

Tennessee Best Practice Guidelines for  
**SEXUAL ASSAULT RESPONSE SERVICES**  
*Adult Victims*



[www.tncoalition.org](http://www.tncoalition.org)

# Table of Contents

- 2 Purpose of this Document
- 3 Tennessee Coalition to End Domestic and Sexual Violence
- 4 Sexual Assault Response Teams
- 6 Selected TN Sexual Assault Laws
- 10 Sexual Assault Kits
- 12 Victim Centered Response
- 17 Best Practice for SANE/Medical Provider
- 19 Timing Considerations for Collecting Evidence
- 20 Best Practice for Law Enforcement
- 21 Best Practice for Advocate
- 23 Best Practice for the Prosecutor
- 24 Start by Believing
- 25 Resources

# Purpose of This Document

The purpose of this document is to provide communities across the state of Tennessee with important information, considerations, and best practices when responding to adult sexual assault victims.

These best practices are also designed to help communities assess whether policies presently in place throughout the state of Tennessee are victim-centered and honor the spirit behind forensic compliance mandates. There are numerous stakeholders who play a role in serving sexual assault victims. It is the responsibility of those first responders to sexual assault including healthcare professionals, law enforcement officers, victim advocates, prosecutors, and other community agencies engaged in the response to and support of victims to maintain high service standards of care and confidentiality.

# Tennessee Coalition to End Domestic and Sexual Violence

Established in 1983, the Tennessee Coalition to End Domestic and Sexual Violence is a statewide nonprofit coalition of diverse community leaders and program members committed to our mission of ending domestic and sexual violence in the lives of Tennesseans and changing societal attitudes and institutions which promote and condone violence through public policy, advocacy, education, and activities which increase the capacity of programs and communities to address such violence. The Coalition provides a variety of training and technical assistance on domestic and sexual violence to communities throughout Tennessee, including an annual conference.

For more information contact the TN Coalition at [www.tncoalition.org](http://www.tncoalition.org)

# Sexual Assault Response Teams (SART)

All communities in Tennessee should have a Sexual Assault Response Team (SART). A SART serves as a vehicle for collaboration, relationship building, training, education, and accountability among and between professionals responding to sexual assault. SARTs have a number of primary objectives that are essential to providing victim-centered care to sexual assault victims:

- Educate the criminal justice system and the community to raise awareness of sexual assault, decrease victim blaming, and increase offender accountability.
- Build relationships with individual responders to sexual assault.
- Identify valuable community resources and avoid duplication of services.
- Share information, knowledge, and expertise among team members.
- Reduce further trauma to sexual assault victims and mitigate the effect of sexual assault on victims and their families and/or loved ones.

SARTs may include district attorneys, SANE nurses/medical personnel, sexual assault/domestic violence community-based advocates, law enforcement personnel, survivors, and other individuals or agencies directly involved in or committed to victim-centered response services for sexual assault victims. SARTs should meet at least quarterly, and four or five adult cases should be reviewed every year. In addition, it is important for SARTs to review sexual assault data to assess the effectiveness of the team and its response services.

A coordinated community response is an essential factor in providing victim-centered services to sexual assault victims. SARTs allow for a comprehensive response to sexual assault victims, addressing medical, mental/emotional, and legal needs in the aftermath of such an intimate crime.

**Sexual Battery (T.C.A. § 39-13-505):** Sexual Battery is the unlawful sexual contact with a victim by the defendant or the defendant by a victim accompanied by any of the following circumstances: force or coercion; sexual contact is accomplished without the consent of the victim and the defendant knows or has reason to know at the time of the contact that the victim did not consent; the defendant knows or has reason to know that the victim is mentally defective, mentally incapacitated or physically helpless; or the sexual contact is accomplished by fraud. (*Class E felony*)

**Aggravated Sexual Battery (T.C.A. § 39-13-504):** Aggravated Sexual Battery is unlawful sexual contact with any of the following circumstances: force or coercion is used to accomplish the act and the defendant is armed with a weapon or any article used or fashioned in a manner to lead the victim reasonably to believe it to be a weapon; the defendant is aided or abetted by one or more other persons and force or coercion is used to accomplish the act or the defendant knows or has reason to know that the victim is mentally defective, mentally incapacitated or physically helpless; or the victim is less than 13 years of age. (*Class B felony*)

## Sexual Battery

Non-penetrative sexual contact without the consent of the victim, or where the victim is mentally or physically unable to consent.

## Aggravated Sexual Battery

Includes defendant's use of a weapon, or any article that could be construed as a weapon, the aid of one or more additional persons, or the victim was under 13.

**Rape (T.C.A. § 39-13-503):** Rape is the unlawful penetration of a victim by the defendant or of the defendant by a victim accompanied by any of the following circumstances: force or coercion; without the consent of the victim and the defendant knows or should have known that the victim did not consent; the defendant knows that the victim is mentally defective, mentally incapacitated or physically helpless; or the sexual penetration is accomplished by fraud. *(Class B felony)*

**Aggravated Rape (T.C.A. § 39-13-502):** Aggravated Rape is rape with the following elements: there is a weapon or any article used or fashioned in a manner to lead the victim reasonably to believe it to be a weapon and force or coercion is used; there is bodily injury to the victim; or the defendant is aided and abetted by one or more other persons, and force or coercion is used to accomplish the act or the defendant knows or has reason to know that the victim is mentally defective, mentally incapacitated or physically helpless. *(Class A felony)*

**Prohibition Against Requiring Polygraph Exams (T.C.A. § 38-3-123):** No law enforcement officer shall require any victim of a sexual offense, as defined in T.C.A. 40-39-202, or violent sexual offense, as defined in T.C.A. 40-39-202, to submit to a polygraph examination or any other test designed to detect deception or verify the truth of statements through instrumentation or by means of a mechanical device, as a condition of the officer proceeding with the investigation of the offense.

**Reporting Requirements (T.C.A. § 38-1-101):** Healthcare providers are not required to report injuries to an adult victim of a sexual assault offense or domestic abuse if the victim objects to the release of any identifying information to law enforcement. *Healthcare providers are required to report to law enforcement: life threatening injuries, pistol/gunshot wounds, knife wounds, strangulation or injuries caused by other deadly weapons.*

## Aggravated Rape

Includes defendant's use of a weapon, or any article that could be construed as a weapon, bodily injury to the victim, or the aid of one or more additional persons.

## Reporting

Healthcare providers are not required to report sexual or domestic violence. They are required to report life threatening injuries or those caused by deadly weapons, not the circumstances surrounding the injuries.

Sexual Battery which includes penetrative sexual contact.

Sexual assault victims cannot be required to submit to a polygraph. Due to trauma experienced by victims the test may be inconclusive and further traumatize victims.

## Rape

## Polygraph

**Sexual Assault Evidence Collection Kits:** *Sexual Assault Evidence Collection Kits are created and distributed by the Tennessee Bureau of Investigation. The purpose of the kit is to standardize the collection of potential biologic evidence from the victim's body during the forensic medical exam. The kit contains envelopes, swabs, basic instructions for healthcare professionals on the collection of forensic evidence, and a list of Tennessee Sexual Abuse Centers for counseling. It also contains a request for Crime Lab exam.*

**Non-reporting kit/hold kit:** *The term used to describe a sexual assault evidence collection kit that is collected with the victim's consent but without sharing her/his identity with law enforcement or without making a standard report to law enforcement.*

**Handling of Sexual Assault Kits (T.C.A. § 39-13-519) :** (1) If the victim elects not to report the alleged offense to police at the time of the forensic medical examination, a hold kit shall be collected, and the healthcare provider shall assign a number to identify the kit rather than using the victim's name. The healthcare provider shall provide the victim with the identifying number placed on the victim's hold kit, information about where and how long the kit will be stored, and the procedures for making a police report. (2) Hold kits shall be stored by the law enforcement agency for a minimum of three (3) years and shall not be submitted to the Tennessee Bureau of Investigation or similar lab for testing until the victim has made a police report.

A law enforcement agency shall, within sixty (60) days of taking possession of the sexual assault evidence kit, submit the kit to the Tennessee Bureau of Investigation or similar qualified laboratory for either serology or deoxyribonucleic acid (DNA) testing.

**Forensic Medical Examinations: (T.C.A. 29-13-118):** A victim of sexually oriented crime shall be entitled to a forensic medical examination without charge to the victim.

## Sexual Assault Kits

All reported sexual assault evidence kits must be sent to TBI for testing within 60 days of the report. Hold kits (not reported) will be given an identifying number and will be stored for a minimum of 3 years. If the hold kits are reported, law enforcement then has 60 days from the date of the report to submit the kit for testing.

**Victim-Centered:** *Prioritizing victims' needs, honoring their rights, considering their perspectives, and supporting their decisions. A victim-centered response customizes the response to meet victims' specific needs and promotes the compassionate and sensitive delivery of services in a nonjudgmental manner.*

Throughout service delivery, across all disciplines, it's important to remember:

- The forensic medical exam is an interactive process that must be adapted to the needs and circumstances of each patient.
- Patients'/Victims' fear and concerns can affect their initial reactions to the assault, their post-assault needs, and decisions before, during and after the exam process.
- Recognize that patients/victims control the extent of the personal information they share. There is no reason for responders to question victims about certain data, such as sexual orientation and gender identity, religious or spiritual beliefs, or previous victimization.
- Recognize the importance of victim services within the exam process. Ideally, advocates should be interacting with victims prior to exam, as soon after disclosure of the assault as possible.

It is critical to respond to individuals disclosing sexual assault in a timely, appropriate, sensitive, and respectful way. When a sexual assault victim presents to a medical facility/program, she/he should be treated as a priority emergency case, recognizing that every minute victims spend waiting to be examined may cause a loss of evidence and/or undue trauma. **Best practice** indicates that the SART should be activated within one hour of a sexual assault disclosure. A coordinated community response in the immediate aftermath of sexual assault is an essential factor in assisting a victim in navigating a number of systems. **Best practice** for cases in which a sexual assault victim is seeking medical treatment is for the SANE or designated healthcare provider to perform the forensic medical exam and maintain chain of custody, while an advocate is available to provide support to the victim.

## Common Reactions to Trauma

When collecting information through an initial victim interview or a more comprehensive interview/assault history, trauma, cultural differences, cognitive ability, fear, self-blame and other factors can influence the victim's ability to provide concise details about the assault. Trauma can affect memory, and ability to give detailed information. Some common reactions to trauma include:

- Anxiety
- Fear for personal safety or safety of loved ones
- Preoccupation with the stressful event
- Flashbacks in which the individual mentally re-experiences the event
- Physical symptoms such as muscle aches, headaches, fatigue
- Disbelief at what has happened, numbness
- Problems with concentration or memory (especially aspects of the traumatic event)
- A misperception of time
- Increased startle response and
- Feelings of guilt and/or self-doubt related to the traumatic event

## Impact of Trauma on the Victim

Rape survivors represent the largest non-combat group of individuals with posttraumatic stress disorder (PTSD). When rape victims disclose their assaults, they often risk disbelief, scorn, shame, punishment, and refusal of help. Due to these fears, the pain of sexual violation is extremely isolating. Victims often question themselves and distrust the world around them. SARTs need to understand the complex issues that victims face to provide them with compassionate and emotionally supportive care.

Many victims describe the aftermath of sexual assault as an “emotional tattoo” that remains ever before them, much like a tattoo that is fixed just below the surface of the skin. Immediately following a sexual assault, many victims question whether the assault really happened or why it happened to them. The shock of sexual assault is often followed by additional questions that victims may or may not articulate out loud.

Victim responses to sexual assault are uniquely individual and extremely varied. Some of the responses may include continued contact with perpetrators, delayed responses, flat affects, or use of humor. Although jurors may perceive these responses as counterintuitive, they are common responses of trauma.

***When working with sexual assault victims remember the following issues and behaviors can surface:***

- Physical reactions: Flashbacks, disconnection with body, negative responses to sensory triggers, weakened immune system, and fatigue
- Emotional reactions: Vulnerability, isolation, anxiety, hypersensitivity, a sense of being out of control, grief, anger, generalized fear, depression, and defensiveness
- Thoughts: Low self-esteem, self-blame, rape-related thoughts, believing that “I’ll never be the same”
- Behaviors: Avoiding crowds, withdrawing from people and activities, changes in appearance, self-endangerment, self-injury, suicide attempts, self-medicating, avoiding being alone, and disengaging from activities once enjoyed
- Environment: Stressful thoughts and feelings triggered by contact with the perpetrator, seasonal reminders/anniversaries, media coverage, societal beliefs, and criminal justice process
- Intimacy: Relationship doubts, further victimization in unhealthy or abusive relationships, trust issues, and avoiding sex or having sex when one doesn’t want to
- Family: Loss of support from family and family members struggling with their own underlying life experiences
- Spirituality: Believing that the trauma resulted from bad karma or God’s will, struggling with ideas about good and evil, subscribing meaning to the event, and seeking support from one’s faith and religious community

**Sexual Assault Nurse Examiner (SANE)-A (certified):** *The term to describe a professional registered nurse who has completed a forty-hour adolescent/adult Sexual Assault Nurse Examiner training and the required additional clinical component and has successfully completed the SANE certification examination.*

**Sexual Assault Nurse Examiner (SANE)-(trained):** *The term used to describe a registered nurse or another healthcare professional who has completed the forty-hour adolescent-adult Sexual Assault Nurse Examiner training and the required additional clinical component, but who has not yet taken or successfully completed the SANE certification examination.*

The role of the SANE or designated medical personnel in the response to sexual assault is to provide for the immediate medical care of the victim in a compassionate, sensitive, and nonjudgmental manner. The physical and psychological well-being of the sexual assault victim should always be given precedence over forensic needs. It is **best practice** that the assessment, examination, and evidence collection should only be done by those health-care providers trained as SANEs. If a SANE is not available, it is recommended that one or two professionally licensed health care providers conduct the entire exam and associated paperwork and be available for court testimony as needed.

### ***Role of the SANE:***

- *Explain procedures to victims for medical-legal examinations*
- *Obtain victims' informed consent for the examination, photographs, specimens, and communication with law enforcement concerning the results of examination*
- *Work with advocates in providing crisis and emotional care*
- *Assess risk and offer prophylaxes for sexually transmitted infections, HIV, and pregnancy*
- *Provide medical treatment according to standard protocols and local guidelines*
- *Collect, document, preserve, maintain custody of, and transfer forensic evidence to law enforcement authorities*
- *Refer victims for follow-up care as appropriate with written discharge instructions and health promotion information*
- *Document interventions*
- *Collaborate with advocates, rape crisis counselors, law enforcement, and attorneys in implementing a plan of care*
- *Provide consultation and testimony for prosecution or defense*

## Timing Considerations for Collecting Evidence

Recommendations at a glance for healthcare providers and other individuals responding to sexual assault victims to optimize evidence collection:

- Recognize the importance of gathering information for the medical forensic history, examining patients, and documenting exam findings, separate from collecting evidence.
- Examine patients promptly to minimize loss of evidence and identify medical needs and concerns.
- Make decisions about whether to collect evidence and what to collect on a case-by-case basis, guided by knowledge that outside time limits for obtaining evidence vary due to factors such as the location of the evidence or type of sample collected.
- Examiners and law enforcement representatives should seek education and resources to aid them in making well-informed decisions about evidence collection.

With the victim's consent, a law enforcement officer may be present when the SANE is interviewing the victim.

***Role for Law Enforcement:***

- Responding to the assault call
- Protecting the safety and well-being of the victim
- Assessing the need for emergency medical care for the victim
- Interviewing the victim to determine
- whether a crime has occurred
- Collecting and preserving evidence
- Conducting an investigation; and
- Submitting a written report per departmental policy

***When interviewing a sexual assault victim:***

- Establish a rapport before beginning the interview
- Explain how the investigative process works and why certain questions are necessary
- Avoid blaming questions—such as “why did you” or “why didn’t you”—unless the context and purpose of such a question is clearly explained to the victim
- Be patient with the victim and allow ample time for her/him to tell her/his story with few interruptions
- Acknowledge the impact of trauma on the victim during the interview

## Best Practice for Advocate

The role of an advocate is to assist the victim by offering a tangible and personal connection to a long-term source of support and advocacy. It is recommended that an advocate be notified in the response process as early as possible once a sexual assault is disclosed. Advocates do not encourage or discourage victims from reporting or participating in the criminal justice system but instead assist the victims in making informed choices. As such, the victims' choices and needs determine an advocate's course of action. It is important to remember that advocates may be responding to a victim even if other systems of support are activated. **Best practice** indicates that advocates should be available 24 hours a day/365 days a year both on crisis/help line and in person.

### ***Role of Advocates:***

- Advocating for victims' self-articulated needs to be identified and their choices to be respected, as well as advocating for appropriate and coordinated response by all involved professionals
- Providing victims with crisis intervention and support to help cope with the trauma of the assault and begin the healing process
- Accompanying victims through each component (advocates may accompany victims from the initial contact and the acute exam through to discharge and follow-up care)
- Assisting in coordination of victim transportation to and from the exam site
- Providing information about the criminal justice process, including explanation of her/his right to report the crime
- Acting as an encouraging connector between the victim and law enforcement
- Serving as an information resource for victims
- Providing information about Victims Compensation
- Assisting victims in planning for their safety and well-being

## Best Practice for the Prosecutor

Although prosecutors are not victims' attorneys, they can advocate for victims' rights and proactively address victims' concerns. For example, many victims are unfamiliar with the criminal justice process. Most have not been to court before. They may be highly apprehensive about seeing offenders in close proximity, fear testifying about the details of their assaults, and worry about an adversarial cross-examination process. To overcome these concerns, prosecutors can help victims by orienting them to the criminal justice system, providing waiting areas that are separate from offenders, and working with advocates to help meet victims' needs.

### ***Role of Prosecutor:***

- Seek no-contact orders as condition of bail or release of offenders on their own recognizance
- Pursue defendants who harass, threaten, or intimidate victims
- Incorporate victims' views in bail arguments, continuances, plea negotiations, dismissals, sentences, and restitution
- Keep same prosecutor throughout the criminal justice process

*Start by Believing* is a public awareness campaign uniquely focused on the public response to sexual assault. Because a friend or family member is typically the first person a victim confides in after an assault, each individual's personal reaction is the first step in a long path toward justice and healing. Knowing how to respond is critical—a negative response can worsen the trauma and foster an environment where perpetrators face zero consequences for their crimes.

Because rapists attack an average of six times, one failed response can equal five more victims. *Start by Believing* will lead the way toward stopping this cycle, by creating a positive community response, informing the public, uniting allies and supporters, and improving personal reactions. The goal is to change the world, and outcomes for victims, one response at a time.

The intention of the campaign is to start from an orientation of believing, and that does not necessarily mean saying the exact words “I believe you.” The same purpose can be accomplished with alternative phrases like, “I’m sorry this happened to you.” The important issue is not the exact words that are used, but that the person is treated with compassion and respect, and the report is handled professionally.

**[www.startbybelieving.org](http://www.startbybelieving.org)**

## Resources

Tennessee Coalition to End Domestic and Sexual Viloence - [www.tncoalition.org](http://www.tncoalition.org)

Start by Believing - [www.startbybelieving.org](http://www.startbybelieving.org)

TN Model Policy for Law Enforcement - [www.tncoalition.org/resources/tennessee-model-law-enforcement-policy-on-sexually.pdf](http://www.tncoalition.org/resources/tennessee-model-law-enforcement-policy-on-sexually.pdf)

End Violence Against Women International (EVAWI) - [www.evawintl.org](http://www.evawintl.org)

International Association of Forensic Nurses (IAFN) - [www.forensicnurses.org](http://www.forensicnurses.org)



tennessee  
**coalition**  
to end domestic & sexual violence

615-386-9406

[www.tncoalition.org](http://www.tncoalition.org)

This project was supported by grant number 2013-WE-AX-0026 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women or the State of Tennessee, Office of Criminal Justice Programs.