forensic interviews, medical examinations, mental health and related support services, court advocacy, consultation, training, and staffing of multidisciplinary teams.⁶⁸ Appendix G includes the number of children served by CACs in Kentucky from FY 2019 to FY 2025.

It is recommended that all victims of sexual assault complete a SAFE even if the event goes unreported so that evidence is not lost if the victim chooses to report the incident in the future.

Collection Of Evidence. Forensic evidence is crucial to identifying or prosecuting perpetrators. Sexual assault victims seeking medical treatment are not required and do not always report the incident to law enforcement.^{e 69} However, forensic evidence must be collected as soon as possible or potential evidence may be lost. It is recommended that all victims complete a SAFE even if the event goes unreported to ensure the samples are not lost should the victim choose to report the incident in the future. The ultimate goal is to improve the reporting options for victims. The protocol sets standards designed to ensure

- the patient's right to control reporting and release of information or samples to law enforcement;
- proper maintenance of the chain of custody so that evidence will be admissible in cases where a delayed report is made; and
- appropriate destruction of samples if the crime is not reported to law enforcement within the period required for storage.⁷⁰

^e Reporting requirements are different for victims that are less than 18 years old. For individuals less than 18 years old, there is mandatory reporting for suspected cases involving dependency, neglect, abuse, or exploitation of a minor.

The procedure for forensic evidence collection is defined in 502 KAR 12:010.

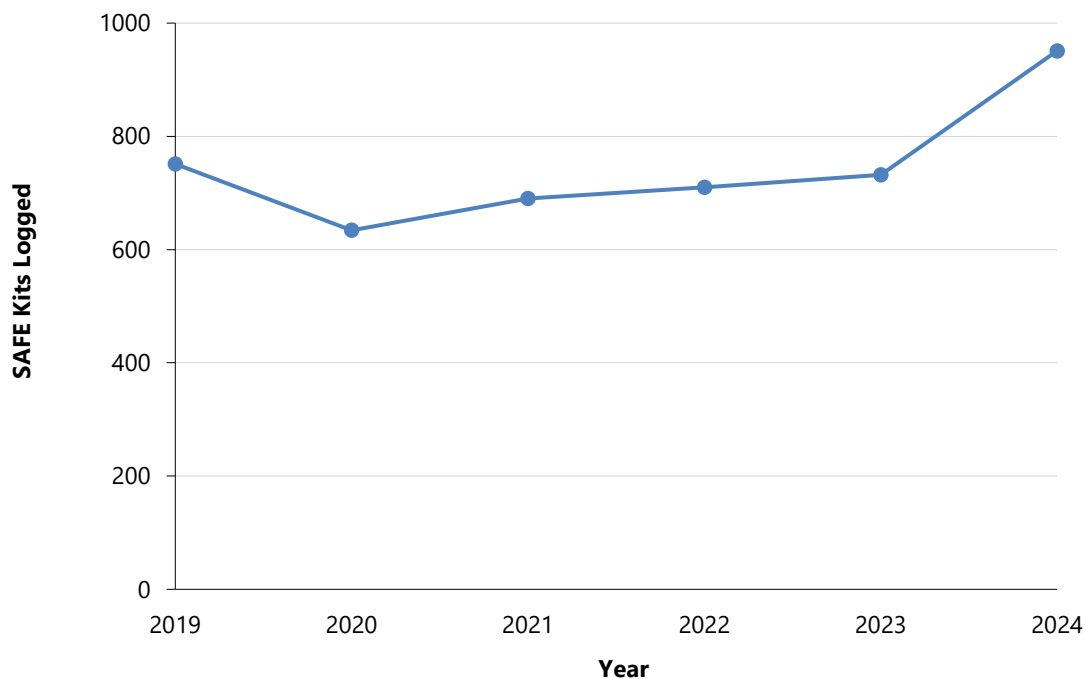
The procedure for forensic evidence collection is defined in 502 KAR 12:010. If a victim consents to reporting the incident or authorizes the release of samples to law enforcement for secure storage, the appropriate law enforcement agency is notified within 24 hours and the samples are transferred within 5 days. If a victim chooses not to report the incident to law enforcement, the examination facility is required to store the samples for a period of at least 1 year.

Law enforcement may receive samples from the unreported incident if the local law enforcement agency is designated as a storage facility, if the victim later chooses to report, or pursuant to a court order.⁷¹

From 2019 to 2024, 4,468 SAFE kits were logged in the Kentucky State Police tracking portal.

From 2019 to 2024 there were 4,468 SAFE kits logged in the KSP kit tracking portal. During that period, 2020 had the fewest number of SAFE kits logged (634), and 2024 had the most SAFE kits logged (951). Figure 3.A shows the number of SAFE kits logged in the KSP kit tracking portal from 2019 to 2024.

Figure 3.A
Sexual Assault Forensic Exam Kits Logged
In The Kentucky State Police Tracking Portal, 2019 To 2024

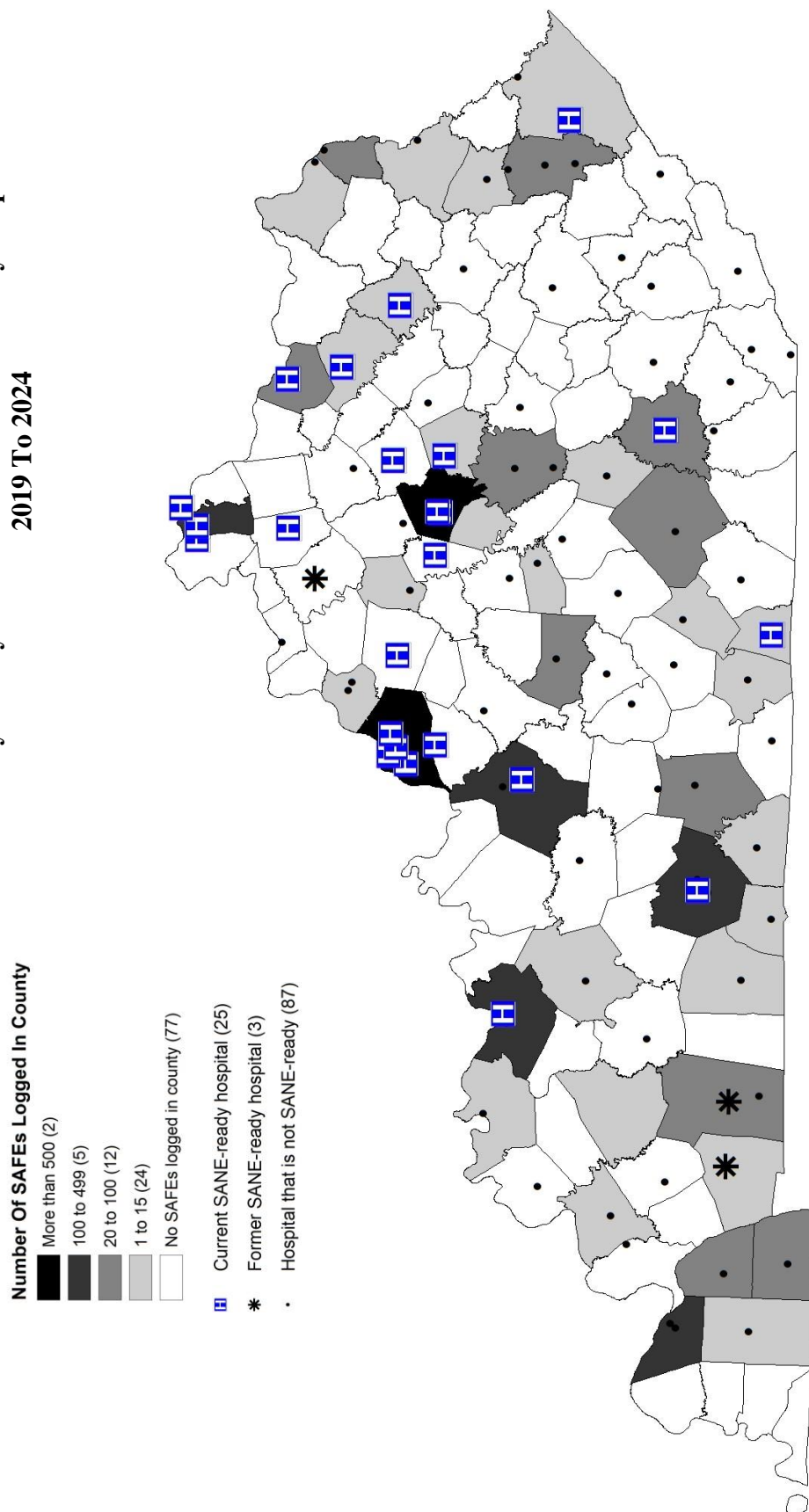


Note: Figures represent the number of sexual assault forensic exam (SAFE) kits that were logged in the Kentucky State Police kit tracking portal. The SAFE kits represented in the figures do not represent the number of sexual assault cases filed. Source: Kentucky State Police Central Forensic Laboratory.

Geographic Location Of SAFE Kits Being Logged. From 2019 to 2024, there were 4,468 SAFE kits logged in the KSP kit tracking portal. Those SAFE kits were logged in 43 different counties.^f Figure 3.B shows the number of SAFEs by county and location of SANE-ready hospitals from 2019 to 2024. Appendix E shows the data for each county each year.

^f Please note that the logging of the SAFE kit is linked to the credentials of the professional logging the SAFE kit and SAFE kits could be logged in a different county than where the assault took place.

Figure 3.B
Sexual Assault Forensic Exam Kits Logged
In The Kentucky State Police Tracking Portal
By County And Location Of SANE-Ready Hospitals
2019 To 2024



Note: SAFE = sexual assault forensic exam; SANE= sexual assault nurse examiner. The figures represent the number of SAFE kits that were logged in the Kentucky State Police kit tracking portal. Individual cases may have been attributed to a different county based on the location of the professional logging each kit. The SAFEs represented in the figures do not represent the number of sexual assault cases filed.
Source: Kentucky State Police Central Forensic Laboratory.

Collecting Forensic Evidence In A Sexual Assault Examination Facility. Before a SAFE is conducted, victims must consent to all procedures and RCC advocates must be contacted to provide support. The facility

- must obtain the victim's documented consent for treatment and authorization for release of information;
- may be required to contact CHFS or law enforcement;
- informs the victim that all statements made during the treatment interview and sample collection process to medical professionals or law enforcement officers are not privileged and may be disclosed;
- provides a detailed explanation of the forensic-medical examination, the reasons for conducting the forensic-medical examination, and the effect on a criminal prosecution if the examination is not performed or reported to law enforcement;
- advises the victim that photographs and other documentation, if released to law enforcement, may be used as evidence and that the photographs may include the genitalia;
- advises the victim that the forensic-medical examination, including basic treatment, shall be conducted free of charge, but costs related to additional medical treatment may be incurred;
- informs the victim that consent for the forensic sample collection process may be withdrawn at any time during the examination;
- informs the victim of the need for a physical examination due to the risk of sexually transmitted infections (STIs); and
- documents the procedures established in the SAFE protocol are completed.⁷²

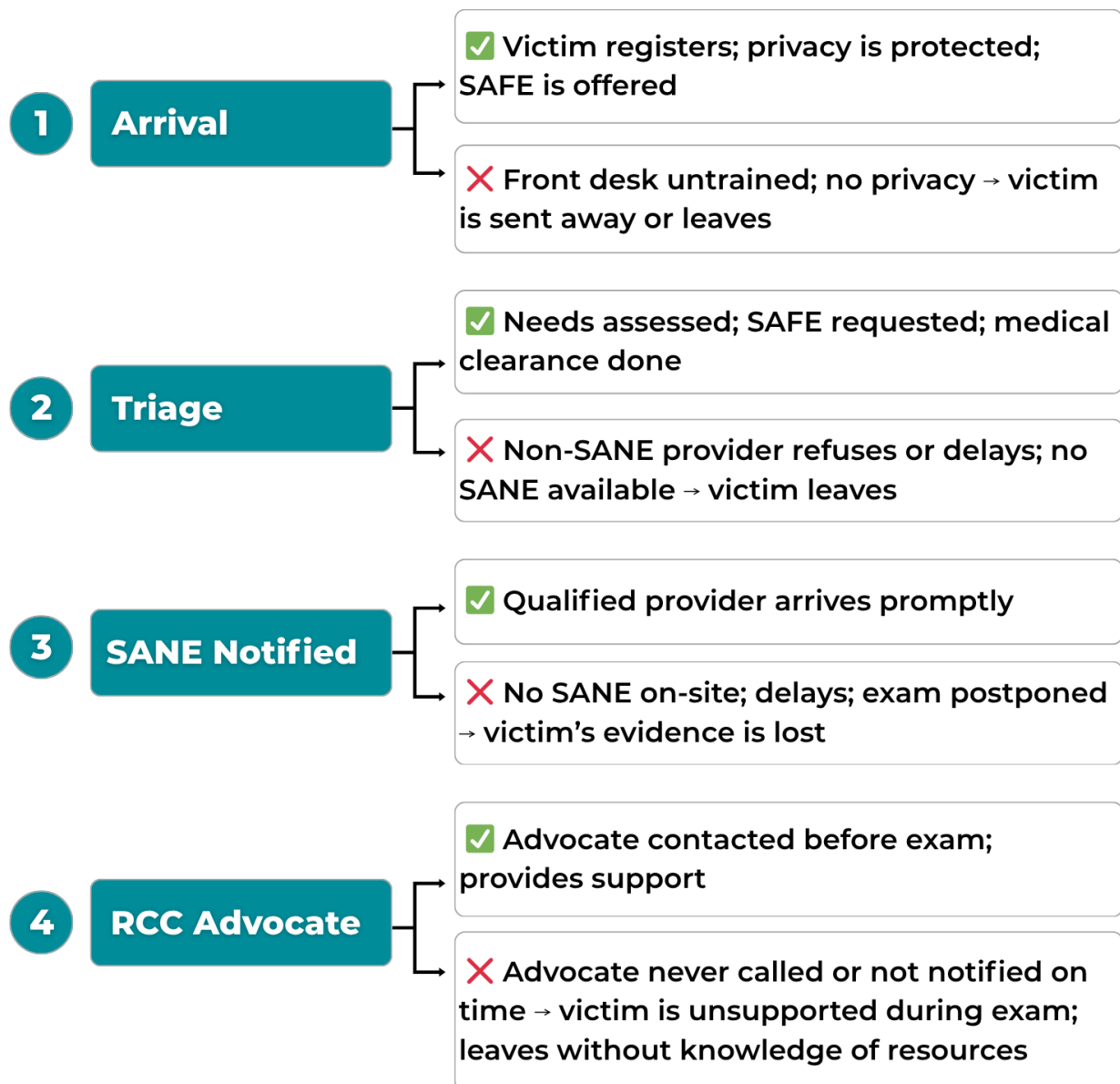
If a survivor chooses not to report the alleged sexual assault, the examination facility must keep information or samples from the examination for 1 year if the survivor decides to release the information to law enforcement at a later date.⁷³

Victim's Experience In The Emergency Department SAFE Process

Hospitals have procedures and protocols in place to ensure that sexual assault survivors are treated with care and respect and that the law is followed.

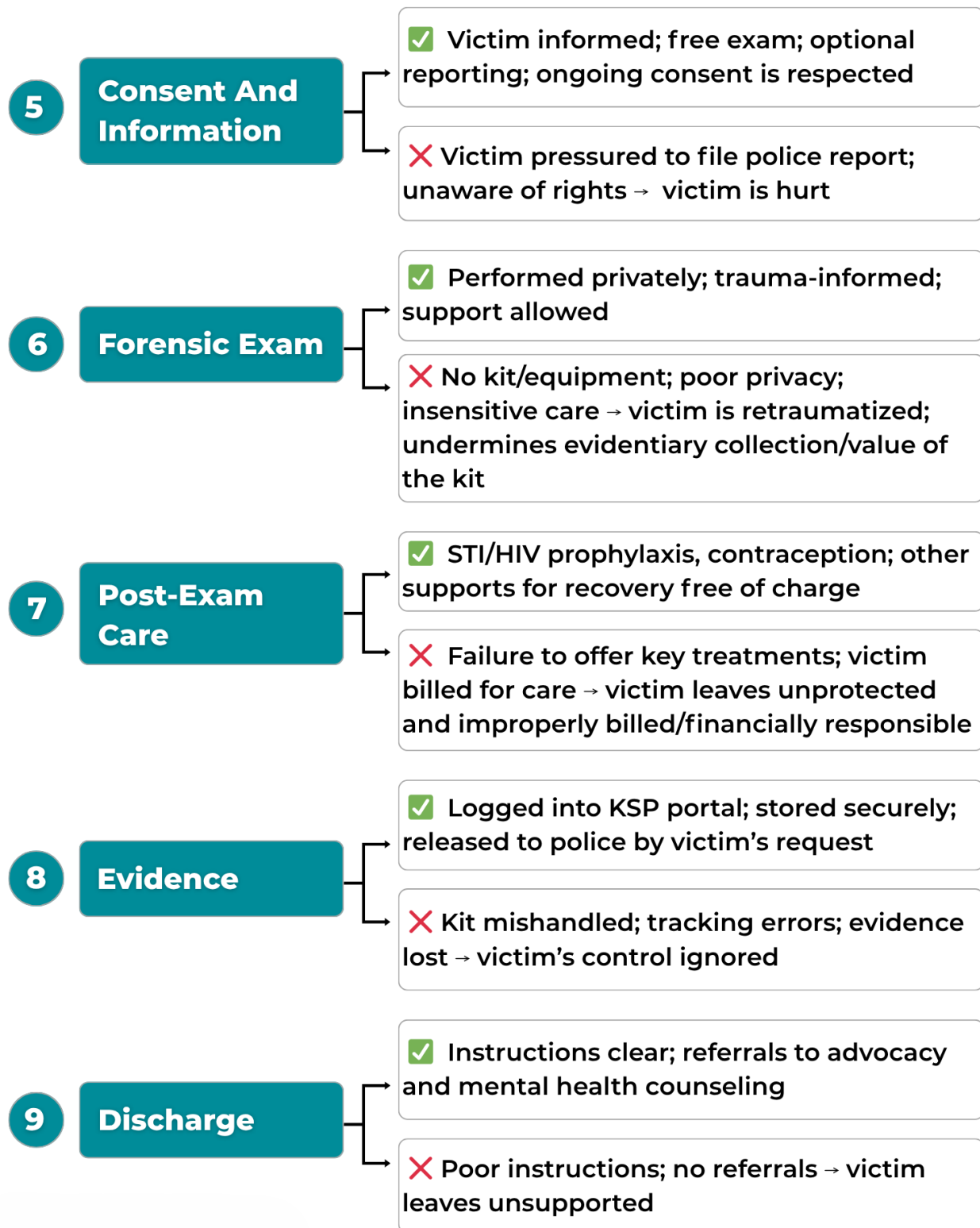
When a survivor of sexual assault first arrives in a hospital emergency department, there are procedures and protocols that are in place to ensure that survivors are treated with care and respect and that the law is followed in terms of evidence collection and chain of custody. Figure 3.C displays a flowchart describing the steps that occur from a survivor's arrival in the emergency department to their discharge; the figure includes the appropriate procedures to be followed and possible barriers with their negative consequences.

Figure 3.C
Victim's Experience In The Emergency Department
SAFE Process



✓ denotes appropriate procedures/protocols followed

✗ denotes common barriers and negative outcomes



Note: KSP = Kentucky State Police; RCC = rape crisis center; SAFE= sexual assault forensic exam; SANE = sexual assault nurse examiner; STI = sexually transmitted infection.

Source: Kentucky Association of Sexual Assault Programs.

Survivors of sexual assault should be offered a SAFE regardless of whether the hospital is SANE-ready.

Arrival At Hospital Emergency Department. When a survivor of sexual assault first arrives at the hospital emergency department, they register and inform the triage staff of their situation. When that happens, they should be offered a SAFE regardless of whether the hospital is a SANE-ready hospital. The registration process should be completed and precautions should be taken to safeguard the patient's privacy.

There are instances where registration staff do not have the proper training and may recommend that the patient go elsewhere for treatment. While this is inconsistent with KRS 216B.400 and best practices, it is an issue that is known to occur. The patient may not be made to feel welcome in that setting and declines treatment or decides to go elsewhere. When this occurs, there is the possibility that evidence is never collected or the victim delays seeking treatment and the evidence degrades and is less useful in prosecuting offenders.⁷⁴

Recommendation 3.1

Recommendation 3.1

There should be greater training of hospital registration staff in order to ensure that survivors of sexual assault are not turned away, transferred or denied treatment. The Office of the Inspector General within the Cabinet for Health and Family Services should implement a compliance program and investigate reported violations.

Triage. Once the patient is registered, they will be seen by a triage team. The patient's needs are assessed, a SAFE is requested, and a medical exam is also completed.

There are instances where nonSANE providers may refuse or delay exams if there are no SANEs available in the hospital. In situations where SAFEs are refused or delayed, the likelihood of victims leaving may increase, leading to negative outcomes.

Recommendation 3.2

Recommendation 3.2

All applicable medical providers should receive training that includes information on the treatment of survivors of sexual assault. That training should include information concerning medical providers inability to refuse to administer a sexual assault forensic examination (SAFE) as well as the procedures for conducting SAFEs appropriately. The Office of the Inspector General within the Cabinet for Health and Family Services should implement a compliance program and investigate reported violations.

SANE Notified. After triage, a SANE is notified and arrives promptly. If a SANE is not notified or is detained, the likelihood that the patient may leave or that the exam is postponed increases and evidence can be lost.

Rape Crisis Center Advocate Contacted. RCCs are contacted pursuant to 502 KAR 12:010. RCCs are contacted before the exam begins and RCC advocates are there to provide support to the survivor. Without the RCC advocate, victims may feel unsupported and may leave without knowledge of resources available to them.

Consent And Information. Before the SAFE, victims are informed that

- they have the right to consent to the exam;
- there is no charge for the exam;
- they do not have to report their assault to law enforcement; and
- they have the right to withdraw consent to the exam at any time.

If victims are not properly notified of their rights, they may feel pressured to file a police report or concerned that they may have a financial burden in consenting to the SAFE.

Forensic Exam Conducted. The forensic exam is performed in a private setting with support allowed for the victim. If the exam is not conducted in a private and sensitive manner, the victim may be retraumatized. The forensic exam is conducted using a KSP Kit. If no kit is available, evidentiary collection may be undermined.

Post-Exam Care. With consent, the patient will receive STI and HIV prophylaxis, contraception, and other supports for recovery. There is no cost to the patient. If the patient does not receive the proper prophylaxis, they may develop STIs. If they are not informed that there is no cost, they may unnecessarily worry about financial hardships. If they are improperly billed, they may think they are financially liable for something they are not liable for.

Evidence. Evidence is logged into the KSP portal, stored securely, and released to the police at the victim's request. If the kit is mishandled or improperly logged, the evidence may be lost and any cases dealing with that evidence may be jeopardized. If the evidence is turned over to law enforcement without the victim's permission, the victim may feel like they have no agency in the process.

Discharge. The victim should receive clear instructions on next steps and referrals to mental health and advocacy groups. If these

instructions are not clear to the victim or no referrals are made, victims may leave unsupported.

Victims Younger Than 18 Years Old. If the victim is younger than 18, the professionals conducting the SAFE must assess whether the victim may be a dependent, neglected or abused child. If dependency, neglect, or abuse is suspected, medical personnel shall immediately report the incident to the Cabinet for Health and Family Services, a law enforcement agency, or the commonwealth's or county attorney. If a report is made, it must be determined whether referral to a regional children's advocacy center or other specialized examination facility is in the best interest of the child.

Possible Caveats In Collecting And Interpreting The Data

There are many issues in collecting adequate data concerning sexual assault forensic exams. Not all data are collected; they may be housed in individual hospital records, but not in a database; or they may be held in a storage facility, but not logged.

Difficulty In Calculating The Number Of Victims Sent To Other Hospitals. Because it is illegal to refuse care or transfer survivors of sexual assault to other hospitals for treatment, there is little or no record of the event when it happens. This can happen when hospital registration staff are not informed of the laws, or when a health care provider refuses to conduct a SAFE. Beyond survey data, which is retrospective, it would be difficult to understand the full extent of this issue.

Contacting Rape Crisis Centers. While all hospitals indicated that they contacted RCCs each time a survivor of sexual assault presents in their emergency departments, there may be instances where protocol was not followed and there may be some survivors that did not have the benefit of having an RCC advocate to help them.

SAFE Kits Logged With The Kentucky State Police. Because survivors of sexual assault do have the discretion to file charges with law enforcement at a later time or not at all, and because of failures to log nonreporting kits into the KSP kit tracking portal, the number of SAFE kits logged with KSP represents a fraction of the sexual assaults that have occurred in Kentucky. Not included in these figures are the cases that were not reported, that were not logged, and where the victim elected not to press charges.

Location Of Sexual Assault Forensic Exams. While the SAFE kits may be logged with the Kentucky State Police, the location of the SAFE is determined by the person who is logging the results in the KSP kit tracking portal. Because of that it is difficult to determine where the SAFEs were conducted by using the facility data in the KSP database.⁷⁵

Appendix A

Survey Sent To Kentucky Hospitals Concerning SANEs

Survey

Below is a copy of the survey sent to all Kentucky hospitals with emergency departments through the Kentucky Hospital Association. There were 99 hospitals that received a survey and all hospitals sent in a response. The surveys were sent out via email on September 2, 2025, and the survey closed September 22, 2025.

Sexual Assault Nurse Examiner (SANE) Study

Introduction

During the 2025 Regular Session, the Kentucky General Assembly passed House Concurrent Resolution 20 (HCR 20), which directed the Kentucky Legislative Research Commission to conduct a study of the access to sexual assault nurse examiners (SANEs) in emergency care settings in Kentucky.

Among other requirements, HCR 20 requires the study to include an analysis of:

- the number of hospitals with SANEs employed full-time that are designated as SANE-ready hospitals;
- the geographic gaps in SANE coverage by hospitals;
- the barriers to filling the geographic gaps in SANE coverage by hospitals;
- the number of credentialed SANE A/As and SANE P/As employed full-time in emergency care settings and by which hospitals;*
- the number of hospitals that employ a SANE full-time and the hospital department of employment;
- the number of hospitals that contract with a SANE for on-call services;
- the number of hospitals that contract with a SANE for on-call services that are designated as SANE-ready hospitals;
- the barriers to hospitals obtaining a SANE-ready designation;
- the number of sexual violence victims who have been referred or transferred from a hospital emergency department in the commonwealth to another hospital emergency department for completion of a sexual assault forensic examination, the reason for the referral, and the county where the referral was made; and
- the number of sexual assault forensic examinations (SAFE) completed in each hospital, the credentials of the person completing each SAFE, and whether a rape crisis center advocate was contacted.

* Please note SANE A/As are trained in the forensic examination of adults and adolescents and SANE P/As are trained in the forensic examination of pediatrics and adolescents.

Your feedback is essential to fulfilling the requirements of the study. The survey should take approximately 10–15 minutes to complete. The survey response period closes on September 22, 2025. Responses will be kept confidential and used solely for the purpose of informing the study.

If you represent more than one hospital, please fill this survey out for each hospital or assure the appropriate person does so.

If you have any questions about this survey, please contact Bart Liguori (502-564-8100; bart.liguori@kylegislature.gov) or Joshua Shelepak (502-564-8100; joshua.shelepak@kylegislature.gov).

Thank you for your time and participation.

Question 1

Please identify the hospital that you are answering the survey for.

- Dropdown menu with hospitals listed.
- Other (please specify):

Question 2

Please enter your name and position at this hospital.

Name:

Position:

Question 3:

Is this a SANE-ready hospital?

- Yes
- No

Question 4

Does this hospital employ one or more sexual assault nurse examiners (SANEs) full time?

- Yes
- No

Question 5

How many SANE A/As are employed full time at this hospital?

- _____

Question 6

How many SANE A/As do you have working in the following departments? If a SANE works in more than one department, please include only their primary assignment. Please include a number in the spaces below.

Department	Number
Emergency Department	_____
Acute Care/Critical Care	_____
Adult Health	_____
Community Health	_____
Family Health	_____
Home Health	_____
Maternal-Child Health/Obstetrics	_____
Pediatrics	_____
Psychiatric/Mental Health	_____
Psychiatric/Mental Health/Substance Abuse	_____
Public Health	_____
Telehealth	_____
Urgent Care	_____
Women's Health	_____
Other (please specify)	_____

Question 7

How many SANE P/As are employed full time at this hospital?

- _____

Question 8

How many SANE P/As do you have working in the following departments? If a SANE works in more than one department, please include only their primary assignment. Please include a number in the spaces below.

Department	Number
Emergency Department	_____
Acute Care/Critical Care	_____
Adult Health	_____
Community Health	_____
Family Health	_____
Home Health	_____
Maternal-Child Health/Obstetrics	_____
Pediatrics	_____
Psychiatric/Mental Health	_____
Psychiatric/Mental Health/Substance Abuse	_____
Public Health	_____
Telehealth	_____
Urgent Care	_____
Women's Health	_____
Other (please specify)	_____

Question 9

Does this hospital contract with one or more SANE A/As for on-call services?

- Yes
- No

If this hospital contracts with a SANE A/A for on-call services, how many SANE A/As does the hospital contract with?

- _____

Question 10

Does this hospital contract with one or more SANE P/As for on-call services?

- Yes
- No

If this hospital contracts with a SANE P/A for on-call services, how many SANE P/As does the hospital contract with?

- _____

Question 11

Does this hospital offer any incentives for nurses who are/become SANE certified?

- Yes
- No

Question 12

Does this hospital offer any of the following incentives for SANE-certified nurses or for nurses to become SANE-certified?

Department	Yes	No
SANE certification reimbursement	<input type="radio"/>	<input type="radio"/>
Incentive pay	<input type="radio"/>	<input type="radio"/>
Salary increases	<input type="radio"/>	<input type="radio"/>
Accommodated work schedule for SANEs	<input type="radio"/>	<input type="radio"/>
Accommodated work schedule for nurses to train to become SANEs	<input type="radio"/>	<input type="radio"/>

Other (please specify)

Question 13

Are you aware of any instances within the preceding 5 years in which a sexual violence victim has been referred or transferred from this hospital's emergency department to another hospital emergency department for completion of a sexual assault forensic examination (SAFE)?

- Yes
- No

If yes, to the best of your knowledge, approximately how many times has this occurred, what were the reasons for referral, and if known, what hospital(s) were victims referred to?

Question 14

Which rape crisis center does this hospital generally contact prior to conducting a sexual assault forensic exam (SAFE)?

Question 15

Is a rape crisis center advocate contacted in conjunction with every sexual assault forensic exam conducted in this hospital?

- Yes
- No

Under what conditions has this hospital not contacted a rape crisis center advocate in conjunction with a sexual assault forensic exam (SAFE)?

Question 16

Briefly describe any challenges or obstacles, if any, to this hospital obtaining a SANE-ready designation

Question 17

Please describe possible policy options that would allow this hospital to improve access to sexual assault nurse examiners.

Question 18

Please provide any additional comments, questions, or concerns this hospital has regarding sexual assault nurse examiners.

Thank you for participating in this survey.

Appendix B

Approved SANE Training Programs In Kentucky

In Kentucky a sexual assault nurse examiner (SANE) must successfully complete a board approved SANE training program and meet all credentialing requirements in accordance with 201 KAR 20:411. There are currently eight SANE training programs approved by the Kentucky Board of Nursing. Table B.1 displays the institutions offering the training, the listed contact person for the program, the type of training offered, and when the institution's authorization to offer that training expires. Some of these programs are available online or may be offered in different locations throughout Kentucky.

Table B.1
Approved SANE Training Programs In Kentucky
By Training Offered And Approval End Date

Training Offered	Institution	Contact	Location	Approval End Date
SANE A/A	University of Louisville Hospital SAFE Services	Victoria Yazel	Louisville	February 22, 2026
SANE A/A	St. Elizabeth Healthcare Forensic Nursing	Jill Brummett	Florence	March 21, 2026
SANE A/A	ONE Online Nursing Education	Angela Wallace	Winchester	June 28, 2026
SANE A/A	Med Center Health	Melissa Gilpin	Bowling Green	August 1, 2026
SANE A/A	Owensboro Health	Molly Lancaster	Owensboro	January 20, 2027
SANE A/A	Trigg County Hospital	Sheila Bostick	Cadiz	July 10, 2028
SANE P/A	Children's Advocacy Centers of Kentucky	Anita Capillo	Lexington	March 9, 2026
SANE P/A	Trigg County Hospital	Sheila Bostick	Cadiz	July 12, 2028

Note: SANE A/A = sexual assault nurse examiner for adult and adolescent patients; SANE P/A = sexual assault nurse examiner for pediatric and adolescent patients up to age 18. Information gathered October 18, 2025.

Source. Kentucky Board of Nursing. *Approved SANE Training Programs in Kentucky: Active SANE Programs – Contact Information*. Web.

Appendix C

SANes By Employment Specialty

In Kentucky, a sexual assault nurse examiner (SANE) can work in a variety of employment specialties. In 2025, SANes worked in a total of 38 different employment specialties. Table C.1 displays the employment specialties in which SANes worked in 2025.

Table C.1
SANEs By Employment Specialty
2025

Employment Specialty	SANEs
Emergency/Trauma	183
Acute Care/Critical Care	56
Pediatrics	30
Maternal-Child Health/Obstetrics	27
Medical Surgical	24
Nursing Administration	19
Nursing Education	19
Perioperative	19
Psychiatric/Mental Health/Substance Abuse	17
Cardiology	14
Quality Improvement	11
Neonatal	10
Oncology	9
Adult Health	8
Family Health	8
Case Management	7
Community	6
Home Health	6
Postoperative/PACU	6
Pre-Operative	6
Psychiatric/Mental Health	6
Public Health	6
Administration (Non-Nursing)	4
School Health	4
Women's Health	4
Cosmetic	3
Geriatric/Gerontology	3
Occupational Health	2
Telehealth	2
Urgent Care	2
Dermatology	1
Hospice	1
Orthopedics	1
Palliative Care/Hospice	1
Regulatory	1
Rehabilitation	1
Other-Clinical Specialties	37
Other-Non-Clinical Specialties	5

Note: SANE = sexual assault nurse examiner. Number of SANEs includes both SANE A/As and SANE P/As. SANEs can be employed in more than one specialty.

Source: Kentucky. Board of Nursing. FTP Server. July 8, 2025.

Appendix D

SANE-Ready Hospitals

In Kentucky, a SANE-ready hospital is a hospital that has a SANE available 24 hours a day. As of October 2025, there were 25 SANE-ready hospitals throughout Kentucky. Table D.1 lists the SANE-ready hospitals in Kentucky as of October 2025. In accordance with KRS 216B.401, SANE-ready hospitals have to be recertified annually. A hospital can also notify the secretary of the Cabinet for Health and Family Services that it no longer meets the requirements for being a SANE-ready hospital. Table D.2 lists all hospitals that have been certified as SANE-ready since 2017, when they were first certified as SANE-ready, when they were last certified as SANE-ready, and the number of months they were certified as SANE-ready since 2017.

Table D.1
SANE-Ready Hospitals By City And County
October 2025

Hospital Name	City	County
St. Elizabeth Florence	Florence	Boone
Bourbon Community Hospital	Paris	Bourbon
UofL South Hospital*	Shepherdsville	Bullitt
St. Elizabeth Ft. Thomas	Fort Thomas	Campbell
Clark Regional Medical Center	Winchester	Clark
The Medical Center at Albany	Albany	Clinton
Owensboro Health Regional Hospital	Owensboro	Daviess
University of Kentucky Hospital	Lexington	Fayette
UK Healthcare Good Samaritan Hospital	Lexington	Fayette
Fleming County Hospital	Flemingsburg	Fleming
St. Elizabeth Grant	Williamstown	Grant
Baptist Health Hardin	Elizabethtown	Hardin
Baptist Health Louisville	Louisville	Jefferson
University of Louisville Hospital	Louisville	Jefferson
UofL Health - Jewish Hospital	Louisville	Jefferson
UofL Health - Mary & Elizabeth Hospital	Louisville	Jefferson
UofL Peace Hospital	Louisville	Jefferson
St. Elizabeth Edgewood	Edgewood	Kenton
CHI Saint Joseph London	London	Laurel
Meadowview Regional Medical Center	Maysville	Mason
Pikeville Medical Center	Pikeville	Pike
St. Claire Regional Medical Center	Morehead	Rowan
UofL Health - Shelbyville Hospital	Shelbyville	Shelby
The Medical Center at Bowling Green	Bowling Green	Warren
Bluegrass Community Hospital	Versailles	Woodford

Note: SANE = sexual assault nurse examiner. Three hospitals that were previously SANE-ready hospitals were not SANE-ready hospitals as of October 2025. Trigg County Hospital, Jennie Stuart Medical Center, and St. Elizabeth Owen were previously SANE-ready hospitals. St. Elizabeth Owen Hospital is no longer in operation.

* The SANE-Ready Hospital Directory indicates that UofL South Hospital is in Jefferson County, despite it being located in Bullitt County.

Source: Kentucky. Cabinet for Health and Family Services. SANE-Ready Hospital Directory. January 2017 to October 2025.

Table D.2
SANE-Ready Hospitals By SANE-Ready Certification Month
January 2017 To October 2025

Hospital	First Certified	Last Certified	Months SANE-Ready
CHI Saint Joseph London	Jan 2017	Oct 2025	99
Fleming County Hospital	Jan 2017	Oct 2025	101
Meadowview Regional Medical Center	Jan 2017	Oct 2025	104
St. Elizabeth Edgewood	Jan 2017	Oct 2025	102
St. Elizabeth Florence	Jan 2017	Oct 2025	97
St. Elizabeth Ft. Thomas	Jan 2017	Oct 2025	92
St. Elizabeth Grant	Jan 2017	Oct 2025	73
St. Elizabeth Owen	Nov 2017	Mar 2018	3
Owensboro Health Regional Hospital	Jan 2018	Oct 2025	92
Baptist Health Hardin/Hardin Memorial Hospital	Sep 2019	Oct 2025	71
Baptist Health Louisville	Feb 2020	Oct 2025	67
University of Louisville Hospital	Feb 2020	Oct 2025	60
UofL Health - Jewish Hospital	Nov 2020	Oct 2025	59
UofL Health - Mary & Elizabeth Hospital	Nov 2020	Oct 2025	59
UofL Health - Shelbyville Hospital	Nov 2020	Oct 2025	59
St. Claire Regional Medical Center	Jun 2023	Oct 2025	28
Jennie Stuart Medical Center	Sep 2023	Nov 2024	8
Trigg County Hospital	Aug 2024	Jul 2025	11
The Medical Center at Albany	Sep 2024	Oct 2025	13
The Medical Center at Bowling Green	Sep 2024	Oct 2025	14
UofL - South Hospital	Dec 2024	Oct 2025	11
Bluegrass Community Hospital	Jan 2025	Oct 2025	10
UK Healthcare Good Samaritan Hospital	Jan 2025	Oct 2025	10
University of Kentucky Hospital	Jan 2025	Oct 2025	10
Bourbon Community Hospital	Mar 2025	Oct 2025	8
Clark Regional Medical Center	Mar 2025	Oct 2025	8
Pikeville Medical Center	Mar 2025	Oct 2025	8
UofL Peace Hospital	Oct 2025	Oct 2025	1

Note: SANE = sexual assault nurse examiner. There were 106 months between January 2017 and October 2025.
Source: Kentucky. Cabinet for Health and Family Services. SANE-Ready Hospital Directory. January 2017 to October 2025.

Appendix E

Logged Sexual Assault Forensic Exam Kits

In Kentucky, sexual assault forensic exams (SAFEs) are conducted by medical professionals, logged in the Kentucky State Police (KSP) kit tracking portal, and sent to the KSP laboratory. It is possible for some SAFEs to be conducted, but not logged in the KSP kit tracking portal or for some SAFEs to be logged but not sent to the KSP laboratory. From 2019 to 2024, there were 4,468 SAFEs that were logged in the KSP kit tracking portal. SAFEs were conducted in a variety of different settings including rape crisis centers, police labs, doctors' offices, and hospitals. Table E.1 lists the number of SAFE kits logged in facilities of different counties from 2019 to 2024. It is important to note, that SAFEs may have been conducted in a different county than where they were logged.

Table E.1
Sexual Assault Forensic Exam Kits Logged
In The Kentucky State Police Tracking Portal
By County And Year
2019 To 2024

County	2019	2020	2021	2022	2023	2024	Total
Allen	<5	<5	<5	<5	<5	<5	<15
Barren	6	<5	<5	<5	<5	15	28
Boyd	19	<5	<10	19	13	18	82
Boyle	<5	<5	<5	<5	<5	5	<15
Calloway	8	20	9	8	6	5	56
Christian	13	18	16	<5	8	<5	62
Clark	<5	8	<5	<5	<5	<5	<15
Clinton	<5	<5	<5	<5	<5	<5	<15
Corbin	8	<5	<5	5	<5	5	27
Crittenden	<5	<5	<5	<5	<5	<5	<15
Cumberland	<5	<5	<5	<5	<5	<5	<15
Daviess	10	17	25	35	31	11	129
Fayette	88	74	96	97	88	66	509
Fleming	<5	<5	<5	<5	<5	<5	<15
Floyd	7	<5	<5	6	8	7	35
Franklin	<5	<5	<5	<5	<5	12	<15
Graves	<5	<5	<5	<5	<5	<5	<15
Greenup	7	<5	<5	<5	<5	<5	<15
Hardin	64	62	60	49	43	51	329
Henderson	<5	<5	<5	<5	<5	5	<15
Hopkins	<5	<5	<5	<5	7	<5	<15
Jefferson	314	214	264	266	286	315	1659
Jessamine	<5	<5	<5	<5	<5	<5	<15
Johnson	<5	<5	<5	<5	<5	<5	<15
Kenton	94	83	88	75	68	69	477
Laurel	6	10	10	10	11	12	59
Lawrence	<5	<5	<5	<5	<5	<5	<15

County	2019	2020	2021	2022	2023	2024	Total
Logan	<5	<5	<5	<5	<5	<5	<15
Madison	15	7	8	14	19	16	79
Marion	9	<5	<5	6	<5	<5	21
Marshall	<5	8	<5	<5	<5	<5	20
Mason	13	7	10	17	5	7	59
McCracken	18	33	33	28	28	33	173
Ohio	<5	<5	<5	<5	<5	<5	<15
Oldham	<5	<5	<5	<5	<5	<5	<15
Pike	<5	<5	<5	<5	<5	<5	<15
Pulaski	11	10	6	5	7	8	47
Rockcastle	<5	<5	<5	<5	<5	<5	<15
Rowan	<5	<5	<5	<5	6	<5	<15
Russell	<5	<5	<5	<5	<5	<5	<15
Simpson	<5	<5	<5	<5	<5	<5	<15
Trigg	<5	<5	<5	<5	<5	<5	<15
Warren	17	25	29	44	51	50	216
KSP Lab	<5	6	<5	<5	19	213	242
Total	751	634	690	710	732	951	4,468

Note: KSP = Kentucky State Police. The figures represent the number of SAFE kits that were logged with the Kentucky State Police. Individual cases may have been attributed to a different county based on the location of the professional logging each kit. If there were fewer than 5 sexual assault forensic exam kits logged in county in a particular year, exact numbers for that year or other years were redacted in order to protect the identity of individual survivors of sexual assault. The exams that were attributed to the KSP lab were not attributed to any county. They were sent into the KSP lab by practitioners throughout the state, and they were logged by professionals in the KSP lab. The SAFEs represented in the figures do not represent the number of sexual assault cases filed.

Source: Kentucky State Police Central Forensic Laboratory.

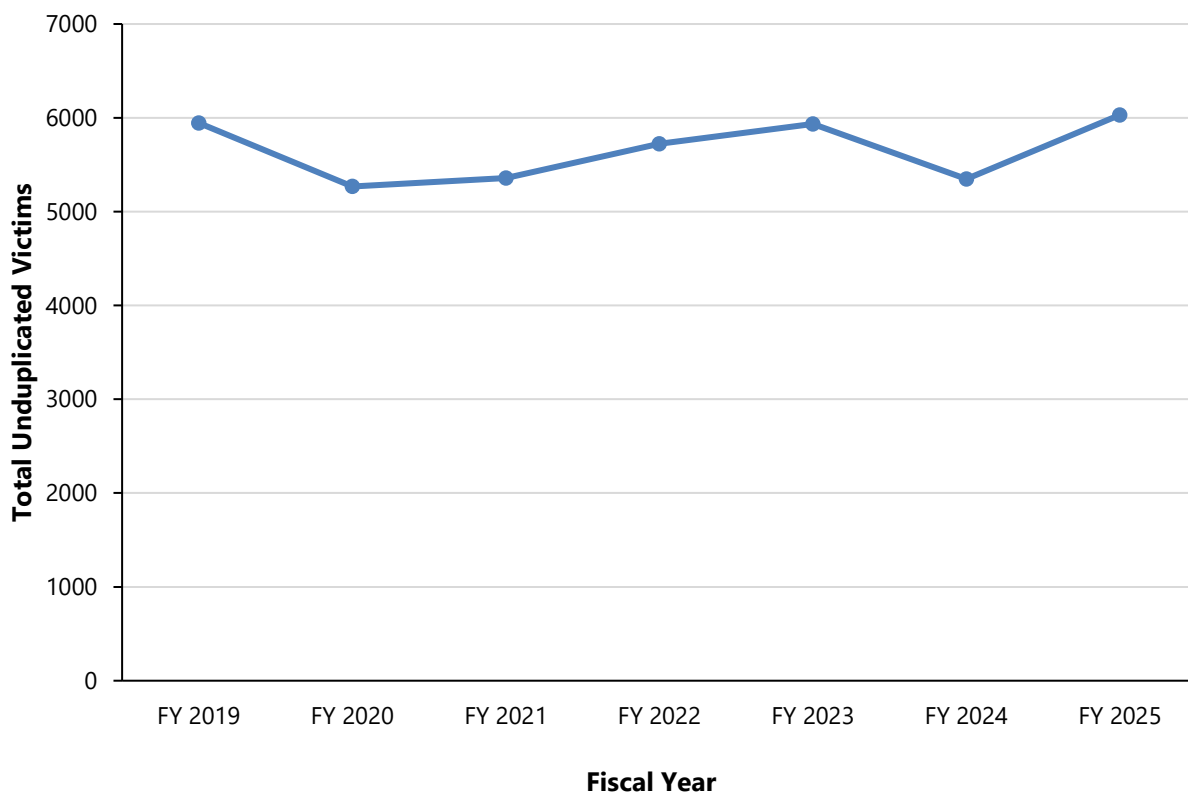
Appendix F

Clients Served By Rape Crisis Centers

New Clients Served By RCCs 2019 To 2025

From FY 2019 to FY 2025, there were nearly 40,000 new clients served by rape crisis centers (RCCs) in Kentucky. The figures ranged from 5,268 in FY 2020 to 6,031 in FY 2025. Figure F.A shows the number of new clients served by RCCs in Kentucky from FY 2019 to FY 2025.

Figure F.A
New Clients Served
By Rape Crisis Centers In Kentucky
FY 2019 To FY 2025



Note: Numbers represent total number of new unduplicated victims.

Source: Jenna Cassady, staff attorney, Kentucky Association of Sexual Assault Programs. Email to Bart Liguori. November 20, 2025.

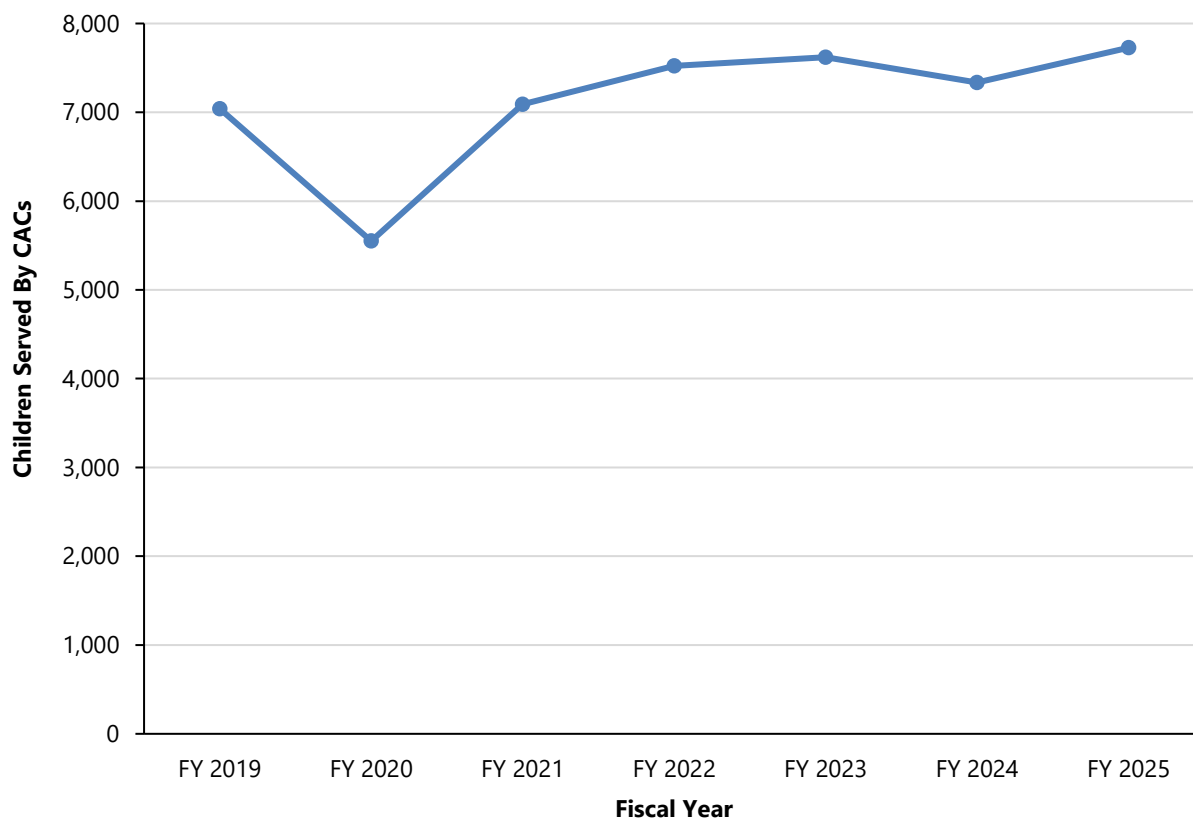
Appendix G

Children Served By Children's Advocacy Centers

Children Served By Children's Advocacy Centers 2019 To 2025

From FY 2019 to FY 2025, there were approximately 50,000 children served by children's advocacy centers (CACs) in Kentucky. The figures ranged from 5,550 in FY 2020 to 7,727 in FY 2025. Figure G.A shows the number of children served by CACs in Kentucky from FY 2019 to FY 2025.

Figure G.A
New Children Served
By Children's Advocacy Centers In Kentucky
FY 2019 To FY 2025

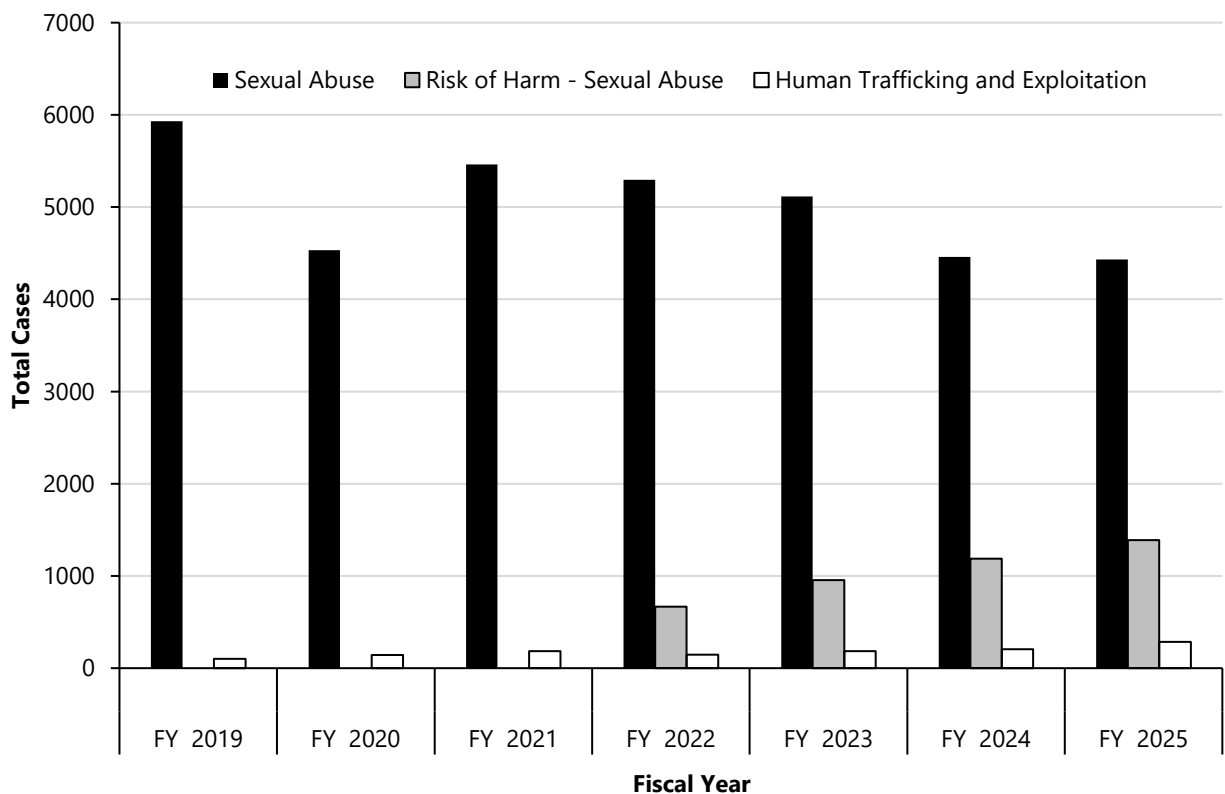


Note: CAC= Children's Advocacy Center. Numbers represent child victims served each fiscal year. Children served represent all case types, not just those representing sexual abuse.

Source: Laura Kretzer, chief strategy officer, Children's Advocacy Centers of Kentucky. Email to Bart Liguori. November 20, 2025.

From FY 2019 to FY 2025, there were approximately 40,000 children served by children’s advocacy centers (CACs) in Kentucky for cases related to sexual abuse. The figures ranged from 4,677 in FY 2020 to 6,255 in FY 2023. Figure G.B shows the number of children served by CACs for sexual abuse by sexual abuse categories in Kentucky from FY 2019 to FY 2025.

Figure G.B
Child Victims Served By Type Of Abuse
In Children’s Advocacy Centers In Kentucky
FY 2019 To FY 2025



Note: Numbers represent total number of new cases each year. Child victims may be reported in more than one abuse type. There were no data for “Risk of Harm - Sexual Abuse” until 2022.

Source: Laura Kretzer, chief strategy officer, Children’s Advocacy Centers of Kentucky. Email to Bart Liguori. November 20, 2025.

Endnotes

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- ⁶ KRS 314.142
- ⁷ KRS 314.011(14).
- ⁸ 201 KAR 20:411.
- ⁹ Jacqueline Sugarman, MD, member of Sexual Assault Response Team Advisory Committee. November 17, 2025. Interview.
- ¹⁰ Melissa Gilpin, SANE A/A, SANE P/A and member of Sexual Assault Response Team Advisory Committee. August 27, 2025. Interview.
- ¹¹ Ibid.
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- ³⁹ Kentucky Board of Nursing. *Sexual Assault Nurse Examiner Scope Of Practice*. Web.; KRS 216B.400
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- ⁵⁰ Melissa Gilpin, SANE A/A, SANE P/A and member of Sexual Assault Response Team Advisory Committee. August 27, 2025. Interview.
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