

SEXUAL ASSAULT RESPONSE TEAM (SART) PROTOCOL
AUGUSTA JUDICIAL CIRCUIT
STATE OF GEORGIA

ORDER

WHEREAS, the Legislature of the State of Georgia enacted O.C.G.A. Section 15-24-2 requiring the establishment of a Sexual Assault Protocol; and

WHEREAS, the undersigned established a Sexual Assault Protocol Committee pursuant to O.C.G.A § 15-24-2; and

WHEREAS, the Committee has met on September 1, 2021 and discussed the Protocol, which was approved by a majority vote and which is attached hereto, as the protocol for cases of sexual assault in the Augusta Judicial Circuit, Tenth District of the State of Georgia.

NOW THEREFORE IT IS HEREBY ORDERED, this document is accepted by the Court as the protocol to be used in responding to, investigating and prosecuting cases arising from an alleged sexual assault and shall be spread upon the minutes and filed with the Clerk of the Superior Court of Richmond County.

SO ORDERED, this 1st day of September, 2021

Augusta Judicial Circuit SART Protocol

Disclaimer

It is expressly understood that each core agency of the SART will work within its departmental mandates and policies. Nothing contained herein supersedes the statutes, rules and regulations governing each agency involved on the SART. To the extent that any provision of the agreement is inconsistent with any such statute, rule or regulation, the statute, rule or regulation shall prevail.

The SART Protocol Committee, which convened over the course of six months, consisting of victim advocates, sexual assault nurse examiners, medical forensic examiners, law enforcement agencies, military, educators, and prosecutors. The SART Protocol Committee considered issues relating to trauma informed care, best practice for evidence collection, investigative mandates, state protocols and policy guidelines. With the diversity of backgrounds and views, the SART protocol team reached substantial agreement on a variety of complex issues.

The final recommendations contained in the Augusta Judicial Circuit SART Protocol are the result of a consensus process and do not necessarily represent the views or opinions of the individual SART committee members or their agencies and affiliations.

Augusta Judicial Circuit SART Protocol

Augusta Judicial Circuit Sexual Assault Protocol

This Augusta Judicial Circuit Sexual Assault Protocol (“Protocol”) is adopted pursuant to O.C.G.A § 15-24-2 for the purpose of outlining the procedures to be used in responding to, investigating and prosecuting cases of sexual assault.

The purpose of this Protocol is to ensure coordination and cooperation between all core agencies involved in sexual assault cases, thus increasing the efficiency and efficacy of all agencies handling these cases. Ultimately the protocol serves to minimize the secondary trauma created for the sexual assault victim by the legal and investigatory process¹ and to support the healing process for the victim during both the acute and chronic phases of the trauma.

Every sexual assault case involving victims under 18 shall refer to the Augusta Judicial Circuit Child Abuse Protocol and the Augusta Judicial Circuit Multi-Disciplinary Case Review Team’s Investigative Protocol in identifying appropriate services and resources. Per the state model Child Abuse Protocol, those services and resources should include Rape Crisis and Sexual Assault Services and Child Enrichment, Inc. Child Advocacy Center in providing services to children under the age of 18 years.

LOCAL SART COORDINATED RESPONSE

All members of the Augusta Judicial Circuit Sexual Assault Response Team will adhere to best practices as outlined in the *Georgia Sexual Assault Response Team Guide*.

Members of the Augusta Judicial Circuit Sexual Assault Response Team agree to meet monthly for case review, process discussion and agency evaluation to assure the coordination and cooperation between all core agencies responding to sexual assault cases in the Augusta Judicial Circuit.

911 RESPONSE

The first report of a sexual assault may be made by the victim to a dispatch or communications center of a law enforcement agency. Dispatch or communications staffers are critical in aiding the victim to regain control and composure after an assault. The staffers should remain calm, understanding, and non-judgmental while speaking with the victim. *Priority ranking* should be applied to all sexual assaults regardless of when the assault occurred.

If the victim is the caller, then the dispatcher should:

- Obtain the victim’s name and location
- Determine if the victim is currently safe and whether the victim needs immediate medical attention
- Determine where and when the assault occurred
- Dispatch the appropriate law enforcement units and, if necessary, emergency medical help

¹ O.C.G.A. § 15-24-2; provided, however that a failure by an agency to follow the protocol shall not constitute an affirmative or other defense to prosecution of a sexual assault, preclude the admissibility of evidence, nor shall a failure by an agency to follow the protocol give rise to a civil cause of action.

Augusta Judicial Circuit SART Protocol

- Instruct victim not to wash, change clothes, douche, eat or drink, or disturb any potential evidence. If possible, the victim should not urinate until a responding officer arrives with a clean urine collection container. If the victim cannot wait for medical personnel or law enforcement, the dispatcher can instruct the victim to urinate in a clean jar or other container with a lid.
- Assure the victim help is coming
- Gather other pertinent information as defined by communications agency guidelines such as the name or description of the assailant(s), the means used by the assailant(s) to leave the scene, the direction of flight, whether the suspect is a known offender or stranger, any information about the suspect's history of violence and/or use or possession of a weapon, whether drugs or alcohol were used to facilitate the sexual assault.

If it is immediately apparent to the dispatcher that the victim is in a crisis situation, the dispatcher shall follow established protocol and remain on the phone until help arrives. The call may be discontinued if the victim is stable and no current interventions are required from the dispatcher.

If the victim is not the caller, then the dispatcher should:

- Gather the same information previously described to assist the victim
- Enlist the help of the caller to keep the victim safe and calm until additional help arrives

A record of calls, radio traffic, and other communications pertaining to a sexual assault case may be preserved by the law enforcement agency receiving the complaint. The dispatch center may be asked to assist the investigating officers by copying calls, radio traffic, and other communications received immediately after the assault.

ADVOCACY

The role of Rape Crisis and Sexual Assault Services, the community based victim advocate, is to provide services to the victims of sexual assault regardless of whether or not the victim chooses to participate in the criminal justice process. They play a very important role in providing a response that keeps the victim central in the process, allowing the investigation and prosecution to be offender focused. Advocacy also has a critical role in promoting the healing process for the victim. Rape Crisis and Sexual Assault Services victim advocates provide crisis intervention, support, family advocacy, information and referral, therapy, and other ancillary services to assist the victim through the criminal justice process. The support provided by Rape Crisis and Sexual Assault Services also benefits the criminal justice process, because supported, well-informed victims are more likely to continue through the process. Advocates will operate under the guidelines established by *The Georgia Crime Victim's Bill of Rights* (O.C.G.A. § 15-17-1) and will adhere to best practices as outlined in the *Georgia Sexual Assault Response Team Guide and State Standards for Georgia Sexual Assault Centers as approved by the Criminal Justice Coordinating Council (February 2016)*.

Responsibilities of the sexual assault victim advocate include:

- Being available to victims and families 24 hours a day, 7 days a week via a 24-hour crisis line staffed by trained Sexual Assault Advocates

Augusta Judicial Circuit SART Protocol

- Providing services to victims that are sensitive to the unique barriers and special conditions that diverse victims encounter in reporting sexual assault crimes
- Providing options to victims so that they may make informed decisions
- Supporting victims who choose to report to law enforcement by providing a link to eliminate barriers effecting the victim's participation in the criminal justice process
- Maintaining victim confidentiality
- Offering services to non-reporting victims and assisting if and when the victim decides to report
- Collaborate with community agencies to assist victims of sexual assault/abuse, to include domestic violence and child advocacy centers.

Victims may also work with victim advocates from the Office of the District Attorney, Augusta Judicial Circuit Victim Assistance Program if the case progresses through the criminal justice system to the point of prosecution.

LAW ENFORCEMENT

The role of the investigating officer is to ensure the safety of the victim and the community and to ascertain if the report of sexual assault meets the elements of a crime under Georgia law. Within their jurisdictions, law enforcement shall be responsible for the investigation of sexual assault crimes. Investigative responsibilities may include but are not limited to, in no certain order:

- Identification, apprehension and interrogation of suspect(s)
- Interview of victim using a trauma informed approach which may include allowing an advocate to be present at the victim's request and consent
- Interview of witnesses
- Collection and preservation of evidence
- Maintenance of chain of custody
- Timely submitting sexual assault evidence collection kits to GBI, FBI or other crime laboratory (at law enforcement discretion) regardless of whether a suspect has been identified; per GBI recommendations
- Review of GBI Crime lab reports as soon as possible after they are released to investigating agency; per GBI recommendations
- Keeping victim informed of the status of the investigative process
- Determination of probable cause and arrest
- Preparation of case reports with investigative summaries
- Assistance to District Attorney's office in prosecution of case
- Testimony and presentation of evidence in court

Investigating officers will work with victim advocates to ensure a victim centered response to the investigation and proper notification of case updates to victims. Additionally, law enforcement officers will operate under the guidelines established by *The Georgia Crime Victim's Bill of Rights* (O.C.G.A. § 15-17-1) and adhere to best practices as outlined in the *Georgia Sexual Assault Response Team Guide*.

Augusta Judicial Circuit SART Protocol

The investigating law enforcement agency may maintain any physical evidence collected as a result of an alleged sexual assault that contains biological material, including, but not limited to, stains, fluids, or hair samples that relate to the identity of the perpetrator of an alleged assault, indefinitely after the report of the alleged sexual assault.

If the victim does not cooperate with law enforcement in the investigation or prosecution of an alleged sexual assault, the investigating law enforcement agency shall maintain any physical evidence collected as a result of such alleged sexual assault that contains biological material, including, but not limited to, stains, fluids, or hair samples that relate to the identity of the perpetrator of the alleged sexual assault, for not less than 12 months from the date any such physical evidence is collected (O.C.G.A. § 17-5-71).

FORENSIC MEDICAL EXAMINATION PROCEDURES AND CONDUCT

The role of the medical forensic personnel is to provide a timely, high-quality medical forensic examination that can potentially validate and address sexual assault patients' concerns, minimize the trauma they may experience, and promote their healing. At the same time, it can increase the likelihood that evidence collected will aid in criminal case investigation, resulting in perpetrators being held accountable and further sexual violence prevented.

Medical forensic examinations and evidence collection shall be performed in the emergency department of a licensed medical facility.

Every effort should be made that medical forensic examinations should be performed by a Sexual Assault Nurse Examiner – Adult and Adolescent (SANE-A), Sexual Assault Nurse Examiner – Pediatric (SANE – P), SAFE, SAMFE, physician (MDs; DOs), nurse practitioner or physician's assistant ("PA") who have been specially educated and completed clinical requirements to perform the exam. Victims affiliated with the military (Tricare beneficiaries) will be referred to Dwight D. Eisenhower Army Medical Center (DDEAMC), Ft Gordon, Georgia, for acute and historic sexual assault/abuse examinations. If victim chooses to be seen at DDEAMC, they will be examined by a credentialed SAMFE, certified SANE-A/SANE-P or pediatrician trained in this specialty care.

Medical forensic examinations should be made available if the adult victim chooses to report, chooses not to report, or chooses to make a restricted report. In cases of a restricted report the forensic medical examiner should write on the Georgia Bureau of Investigation Sexual Assault Evidence Collection Kit "RESTRICTED". Law Enforcement is not required to speak with a victim in the case of a restricted report. In 2013, the Violence Against Women Act (VAWA) was reauthorized with changes affecting the response of law enforcement agencies and health care facilities to victims of sexual assault. These provisions read as follows:

Nothing in this section shall be construed to permit a State, Indian tribal government, or territorial government to require a victim of sexual assault to participate in the criminal justice system or cooperate with law enforcement in order to be provided with a medical forensic exam, reimbursement for charges incurred on account of such an exam or both (42 U.S.C.A. § 3796gg-4(d)(1)(2005)).

Augusta Judicial Circuit SART Protocol

Thus there are two dictates associated with forensic compliance. VAWA legislation states that victims of sexual assault must be provided with access to a medical forensic examination:

1. *Free of charge, and*
2. *Without requiring them to cooperate with law enforcement or participate in the criminal justice system.*

A trained victim advocate will be available to accompany the patient and offer emotional support during the examination. The advocate will at no time ask the patient questions related to the details of the assault.

A SANE, physician, nurse practitioner or PA will:

- Complete appropriate authorizations relating to the examination, documentation and evidence collection (i.e. patient's informed consent)
- Gather the medical forensic history
- Perform the examination and assessment, and coordinate treatment of injuries
- Perform and complete the medical forensic examinations and biologic evidence collection as quickly as possible after the patient presents for care
- Photograph and document injuries and prepare a report
- Maintain and document the chain of custody of any evidence collected during the examination and assessment
- Adhere to best practices as outlined in the *Georgia Sexual Assault Response Team Guide* and *National Best Practices for Sexual Assault Kits: A Multidisciplinary Approach*, National Institute of Justice
- Conduct the Medical Forensic Evaluation in accordance with Georgia Bureau of Investigation (GBI) procedures using a GBI Sexual Assault Evidence Kit. It is also recommended that medical forensic exams be conducted in accordance with *A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents* and *A National Protocol for Sexual Assault Medical Forensic Examinations – Pediatrics* U.S. Department of Justice Office on Violence Against Women
- Provide information, treatment, and referrals for sexually transmitted infections and pregnancy
- Follow-up as needed for additional treatment and/or collection of evidence
- Provide testimony at trial

BIOLOGIC EVIDENCE COLLECTION

The SANE, physician, nurse practitioner or PA will collect biologic samples at the request of a patient, in accordance with currently accepted protocol (defined as *A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents* and *A National Protocol for Sexual Assault Medical Forensic Examinations - Pediatrics*), to obtain timely biologic reference samples for possible analysis at the GBI Crime Lab. At the conclusion of the sexual assault medical forensic examination, any evidence collected will be packaged and protected in a manner to ensure the integrity of specimens and the appropriate chain of custody of the evidence.

Augusta Judicial Circuit SART Protocol

Biologic evidence will be collected for adolescent/adult victims up to a maximum of 120 hours after the assault based on case presentation. In addition, cases should be evaluated on an individual basis as the medical forensic examination may be completed beyond 120 hours.

Recommended Time Frame For Evidence Collection	
<u>Type of Assault</u>	<u>Collection Time</u>
Vaginal	Up to 120 hours (5 days)
Anal	Up to 72 hours (3 days)
Oral	Up to 24 hours (1 day)
Bite marks/saliva on skin	Up to 96 hours (4 days)
Unknown	Collective respective samples within the time frame listed above

Reference: National Institute of Justice (2017) National Best Practices for Sexual Assault Kits: A Multidisciplinary Approach

All biologic samples, fluids, hairs and other evidence requiring GBI analysis will be given directly to the law enforcement investigator for processing using a proper chain of evidence. Biologic may be submitted to the Georgia Bureau of Investigations Crime Lab, the Federal Bureau of Investigations Crime Lab or other private lab for toxicology drug screen.

All biologic evidence collected with the consent of an adult patient who chooses to initiate and participate in and/or cooperate with a law enforcement investigation shall be submitted to the GBI Crime Lab within thirty days of it being collected by the law enforcement agency who took possession of the evidence pursuant Georgia Law.

All biologic evidence collected with the consent of an adult patient who chooses not to initiate and participate in and/or cooperate with a law enforcement investigation shall be retained by the investigating officer in the evidence room for a minimum of one year. Such biologic evidence in a restricted report shall not be sent to the GBI.

Certified medical personnel may collect biological samples from a suspect at the request of a law enforcement agency or the District Attorney's office. The emergency department staff will obtain a copy of any search warrant or consent form authorizing the collection of biological samples from a suspect and retain it for the medical record.

REQUESTS FOR MEDICAL FORENSIC EXAMINATION

Medical forensic examinations can be performed at the request of (1) a law enforcement agency, (2) the District Attorney's Office, (3) the Medical Examiner or Coroner's office, (4) a Hospital, (5) pursuant to a court order, or (6) at a victim's request pursuant to O.C.G.A. 17-5-72.

Medical forensic examinations are available 24 hours a day in hospital emergency departments per the following procedure:

Augusta Judicial Circuit SART Protocol

- The victim should be medically cleared per the hospital emergency department triage protocols prior to proceeding with the medical forensic exam
- Suspected Sexual Assault for Adult and Child should be a priority in the Emergency Department protocols.
- Law Enforcement may contact RCSAS via the 24 Hour Crisis Line at 706-724-5200.
- Law enforcement will receive all evidence (rape kit, clothing, etc.) directly from the SANE or medical staff that collected the evidence. If Law Enforcement is unavailable at the time collection is complete, hospital public safety will place the evidence in a secured location with a chain of custody form.
- Law Enforcement will facilitate pick-up of the sexual assault forensic evidence from designated hospital public safety.

For acute cases involving children (reported within 72 hours) law enforcement should take the victim to a hospital emergency department where a Sexual Assault Nurse Examiner (“SANE”), physician (MD/DO), nurse practitioner (NP) or physician’s assistant (“PA”) trained in performing medical forensic exams is available. In the case of a delayed disclosure (> 72 hours) involving children, officers may contact the RCSAS crisis hotline at 706-724-5200 and request to speak with a Rape Crisis Staff member. Refer to the Augusta Judicial Circuit Child Abuse Protocol and/or the Multi-Disciplinary Case Review Team’s Investigative Protocol.

COSTS OF THE MEDICAL FORENSIC EXAMINATIONS

The cost of examinations shall be paid pursuant to O.C.G.A § 16-6-1(c), O.C.G.A § 17-5-72. Patients shall not be responsible for the payment of medical forensic examination costs.

PROCEDURES for HOSPITALS/HEALTHCARE FACILITIES RECEIVING WALK-IN REPORTS OF SEXUAL ASSAULTS

- Hospitals or Healthcare facilities and providers receiving patients reporting incidents of sexual assault shall immediately contact law enforcement in accordance with O.C.G.A § 31-7-9 mandating all non-accidental injuries be reported. Adult patients will retain the right not to initiate, participate in, and/or cooperate with any law enforcement investigation of such assault.
- Hospital emergency department should notify RCSAS at 706-724-5200 of the presenting case, as soon as possible, including which law enforcement agency is responding (if applicable).
- The Sexual Assault Victim Advocate will be available for the victim throughout the interview and forensic medical examination if requested by the victim.

The following criteria are offered as guidelines, not requirements, for optimal, expeditious, and reliable responses to report sexual assault. Depending on the circumstances, there may be both a responding officer and an investigating officer, or there may only be an investigating officer. Accordingly, an investigating officer may vary the allocation of the actions described in this section.

THE RESPONDING LAW ENFORCEMENT OFFICER

The first law enforcement officer to reach a sexual assault victim is usually a uniformed patrol officer. This officer, as with others who investigate the case, should quickly develop a good rapport with the victim while initiating the gathering of evidence. The responding officer in sexual assault plays a vital role in the outcome of the investigation. The responding officer has the ability to encourage the victim's participation in the criminal justice process by reassuring the victim that she/he is not being judged and that the case is taken seriously. Remembering the principles of victim centered approach, responding officers can investigate in a manner that helps restore a victim's sense of control. This approach builds trust and the victim's confidence in cooperating with the investigation through prosecution.

As for the immediate response, the responding officer should:

- Address the victim's physical, emotional and medical needs, using a non-judgmental, unbiased, professional victim-centered approach
- Request an ambulance if immediate medical attention is needed and an ambulance has not already been dispatched
- Explain that an advocate from RCSAS will be contacted to assist the victim
- Explain to the victim that a physical examination may be needed for medical care and forensic evidence collection if chosen, and arrange for the transportation of the victim to the emergency department
- Ask the victim to refrain from washing, bathing, showering, douching, brushing teeth, using mouthwash, smoking, eating, drinking, urinating or defecating so as to prevent the loss of valuable evidence
- Responding officer should **not** leave a victim unattended unless handling a critical threat

The responding officer, if time permits, may also ask the victim the following questions about the sexual assault. If the victim presents at the hospital first, questioning should be conducted by a single officer with an advocate present (if victim chooses), in the greatest privacy available at the hospital. Questioning should be limited in scope to crucial information immediately needed by law enforcement. Officers should explain that the initial interview is preliminary in nature and a follow up interview will be necessary. The follow up interview may be conducted by the same officer or by an investigator if the agency has an investigative unit. It is preferable that investigators utilize the Forensic Experiential Trauma Interview and frame questions in a trauma informed manner.

- Nature and description of the assault
- Exact location and approximate time of assault
- Name of physical description of assailant(s)
- Unusual physical characteristics of assailant(s)
- Clothing of assailant(s)
- Method of flight (car, truck, on foot, etc.)
- Description of vehicle
- Direction of flight

Augusta Judicial Circuit SART Protocol

- Name and contact information of any witnesses
- Other pertinent information as dictated by law enforcement agency
- Any weapons used in the assault or any knowledge the victim has of the suspect's history of violence or weapons possession

If the crime scene is known, an officer should be notified as soon as possible to preserve the scene.

** If a case has a military connection, whether through the victim or subject, Fort Gordon Criminal Investigative Division can also be notified for case collaboration.

RESTRICTED REPORTING

Restricted Reporting of Sexual Assault

Many sexual assault victims report the crime immediately to law enforcement. Reporting provides the Augusta Judicial Circuit criminal justice system the opportunity to offer immediate protection to the victim, collect evidence from all crime scenes, prosecute if there is sufficient evidence, and hold the offender accountable for the crimes committed. Equally important, reporting gives law enforcement the chance to identify patterns of sexual violence in our judicial circuit.

Some victims, however, are unsure, unwilling or unable to make an immediate decision about whether to participate in the criminal justice system in the traumatic aftermath of an assault. Any real or perceived pressure put on these victims to report immediately may in fact discourage future or continued involvement in the judicial system.

The Augusta Judicial Circuit Sexual Assault Protocol provides an option for Restricted Reporting for the collection, documentation and maintenance of time-sensitive evidence while allowing the victim **18 years of age and older**, time to recover, consider her/his options, or even arrange for safe accommodations and economic provisions in the case of intimate partner sexual violence/domestic violence.

Victims who receive compassionate support and appropriate care at the time of the exam are more likely to engage fully with law enforcement and prosecution in the future.

Recognizing the importance of victim-centered response, this protocol establishes clear procedures to collect, document, maintain, and track evidence from an adult victim of sexual assault who is unwilling or unable to participate in the criminal justice system at the time of disclosure. If and when the victim is ready to convert to a standard reporting method, this crucial evidence may then be used in prosecution.

The RCSAS Victim Advocate provides essential support to victims of sexual assault and should be called to each and every sexual assault case that presents in the hospital emergency rooms and/or clinics. In the Augusta Judicial Circuit, Victim Advocates from RCSAS are on call 24 hours a day. They are trained to assess victim needs and to provide crisis intervention, advocacy, information, referrals and support. Victim advocates are an important resource for explaining victim rights. They assess ongoing victim safety issues and provide referrals to medical, counseling and social service resources. Additionally, they serve as important liaisons with trained medical

Augusta Judicial Circuit SART Protocol

providers (SANE, MD, DO, NP, PA), law enforcement officers and prosecutors throughout the criminal justice process.

- The RCSAS Victim Advocate will provide crisis intervention, support, and referrals to the patient/victim and to family and friends.
- The RCSAS Victim Advocate can be present while the trained medical provider (SANE-A, MD, DO, NP-C, PA) conducts the medical and forensic history, and the exam, with consent from the victim.
- If time and situation permit, the RCSAS Victim Advocate can be present while the Officer conducts the initial victim statement with consent from the victim.
- The RCSAS Victim Advocate will determine the need for safety planning and will assess whether the patient/victim is in need of food, clothing, shelter, transportation, and will access or assist in accessing services and/or resources.
- The RCSAS Victim Advocate can be present while the Investigator conducts the comprehensive interview with consent from the victim
- In the event the patient/victim chooses the **Restricted Report**, the RCSAS Victim Advocate will provide information on evidence holding period and timeline and method for future contact. A **Restricted Report Consent for Collection, Documentation and Release of Evidence and Information** will be signed by the victim/patient and witnessed by a healthcare professional. (See Appendix A for Consent Form)
- In a case of Restricted Reporting, four (4) weeks prior to the end of the one (1) year evidence-holding period, the RCSAS staff designee will contact the victim, if consent was given, to remind the victim of the evidence holding period and timeline.
- A victim who has made a Restricted Report can choose to convert to an unrestricted report by contacting Law Enforcement or RCSAS at any time.
- The RCSAS staff designee will contact the law enforcement agency holding the **Restricted Georgia Bureau of Investigation, Division of Forensic Sciences, Sexual Assault Evidence Collection Kit** stored in their evidence room and relay the case number information. The law enforcement agency will proceed with the investigation as an unrestricted report.

PROSECUTION/JUDICIAL PROCEEDINGS

The role of the District Attorney's office is to protect the rights of the victim while holding the offender accountable. Prosecutors should work in a collaborative fashion with law enforcement, medical forensic examiners and victim advocates. Prosecutors will operate under the guidelines established by *The Georgia Crime Victim's Bill of Rights* (O.C.G.A. § 15-17-1) that state, for example, that victims have the right,

- To be treated fairly and with dignity by all criminal justice agencies involved in the case
- To proceedings free from unreasonable delay
- To reasonable, accurate and timely notice of any court proceeding where the release of the accused will be considered
- To reasonable, accurate and timely notice of any court proceedings or any changes to such proceedings, including restitution hearings

Augusta Judicial Circuit SART Protocol

- To reasonable, accurate and timely notice of the accused release and/or monitoring program
- To be present at all criminal proceedings in which the accused has a right to be present
- To NOT be excluded from any scheduled court proceedings, except as provided in O.C.G.A. § 17-17-1 or otherwise provided by law
- To a waiting area, during judicial proceedings, that is separate from the accused and his or her relatives, friends and witnesses
- To be reasonably heard at any scheduled court proceedings involving the release, plea or sentencing of the accused
- To complete a Victim Impact Statement and have it presented to the court prior to the trial or plea of the accused (O.C.G.A. § 17-10-11)
- To refuse to submit to an interview by the accused, accused's attorney or agent of the accused.
- To a requirement by the court that defense counsel not disclose victim information to the accused (O.C.G.A. § 17-17-10)

If a victim attends any court proceeding, a victim advocate from either RCSAS and/or the Augusta Judicial Circuit District Attorney's Victim Assistance Program will accompany the victim.

Prosecutors and prosecution based advocates will adhere to best practices as outlined in the *Georgia Sexual Assault Response Team Guide*.

Augusta Judicial Circuit SART Protocol

CONCLUSION


The Augusta Judicial Circuit Sexual Assault Protocol Committee shall continue in existence and shall meet at least annually for the purpose of evaluating the effectiveness of the protocol and appropriately modifying and updating the document.

The foregoing Augusta Judicial Circuit Sexual Assault Protocol is hereby adopted and replaces any previously adopted protocol and remains in effect until such time as said protocol is amended and adopted.

This 1st day of September, 2021.

Augusta Judicial Circuit SART Protocol


APPROVED BY:



Daniel J. Craig
Chief Judge Superior Court
Augusta Judicial Circuit



Judge Carletta Sims Brown
Chief Magistrate Judge
Richmond County Magistrate Court



Judge Cynthia Kelley
Chief Magistrate Judge
Burke County Magistrate Court



Jared Williams
District Attorney
Augusta Judicial Circuit

Augusta Judicial Circuit SART Protocol

APPROVED BY:



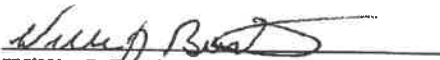
Richard Roundtree
Sheriff
Richmond County Sheriff's Office



Alfonzo Williams
Sheriff
Burke County Sheriff's Office



James Lynn
Assistant Vice President/Chief
Augusta University Public Safety
and Police



Willie J. Burley
Chief of Police
Waynesboro Police Department



Dr. Kenneth Bradshaw
Superintendent of Schools
Richmond County School System



Angela Williams
Superintendent
Burke County Public Schools

Augusta Judicial Circuit SART Protocol

APPROVED BY:



BG Paul T. Stanton
Commanding General, USA
Cyber Center of Excellence and Fort Gordon



COL Shaw S. Pick
Commander, U.S. Army Garrison
Cyber Center of Excellence & Fort Gordon



COL Heidi P. Mon
Commander
DDEAMC, Fort Gordon

Augusta Judicial Circuit SART Protocol

APPROVED BY:



James R. Davis
President and Chief Executive Officer
University Health System



Beth Danielle-Williams
Executive Director
Rape Crisis Sexual Assault Services



Doug Welch
President and Chief Executive Officer
Doctors Hospital of Augusta



D. Stephen Goggans, M.D, M.P.H
Medical Director
East Central Health District
in lieu of



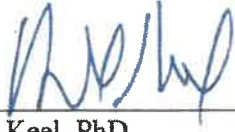
Kari Viola-Brooke
Executive Director
Child Enrichment Inc



Aimee Hall
Executive Director
SafeHomes of Augusta

Augusta Judicial Circuit SART Protocol

APPROVED BY:



Brooks A. Keel, PhD
President & Chief Executive Officer
Augusta University



Katrina Keefer
Chief Executive Officer
AU Health, Inc.

Augusta Judicial Circuit SART Protocol

The Office of the District Attorney, Augusta Judicial Circuit would like to express appreciation to the SART protocol committee for their dedication, support, and guidance demonstrated in updating the Augusta Judicial Circuit Sexual Assault Response Protocol.

SART Protocol Committee Members:

Tom Digsby
Victoria Franz
Lynne Giles
Linda Graves
Aimee Hall
Rebecca Kershner
Shelli Larkin
Patrick Morgan
Falin Syms
Kari Viola-Brooke
Beth Danielle-Williams

APPENDIX A: CONSENT for RESTRICTED REPORT

**Consent for Collection, Documentation, Release of Evidence, and Information for a Restricted Report following the Augusta Judicial Circuit SART protocol
***To be completed at hospital for RCSAS**

I, _____, request a sexual assault medical forensic examination to assess and document injuries and collect evidence, but I do not want to speak with law enforcement at this time. I understand that a Restricted Report means that I may have evidence collected without having to speak with law enforcement or participate in the criminal justice system until I am ready to do so.

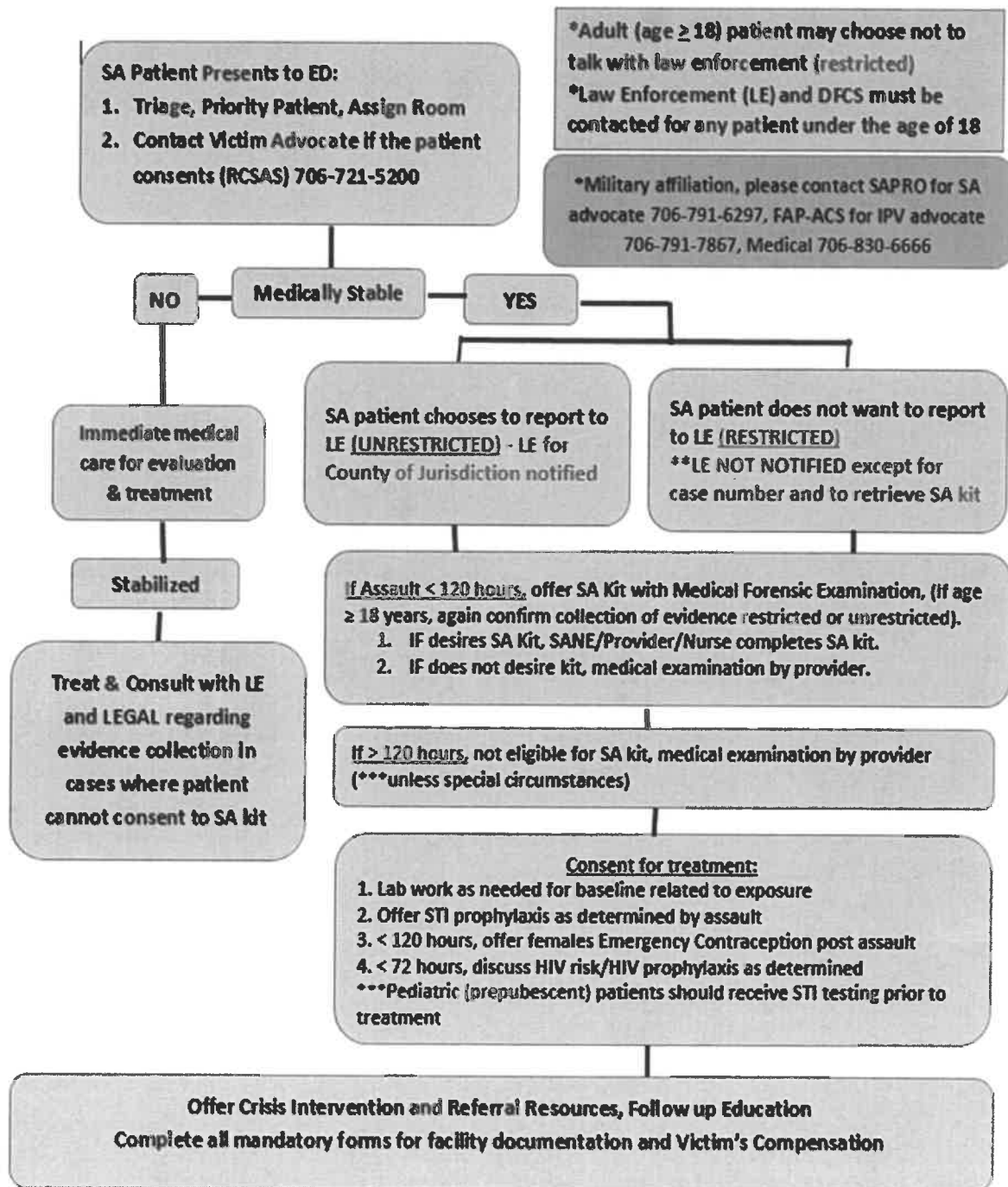
<p>Patient Consent:</p> <p>I have read and have had the following explained to me and I understand:</p> <p>Cost I will not be billed for the forensic examination. I can request that my insurance company is not billed for the forensic examination.</p> <p>Speaking with Law Enforcement By not talking with law enforcement now, I understand that the opportunity to collect evidence from the suspect and other crime scenes may be permanently lost. I understand that this may make it more difficult to prosecute a case if I do decide to report later.</p> <p>My Medical Records In accordance with HIPAA, the hospital will keep information from the forensic medical examination as part of my medical record. My medical records remain private in accordance with the law and hospital privacy practices.</p> <p>Evidence Storage Evidence collected today will be stored by the law enforcement agency where the incident took place for <u>one (1) year</u>. I understand that some information will be kept by law enforcement and Rape Crisis and Sexual Assault Services.</p> <p>Contacting Law Enforcement or Rape Crisis and Sexual Assault Services:</p> <p>If I decide to change my report at a later date, I need to call Rape Crisis and Sexual Assault Services at (706) 724-5200 and ask for staff or the law enforcement agency where the incident took place. Tell them I had evidence collected as a Restricted Report and wish to change it to a Standard Report. The staff will help match my information to the evidence stored with law enforcement as a Restricted Report.</p> <p>Contact Information:</p> <p>If I choose not to speak with law enforcement, the evidence will be destroyed after one (1) year. If I provide contact information, a staff person from Rape Crisis and Sexual Assault Services will try and reach me four (4) weeks before the evidence is destroyed. If I cannot be reached after three attempts, the evidence will be destroyed without further notification. CASE NUMBER: _____</p> <p>Would you like a Rape Crisis and Sexual Assault staff person to contact you before your evidence is destroyed? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p> <input type="checkbox"/> Cell Phone _____ May we leave a message? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Landline Phone _____ May we leave a message? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Email Address _____ May we send a message? <input type="checkbox"/> YES <input type="checkbox"/> NO </p>
--

I give the hospital permission to collect and transfer my forensic medical evidence and all other related forms to the Law Enforcement agency with jurisdiction to be stored in their evidence room. The Law Enforcement agency has not been given the right to view my forensic medical record or analyze the evidence. I understand that if I do not report the crime to Law Enforcement within one (1) year the evidence will be destroyed.

_____ Printed Name of Patient	_____ Date	_____ Time
_____ Signature of Patient	_____ Date	_____ Time
_____ Printed Name of SANE/SAFE/RN	_____ Date	_____ Time
_____ Signature of SANE/SAFE/RN	_____ Date	_____ Time

APPENDIX B: SART ALGORITHM

Sexual Assault (SA) Algorithm for Adolescents and Adults



The algorithm is not intended to include all the triage issues, medical evaluations, tests, and follow-up that may be necessary for appropriate care of an individual patient. The timing of the exam, as well as the extent of the exam, depends on the detail and clarity of the history, as well as physical signs and symptoms. Not all the steps outlined will be appropriate for every patient.

**APPENDIX C: PROCEDURES for CORRECTIONAL FACILITIES IN AUGUSTA
JUDICIAL CIRCUIT RECEIVING REPORTS OF SEXUAL ASSAULTS**

- Any time that an incident or allegation of sexual assault/abuse is discovered or reported at a state correctional facility, the Georgia Department of Corrections (GDC) policies and procedures will be initiated in accordance with the standards set forth in the Prison Rape Elimination Act (PREA).
- GDC has a contract in place for a SANE to be contacted, who will then report to the correctional facility to conduct the medical forensic examination and evidence collection kit. The evidence collection kit is then turned over to a GDC criminal investigator.
- GDC facilities are required to have an MOU with an outside agency or have a qualified in-house advocate available, if an inmate should request advocacy services related to sexual assault/abuse.

APPENDIX D: PROCEDURES for PUBLIC SCHOOLS RECEIVING REPORTS OF SEXUAL ASSAULTS

Child Abuse or Sexual Assault

- It is the duty of all employees and volunteers to promptly report any sexual abuse to the person in charge of the school or the designated delegate, and the person so notified shall report or cause a report to be made pursuant to O.C.G.A § 19-7-5.
- Upon receipt of this information, the person in charge of the school or the designated delegate shall notify the Division of Family and Children Services of the Department of Human Services (DFCS), to appropriate law enforcement authority or district attorney and the Superintendent **immediately**; but in no case later than twenty-four (24) hours from the time of the receipt of the information.
- Under no circumstances shall any person in charge of the school, or the designated delegate to whom such notification has been made exercise any control, restraint, or modification or make any other change to the information provided by the reporter, although “each of the aforementioned” persons may be consulted prior to the making of the report and may provide any additional, relevant, and necessary information when making the report.
- Any time that an incident or allegation of sexual abuse is discovered or reported within 120 hours of the incident, Burke and Richmond County Public Schools will contact law enforcement. RCSAS may be contacted to facilitate arrangements for the victim of sexual abuse to be seen at a hospital emergency department for a forensic medical examination by a SANE, physician, nurse practitioner or physician’s assistant (“PA”) trained in performing such specialty examinations. s
- Refer to the Augusta Judicial Circuit Child Abuse Protocol and/or the Multi-Disciplinary Case Review Team’s Investigative Protocol.

APPENDIX E: PROCEDURES for EMPLOYEES OF DEPARTMENT OF PUBLIC HEALTH: EAST CENTRAL HEALTH DISTRICT RECEIVING REPORTS OF SEXUAL ASSAULT

East Central Health District recognizes that sexual assault is a serious epidemic in our country. By virtue of our role in the community, Public Health staff are in a position that allows clients, whether children or adults, to disclose this serious offense. When a report of sexual assault is received, the Public Health staff must provide appropriate care to the victim.

- In the event a Public Health Department employee or volunteer receives a report of a sexual assault incident, law enforcement (LE) shall be contacted immediately, either by the receiving staff directly or through the District Health Director, in accordance with O.C.G.A § 31-7-9 mandating all non-accidental injuries be reported.
 - Adult patients will retain the right not to initiate, participate in, and/or cooperate with any law enforcement investigation of such assault; this does not negate your duty to notify LE.
- It is the duty of all employees and volunteers to promptly communicate any reported incidents of sexual assault to the District Health Director, no later than twenty-four (24) hours from the receipt of the information.
- With client consent, contact Rape Crisis and Sexual Assault Services (RCSAS) 24-hour crisis hotline at 706-724-5200 to speak with a Rape Crisis Staff member.

APPENDIX F: PROCEDURES FOR WORKING WITH CLIENTS WHO IDENTIFY AS MILITARY PERSONNEL, MILITARY DEPENDENTS AND DOD CIVILIAN PERSONNEL

1. Sexual Harassment/Assault Response and Prevention (SHARP) PROGRAM –

The Army's SHARP Program falls under the overarching Department of Defense (DoD) program to prevent and respond to sexual assault in the military. The SHARP program fosters a culture free from harassment and assault through prevention, education, and training. The program responds to victims of sexual harassment and assault with victim support, advocacy services, and reporting options with a focus on safety and well-being.

SHARP Program Eligibility:

- Services Members
- Dependent Family Members who are 18 years or older
- Limited services offered to DoD Civilians / contractors supporting the military overseas, in emergency situations
- *Note: The SHARP Program cannot assist minors or intimate partners, to include married couples, couples who live together, or those who have a child together (past or present). These cases will be referred to the Family Advocacy Program*

SHARP Program Tenants:

- Victim-focused, gender-responsive, culturally competent, and recovery-oriented
- Standardized requirements, terminology, guidelines, protocols, and training
- Focus on awareness, prevention, and response
- Safety assessments and High-Risk Response Team
- Protection from reprisal, ostracism and retaliation
- Timely, prioritized access to comprehensive medical / psychological treatment

Sexual Assault Reporting Options:

- **Restricted Reporting:** Eligible individual may confidentially disclose details of his/her sexual assault without triggering a law enforcement investigation or report to Command.
 - A military Sexual Assault Response Coordinator, a military Victim Advocate, or on-post healthcare personnel **only** can take a restricted report
 - Victims are eligible for all medical treatment, counseling and advocacy services
 - Allows access to the CATCH Program, which lets victims confidentially submit an entry of offender or incident information into a database for the purpose of identifying individuals suspected of multiple assaults
- **Unrestricted Reporting:** Eligible individual may report his/her sexual assault and initiate an official investigation.
 - Those listed above, in addition to law enforcement, legal office and chain of command, can take this report
 - Victims are eligible for all medical treatment, counseling and advocacy services

Augusta Judicial Circuit SART Protocol

- A victim may receive a military protective order, or exercise their right to an expedited transfer. An expedited transfer allows a victim to request to permanently move to another duty station that may better support their healing
- These cases are followed at a monthly review board

RESTRICTED REPORT	UNRESTRICTED REPORT
SERVICES	
<ul style="list-style-type: none"> ■ Access to medical, advocacy, legal, and counseling services. ■ Receive the Sexual Assault Forensic Examination (SAFE). ■ Control the release of personal information. ■ Can change to an unrestricted report at any time. ■ Special victims' counsel. 	<ul style="list-style-type: none"> ■ Access to medical, advocacy, legal, and counseling services. ■ Receive the SAFE. ■ Alleged offender may be held accountable. ■ Command support. ■ Can receive protective order (military protective order [MPO] or civilian protective order [CPO]). ■ Special victims' counsel.
LIMITATIONS	
<ul style="list-style-type: none"> ■ The alleged offender will not be held accountable. ■ Ineligible for expedited transfer or reassignment. ■ No command support. ■ Cannot receive a protective order. ■ Chaplains and Special victims' counsel cannot file a report, but information shared remains confidential. 	<ul style="list-style-type: none"> ■ More people will know about the sexual assault. ■ The investigation may require discussion of personal matters. ■ <u>Cannot change to a restricted report.</u>
WHO CAN ACCEPT A REPORT	
<ul style="list-style-type: none"> ■ Sexual Assault Response Coordinator (SARC). ■ Victim Advocate (VA). ■ Healthcare personnel. 	<ul style="list-style-type: none"> ■ <u>Commander.</u> ■ Criminal Investigation Division (CID). ■ Judge Advocate General (JAG). ■ Inspector General (IG). ■ SARC. ■ VA. ■ Healthcare personnel.

Note: Whether a restricted report, unrestricted report, or no report is filed, all victims may consult a lawyer assigned only to sexual assault victims, known as a Special Victims' Counsel

Advocacy Roles:

- Sexual Assault Response Coordinator (SARC):
 - Single point of contact for awareness, prevention, and response training
 - Coordinates medical treatment, including emergency care, for victims
 - Tracks services from initial report through final disposition and resolution
 - Supervises Victim Advocates, may perform victim advocacy duties
 - Credentialed and bound by code of ethics
- Victim Advocate (VA):
 - Non-clinical crisis intervention and ongoing support
 - Referrals for available options and resources
 - Liaison assistance with other organizations and agencies
 - Reports directly to the SARC when performing advocacy duties
 - Credentialed and bound by code of ethics

Augusta Judicial Circuit SART Protocol

Sexual Harassment Types and Categories:

- Types:
 - Quid Pro Quo: Conditions placed on a person's career or terms of employment in return for favors
 - Hostile Environment: Occurs when individuals are subjected to offensive, unwanted and unsolicited comments or behaviors of a sexual nature
- Categories:
 - Verbal, non-verbal, physical contact
 - *Note: If the groin, buttocks, inner thigh or breast are touched, this is sexual assault, not physical sexual harassment*

Reporting Options:

- Anonymous: These complaints are formally investigated while maintaining anonymity of the complainant. May be submitted via the hotline phone or other anonymous methods
- Informal Complaint: Made with the Brigade SARC and are not to be formally investigated by Command. The Complainant can reach a resolution of issue and the complaint, as well as the offender, are documented in a database.
- Formal Complaint: Made in writing and will be formally investigated. Command will be aware of the issue; the offender and complaint are documented in a database

SEXUAL HARASSMENT

DEFINITION

Unwelcomed sexual advances, requests for sexual favors, verbal comments, and physical conduct of a sexual nature where submission to or rejection of them can impact or interfere with someone's job, pay, or career. Guidelines apply 24/7, on or off-installation.

TWO TYPES

QUID PRO QUO:

Conditions placed on a person's career or terms of employment in return for sexual favors.

HOSTILE ENVIRONMENT:

When personnel are subjected to offensive, unwanted, and unsolicited comments or behaviors of a sexual nature.

THREE CATEGORIES

VERBAL: Jokes, comments, whistling, or pet names.

NONVERBAL: Staring, displays, messaging, or music.

PHYSICAL CONTACT: Touching, cornering, or kissing.

REPORTING OPTIONS

ANONYMOUS: Encourages reporting and keeps anonymity.

INFORMAL: Direct approach, third party, or chain of command.

FORMAL: File complaints with commanders/SARCs (Soldiers) or Equal Employment Opportunity office (Civilians).

SEXUAL HARASSMENT is punishable with the full range of administrative, non-judicial, and judicial actions.

Augusta Judicial Circuit SART Protocol

Retaliation: Retaliation will not be tolerated. All reports of retaliation should be reported and will be investigated by the Inspector General.

24/7 Response Capability: All military stations have a 24/7 SHARP Hotline, where individuals can report sexual assault or sexual harassment. Fort Gordon's 24/7 hotline is manned by a credentialed and trained VA who can preserve all reporting options. Any victim of sexual harassment or assault who wishes to make a report or needs guidance should reach out to the hotline.

Hotline and Points of Contact:

- Fort Gordon 24/7 SHARP Hotline: 706-791-6297
- Fort Gordon Installation Lead SARC: 706-791-9556 / 706-524-1687
- Fort Gordon Installation SHARP Program Manager: 706-791-9846 /706-339-8149
- DoD Safe Helpline: 877-995-5247

2. FAMILY ADVOCACY PROGRAM –

The Army Community Service (ACS), Family Advocacy Program (FAP) has Victim Advocates that respond to physical, emotional and sexual abuse between intimate partners that are 18 years old or older. Intimate partners are considered to be a current or former spouse, person with whom the abuser shares a child in common, or a current or former intimate partner with whom the abuser shares or has shared a common domicile. The Victim Advocates are trained professionals who provide non-clinical advocacy services and support to Service Members and their Family Members experiencing domestic abuse. Victim Advocates are on-call 24 hours a day/7 days a week to provide crisis intervention, safety planning, non-judgmental support, assistance in securing medical treatment for injuries, information on legal rights and proceedings, and referrals to military and civilian resources. The on-call Victim Advocate will empower clients to make informed and independent decisions to support their recovery process.

The Medical Command (MEDCOM), Family Advocacy Program Clinicians provide clinical support to victims of domestic abuse, child abuse and child neglect.

Responsibilities of the Domestic Abuse Victim Advocates include:

- Crisis intervention and non-clinical support
- Safety assessment and planning
- Information on the Transitional Compensation Program
- Coordination of emergency services; transportation, housing, food, etc.
- Assistance in obtaining protective orders
- Accompaniment throughout the medical, investigative and legal processes
- Representation of victims' interests at Family Advocacy Case Review Committee meetings
- Information and referral

Reporting Options:

Augusta Judicial Circuit SART Protocol

Service Members and Family Members who experience domestic abuse are encouraged to report the incident to a Victim Advocate to access the full range of supportive services, including:

Restricted Reporting – Allows victims the option of receiving medical treatment, advocacy and counseling without triggering the official investigation or Command involvement.

Unrestricted Reporting – Victims receive medical treatment, advocacy, counseling, and an official investigation of the allegation. This option allows the widest range of rights and protections to the victim.

Contact Information:

- ACS FAP: (706) 791-3579
- MEDCOM, FAP Clinical: (706) 787-3656
- Domestic Violence Hotline: (706) 791-STOP (7867)

3. MEDICAL MANAGEMENT –

Dwight D. Eisenhower Army Medical Center (DDEAMC) is the Military Treatment Facility (MTF) located on Fort Gordon, GA. DDEAMC provides the medical response in accordance with the department of defense (DOD) and congressional mandates for victims of sexual assault, intimate partner and other forms of violence within the military and to those affiliated with the military services. DDEAMC has a full-service Emergency Department staffed 24/7/365 days a year and offers Forensic Healthcare Examinations (FHEX) for sexual and physical abuse by trained and certified personnel to all beneficiaries and Tricare eligible patients regardless of occurrence of abuse/assault (on post/off post etc). This includes:

- Active duty service members from all service components (Army, Air Force, Navy, Space Force, and Coast Guard)
- Active duty adult and child dependents
- Retirees, and their adult and child dependents
- Reservists and National Guard Members on orders
- Civilian emergencies (if abuse occurs on Ft Gordon)
- Male, Female, & Gender-neutral exams provided

The Forensic Healthcare Examination for Sexual Abuse for Adults (FHEX) is offered to adult patients with a disclosure of sexual abuse up to 168 hours (7 days) after an assault. The exam includes (with the consent of the patient)

- SHARP/SAPR/FAP or other advocacy service as applicable:
 - Restricted and Unrestricted reporting options
- Medical Examination, documentation and treatment
- Forensic Examination and photography
- STI prophylaxis, HIV PEP and Emergency Contraception (if indicated and within medically appropriate windows)
- Scheduled follow-up & photography as needed
- Referrals for specialty care as indicated and coordination with Primary Care Provider

Augusta Judicial Circuit SART Protocol

The Forensic Healthcare Examination for Sexual Abuse for Adolescents (FHEX) is offered adolescent patients (ages 12-17) with a disclosure of sexual abuse up to 168 hours (7 days) after an assault. The exam includes with the consent/assent (when applicable) of the patient:

- Referral to FAP and DFACS/CPS (mandatory)
- Law Enforcement Notifications (mandatory)
- Other advocacy services as applicable (ex: RCSAS)
- Medical Examination, documentation, testing, and treatment (as necessary)
- Forensic Examination and photography
- STI prophylaxis, HIV PEP and Emergency Contraception (if indicated and within medically appropriate windows)
- Scheduled follow-up & photography as needed
- Safety Planning in conjunction with other services
- Referrals for specialty care as indicated and coordination with Primary Care Provider

The Forensic Healthcare Examination for Acute Pediatric Sexual Assault (FHEX-APSA) is provided for pediatric patients (ages 0-12) with a disclosure or suspicion of sexual abuse up to 72 hours (3 days) after an assault. The exam includes with the consent (when applicable) of the parent/guardian & assent of patient:

- Referral to FAP and DFACS/CPS (mandatory)
- Law Enforcement Notifications (mandatory)
- Other advocacy services as applicable (ex: RCSAS)
- Medical Examination, documentation, testing and treatment (as necessary)
- Forensic Examination and photography
- STI prophylaxis, HIV PEP and Emergency Contraception (if indicated and within medically appropriate windows)
- Scheduled follow-up & photography as needed
- Safety Planning in conjunction with other services
- Referrals for specialty care as indicated and coordination with Primary Care Provider

The Historic Forensic Healthcare Examination for Pediatric Sexual Assault (FHEX-HPSA) is provided to a pediatric patient (ages 0-17) with a disclosure or suspicion of historical sexual abuse. The exam includes with the consent (when applicable) of the parent/guardian & assent of patient:

- Referral to FAP and DFACS/CPS (mandatory)
- Law Enforcement Notifications (mandatory)
- Other Advocacy services as applicable (ex: RCSAS)
- Medical Examination, documentation, testing and treatment (as necessary)
- Forensic Examination and photography
- Scheduled follow-up & photography as needed
- Safety Planning in conjunction with other services
- Referrals for specialty care as indicated and coordination with Primary Care Provider

Augusta Judicial Circuit SART Protocol

The Forensic Healthcare Examination for Intimate Partner Violence (FHEX-IPV) is offered to patients with a disclosure of abuse within an intimate relationship. The exam includes (with the consent of the patient):

- Medical Examination, documentation and treatment
- FAP notification or other advocacy service as eligible
 - (Restricted and Unrestricted reporting options)
- Forensic Examination and photography
- STI prophylaxis, HIV PEP and Emergency Contraception (if indicated and within medically appropriate windows)
- Referrals for specialty care as indicated and coordination with Primary Care Provider
- Scheduled follow-up & additional photography if indicated

The Forensic Healthcare Examination for Child Physical Abuse is offered to patients with a disclosure or suspicion of child physical abuse. The exam includes with the consent (when applicable) of the parent/guardian & assent of patient:

- Referral to FAP and DFACS/ CPS (mandatory)
- Law Enforcement Notifications (mandatory)
- Medical Examination & documentation, testing and treatment (as necessary)
- Forensic Examination and photography
- Scheduled follow-up & photography as needed
- Safety Planning in conjunction with other services
- Referrals for specialty care as indicated and coordination with Primary Care Provider

Any Tricare eligible (military beneficiary) patient can be transferred to DDEAMC ED for an acute forensic examination if the patient desires (contact either the on call FHE/SAMFE or the ED MD). To request a historic examination, contact the Forensic Healthcare Nurse Case Manager or Medical Director to schedule/coordinate.

For immediate assistance with medication procurement (HIV PEP/Emergency Contraception), contact the on-call FHE/SAMFE or the ED MD. For follow up appointments, repeat photography or military work excuses (quarters) to maintain confidentiality contact the on-call FHE/SAMFE (after hours) or the FHE Medical Director (during normal duty hours).

The Forensic Healthcare Medical Management hours are M-F 0700-1530. After hours, the on-call FHE/SAMFE is available 24/7. The DDEAMC Forensic Healthcare Team coordinates closely with the SART community partners and can be reached at the following numbers:

Forensic Healthcare Medical Director/
FHE/SAMFE Program Manager: (office) 706-787-2921, (cell) 706-831-4934
Forensic Healthcare Nurse Case Manager: (office) 706-787-0983, (cell) 706-831-4941
On-Call FHE/ SAMFE: (cell) 706-830-6666
DDEAMC Emergency Department (ED) 706-787-9285

APPENDIX H: PROCEDURES FOR AUGUSTA UNIVERSITY TITLE IX SEXUAL MISCONDUCT POLICY

In accordance with federal and state law, including Title IX of the Education Amendments of 1972 (“Title IX”) and Title VII of the Civil Rights Act of 1964 (Title VII), Augusta University (AU) prohibits discrimination on the basis of sex in any of its education programs or activities or in employment. Under Title IX, discrimination on the basis of sex can include sexual harassment, dating violence, domestic violence, stalking or sexual violence, such as rape, sexual assault, sexual battery, and sexual coercion.

Augusta University is committed to ensuring the highest ethical conduct of the members of its community by promoting a safe learning and working environment. When Sexual Misconduct does occur, all members of the AU community are strongly encouraged to report it promptly through the procedures outlined in the Sexual Misconduct Policy for Students and Employees. A fair, prompt, and equitable resolution of reports will be provided.

Once the Title IX Coordinator has received information regarding an allegation of Sexual Misconduct, the parties will be provided written information about support services. Support services are non-disciplinary, non-punitive individualized services offered as appropriate, as reasonably available, and without charge that are made available to the Complainant and Respondent before or after the filing of a complaint or where no complaint has been filed. Support services include counseling, advocacy, housing assistance, academic support, disability services, health and mental services, and other services, available at the institution.

Interim measures may also be implemented at any point after AU becomes aware of an allegation of sexual misconduct and should be designed to protect any student or other individual in the AU community. Such measures are designed to restore or preserve equal access to the education or work program or activity without unreasonably burdening the other party, including measures designed to protect the safety of all parties or the campus community, or deter Sexual Misconduct and retaliation. Interim measures will be provided consistent with the provisions in applicable Board and institutional policies and procedures.

Students and employees found in violation of the university’s code of conduct can face sanctions that limit their participation in academics, athletics and other campus activities, or if the conduct violation warrants, dismissal or termination from the university.

For all students and employees, reports can be made by:

- Contacting AUPD at 706-721-2911
- Calling the Title IX Coordinator at 706-721-5144 or 706-721-0900
- Emailing the Title IX Coordinator at Title_IX@augusta.edu
- Visiting in person at the Compliance and Risk Management Department, Annex I, Suite 3000
- Submitting an online report form

Augusta University Resources:

- Student Counseling and Psychological Services – 706-737-1471
- Student Health Services – 706-721-3448
- Augusta University Police Department – 706-721-2911
- Employee Relations – 706-721-6197

Augusta Judicial Circuit SART Protocol

APPENDIX I: REFERENCES:

- Augusta Judicial Circuit Protocol, State of Georgia. Multidisciplinary Investigation & Prosecution of Child Abuse, Sexual Abuse & Sexual Exploitation. October 17, 2019.
- Campbell, R. (2008). The psychological impact of rape victims' experiences with the legal, medical, and mental health systems. *American Psychologist*, 68, 702–771.
- Campbell, R., Patterson, D., Bybee, D. (2012). Prosecution of adult sexual assault cases: A longitudinal analysis of the impact of a sexual assault nurse examiner (SANE) program. *Violence Against Women*, 18, 223–244.
- Child Enrichment, Inc. Child Advocacy Center. Multidisciplinary Case Review Team's Investigative Protocol. October 2014.
- Cyber Center of Excellence, Fort Gordon, *Sexual Harassment/Assault Response and Prevention Standard Operating Procedures*. 1 February 2019.
- Georgia SART Guide: Sexual Assault Response Teams Guide, a multidisciplinary victim-centered approach for responding to victims of sexual assault. July 2021, version 2. <https://svrga.org/sites/default/files/docs/field/resources/2021sartguidev2-final.pdf>.
- Gray-Eurom K, Seaberg DC, Wears RL. (2002). The prosecution of sexual assault cases: correlation with forensic evidence. *Annals of Emergency Medicine*, 39(1):39-46.
- Greeson, M and Campbell, R. (2012) Sexual Assault Response Teams (SARTs): An Empirical Review of Their Effectiveness and Challenges to Successful Implementation. *Trauma Violence Abuse*, April 2013 14(2):83-95. doi: 10.1177/1524838012470035.
- International Association of Forensic Nursing (IAFN), *Non-fatal Strangulation Documentation Toolkit*. November 2016.
- Medical Management of Sexual Assault Victims and Assailants, DDEAMC Regulation 40-25, March 2021.
- National Sexual Assault Resource Center, *Sexual Assault Response Team Toolkit*. (2018). <https://www.nsvrc.org/sarts/toolkit>.
- Official Code of Georgia, O.C.G.A. 17-5-72. Right to free forensic medical examination. "Amended by 2011 Ga. La" Ga. Code § 17-5-72. <http://crimevictimscomp.ga.gov/wp-content/uploads/2019/10/FME-Policy-and-Procedures-Updated-version-10.16.19-004.pdf>
- Seidman, I., Pokorak, J. J. (2011). Justice responses to sexual violence. In Koss, M. P., White, J. W., Kazdin, A. E. (Eds.), *Violence against women: Navigating solutions* (vol. 2, pp. 137–157). Washington, DC: American Psychological Association.

Augusta Judicial Circuit SART Protocol

Sexual Misconduct Policy for Students and Employees, Statement Policy, Augusta University, August 31, 2020. [Sexual Misconduct Policy for Students and Employees.](#)

United States Army Garrison. (2020). Garrison Commander's Policy Memorandum No. 17. Family Advocacy Program. Fort Gordon, GA:
https://home.army.mil/gordon/application/files/8715/9792/9567/Garrison_Commanders_Policy_Memorandum_No._17_-_Family_Advocacy_Program.pdf.

U.S. Department of Justice, Office of Justice Programs, National Institute of Justice, *National Best Practices for Sexual Assault Kits: A Multidisciplinary Approach*. August 2017.

U.S. Department of Justice, Office on Violence Against Women, *A National Protocol for Sexual Assault Medical Forensic Examinations. Adults/Adolescents*. 2nd edition, April 2013.

U.S. Department of Justice, Office on Violence Against Women, *A National Protocol for Sexual Assault Medical Forensic Examinations. Pediatrics*. April 2016.

*U.S. Department of Justice, Office on Violence Against Women, *National Training Standards for Sexual Assault Medical Forensic Examiners*. 2nd edition, August 2018.

V Corum, JC. (2014). Forensic Analyst's Perspective: Sexual Assault Kits under the Microscope. *Journal of Forensic Nursing*. 10(1), 50-56.

*Wieczorak, K. (2013). Anatomy and physiology. In T. Henry (Ed.) *Atlas of sexual violence* (45-64). St. Louis, MO: Mosby, Inc.

*Zweig, J., Newmark, L., Raja, D., & Denver, M. (2014). *Assessing sexual assault medical – forensic exams: Victims face barriers*. Washington, DC: Urban Institute.