

IN THE SUPERIOR COURT OF THE OGEECHEE JUDICIAL CIRCUIT
(Counties of Bulloch, Effingham, Screven, and Jenkins)

STATE OF GEORGIA

In Re:

Sexual Assault Protocol

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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 December 11, 2023, 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 Ogeechee Judicial Circuit, First Judicial District of the State of Georgia.

NOW THEREFORE IT IS HEREBY ORDERED, the attached document is 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 Bulloch, Effingham, Screven, and Jenkins.

SO ORDERED, this 28 day of December, 2023



F. GATES PEED

Chief Judge

Ogeechee Judicial Circuit

Ogeechee Judicial Circuit

Sexual Assault Response Team Protocol

The **SEXUAL ASSAULT RESPONSE TEAM (SART)** is a collaborative response to victims of sexual assault by Law Enforcement Officials, The Teal House, Medical Staff, Victim Advocates, and Prosecutors.

The following protocol has been developed in cooperation with the Office of the District Attorney, The Teal House, Sexual Assault Nurse Examiners (SANE) and their supervising physician, Bulloch County Sheriff's Office, Statesboro Police Office, Effingham County Sheriff's Office, Screven County Sheriff's Office, Jenkins County Sheriff's Office, and medical representatives. The SART consists of one or more representatives of the aforementioned agencies.

Purpose of Protocol

The protocol is intended to:

- Facilitate the provision of consistent, comprehensive, sensitive, and non-judgmental treatment of victims of sexual assault as they progress through the medical, law enforcement, advocacy, and legal system;
- Standardize the collection of evidence in order to aid in the prosecution of cases; and,
- Develop a coordinated effort among health providers, law enforcement personnel, prosecutors, and victim advocates ensuring that victims receive efficient and comprehensive medical care, evidentiary examination, emotional support, and referral information.

Use of Protocol

Sexual Assault Nurse Examiners, all branches of Law Enforcement, including Prosecution, The Teal House, victim advocates, and 911 call centers will use the protocol.

Monitoring the Protocol

Members of the Sexual Assault Response Team shall meet quarterly to review the previous quarter's sexual assault investigations relative to the implementation and utility of the sexual assault protocol. Any team member involved in the investigation shall be invited to attend. The team shall then evaluate the effectiveness of the protocol and recommend measures to improve compliance; therefore, the attendance of all members is required regardless of the counties' involvement in the cases to be reviewed.

To preserve the confidentiality of the victim, investigations of sexual assault victims who decline the services of the advocate or other support services governed by this protocol will not be discussed. Details of the criminal investigation of any sexual assault will not ordinarily be discussed.

DEFINITION OF SEXUAL ASSAULT

Sexual Assault does not discriminate among race, sex, socio-economic class, or age. Persons may be sexually assaulted by strangers, acquaintances, or members of their families.

Sexual assault is defined as sexual contact or intimacy initiated by one or more persons against another without their consent. This includes instances when victims are unable to give consent due to age or mental or physical incapacity.

In Georgia, there is no one law applicable to the crime of sexual assault. Rather, there are a number of laws that apply (e.g., rape, sodomy, aggravated sodomy, statutory rape, sexual battery, aggravated sexual battery, child molestation, and aggravated child molestation).

PROCESS OF CASE MANAGEMENT

A. Sensitivity to the Needs of Victims

Ensuring that sexual assault victims will be treated with sensitivity and compassion requires that victim services, law enforcement, medical, and prosecutorial personnel be aware of the special needs of these victims.

Victims of sexual assault, like victims of other violent crimes, not only must cope with the physical trauma perpetrated against them but they must also deal with the emotional and psychological repercussions of the assault. However, because sexual assault, unlike other crimes, is such a complete and violent violation of the most intimate parts of a person's self, the emotional and psychological repercussions of a sexual assault can be devastating. The humiliation and degradation victims may feel often are compounded by feelings of guilt, because society continues to perpetuate the myth that sexual assault victims somehow are responsible for the crime committed against them. For this reason, victims of sexual assault often are reluctant to report the crime and, therefore, must receive immediate support from agency personnel if they choose to report.

While victims of sexual assault may feel guilty, frightened, ashamed, dirty, angry, anxious, embarrassed, or any number of other emotions, it is important to remember that there is no "typical" way for victims to feel, react, or look after a sexual assault. Some victims may appear to be calm while others may look visibly upset or enraged.

Victim confidentiality should be strictly protected. Professional staff should make direct inquiries of the victim regarding how to address the disclosure of confidential information. Assumptions should not be made concerning whether it is appropriate to disclose information to family, friends, or employer, about the assault or the victim's sexual preference.

The desired part of the recovery process for the individual is that others begin to view the individual as a survivor rather than a victim. Throughout the protocol, the term "victim" is used

to denote a person who has been recently assaulted. "Survivor" is used to describe a person who has begun the recovery process. A goal of affected agencies should be to assist a victim to become a survivor. Giving the victim control over decisions, where deemed appropriate, is an important part of the transition from victim to survivor.

B. First Report

The victim usually makes the first report of a sexual assault to a dispatch or communications center. Dispatch or communications staffers are critical in aiding the victim to regain control and composure after an assault.

If the victim is the caller the dispatcher should:

- Obtain the victim's name and location immediately.
- Determine if the victim is currently safe and whether or not the victim needs immediate medical attention.
- Dispatch the appropriate law enforcement units, and, if necessary, emergency medical help.
- Assure the victim that help is coming, and instruct the victim not to eat or drink, bathe, urinate, douche.
- Ask the victim if they are still wearing the same clothing they were wearing during the assault. If they are, tell the victim not to change and come as they are. If they are not wearing the same clothing, instruct the victim to leave the clothing as is.
- Advise the victim not to move or touch anything and not to disturb items used as weapons.

Once law enforcement determines that a victim advocate and/or a SANE will be needed, law enforcement will inform the dispatcher to notify The Teal House.

C. HB1297 (effective May 28, 2008) allows GA to comply with the VAWA reauthorization of 2005 that requires all states to prove in policy and practice that all victims (18 and older) have access to a forensic exam regardless of whether or not they choose to speak with law enforcement or further the case.

D. Special Circumstances

1. Non-Reporting

- a. If the victim, 18 years of age or older, calls 911 dispatch requesting a Sexual Assault Kit but doesn't want to make a report to law enforcement, dispatch is to contact the investigating law enforcement agency. Law enforcement will contact the Teal House advocate. The Sexual Assault Kit will be administered by the SANE at The Teal House or the local hospital. Evidence will be collected and labeled with the victim's information by the SANE and turned over to the responding law enforcement officer.
- b. If the victim, 18 years of age or older, comes to the hospital wanting a Sexual Assault Kit but doesn't want to make a report to law enforcement, the hospital is to contact the investigating law enforcement agency. Law enforcement will contact the Teal House

advocate. Evidence will be collected and labeled with the victim's information by the SANE and turned over to the responding law enforcement officer.

- c. If the victim, 18 years of age or older, calls the crisis line or comes to the Teal House wanting a Sexual Assault Kit but doesn't want to make a report to law enforcement, the Teal House is to contact the investigating law enforcement agency to get a case number. Evidence will be collected and labeled with the victim's information by the SANE and turned over to the responding law enforcement officer.
- d. The responding law enforcement agency will be responsible for storing evidence collected from the forensic exam to include but not limited to biological materials such as stains, fluids, or hair samples, for not less than 12 months from the date any such evidence is collected.
- e. The Criminal Justice Coordinating Council (CJCC) of Georgia will be responsible for paying for all costs associated with the forensic exam. The Teal House Inc. will be responsible for submitting the request for payment to the Georgia Crime Victims Compensation Program; otherwise, the medical facility or personnel from the Victim Witness Assistance Program will submit the request.

2. Intoxication or Incapacitation

- a. If the victim, 18 years of age or older, discloses a victimization but is incapacitated due to a medical emergency, drugs, or alcohol, and is unable to consent to an examination, the victim will be transported to a local medical facility for further medical response if deemed necessary. If further medical intervention is not necessary, but the victim is unable to consent to a pelvic exam, the SANE has the discretion to refuse to complete the exam until the victim's cognitive function is restored. As which time, the victim will be brought back to The Teal House and an examination and sexual assault kit will be done according to protocol.

E. Notification of Sexual Assault Response Team

- a. If the victim is at the medical facility:
 - The nursing staff should contact The Teal House or law enforcement.
 - The E.D. physician or physician extender will provide a medical screening examination.
 - If no treatment is indicated in the Emergency Department (ED) and a SANE is on-call, then the patient will be escorted to The Teal House by the relevant law enforcement agency for examination and evidence collection if within the 120-hour time frame. If requiring the victim to travel to The Teal House would cause further trauma or undue stress to the victim, it will be the priority of the SANE and The Teal House advocate to meet the victim at the ED if possible. Equipment used at The Teal House for medical exams can be transported to the ED.

- If the patient has obvious injuries or requires medical treatment in the Emergency Department, the law enforcement will contact the Teal House advocate who will contact the SANE. The examination will be performed at the hospital.
- b. If the victim is at the scene:
 - The incident is reported through the 911 Center and forwarded to a law enforcement agency. Uniformed patrol is dispatched to the victim.
 - Uniformed patrol advises the Supervisor of facts and the determination is made to contact the on-call detective/investigator.
 - Law enforcement will contact The Teal House staff unless there are visible physical injuries, then the victim should be transported to the nearest available medical facility capable of providing basic life support.

Law Enforcement Agency Responses

A. The Role of Law Enforcement

Law enforcement officers and detectives play a crucial role in overcoming the psychological hurdles which confront a victim and then obtaining the victim's cooperation in the assault investigation. Since a victim's ability to cope with the crime and its aftermath may prove critical to the ultimate success of criminal prosecution, it is imperative that law enforcement agencies treat the victim of sexual assault with the utmost compassion while skillfully guiding the victim's potentially uncomfortable journey through the criminal justice system.

Investigators must remain sensitive to the individuality of each victim and the massive impact a sexual assault may have upon the victim and the victim's family and friends.

An investigator should take into account not only the particular assault suffered by each victim but the victim's age, physical abilities, and culture.

B. The Responding Law Enforcement Officer

The first law enforcement officer to reach a sexual assault victim is usually a uniformed officer. This officer, as with others who investigate the case, should quickly develop a positive rapport with the victim while initiating the gathering of evidence.

1. Immediate Response

- The responding officer should first address the victim's physical and medical needs. Emergency first aid should be offered, if necessary while awaiting an emergency medical response unit.
- The responding officer should be calm, sympathetic, and understanding. To increase the victim's emotional comfort and security prior to a transfer to a medical facility/The Teal House, the officer should explain to the victim, or the minor victim's guardian, the actions anticipated on the victim's behalf, including a physical examination.

- The officer should also ask the victim to refrain from washing, showering, brushing teeth, using a mouthwash, smoking, eating, chewing gum, breath mints, hard candy, drinking, douching, urinating, or defecating to prevent the loss of valuable physical evidence. The evidentiary importance of preserving personal clothing and articles from the crime scene should be explained. Even if a victim had bathed or douched, the officer should nevertheless proceed to transport the victim to the appropriate medical facility or The Teal House
- The responding officer should also ask the victim limited questions about the sexual assault. Not more than two officers should conduct questioning in the greatest privacy available, and questioning should be limited in scope to crucial information immediately needed by law enforcement.
- The crime scene will be processed per the investigating agency's operating policy.
- The responding law enforcement officer should proceed to the medical facility or The Teal House.

1. Delayed Reporting

Forensic evidence may remain for a general time period of up to 120 hours in the victim's body or there may be evidence of tearing or other internal abrasions. For this reason, the victim should be encouraged to seek medical care.

2. The Medical Examination and Law Enforcement

Law enforcement officers should NOT be present during the medical examination of sexual assault victims unless there is a specific evidentiary, investigative, or safety necessity that requires their attendance. Any person, particularly a sexual assault victim, deserves a personal examination free of unnecessary, non-medical strangers.

3. The investigator's Role in Sexual Assault Cases

The primary investigator in a sexual assault case has a critical role in the successful prosecution of the case. The physical and emotional health of the victim must be considered at each stage of the investigation.

C. The Investigator's Response

1. The minor victim's interview at The Teal House will be video/audio recorded. Notice to the minor victim's caregiver shall be accomplished by intake paperwork stating such, printed in English or Spanish advising that the interview will be video/audio recorded and shared with MDT members.
2. The investigator may consult with the advocate to explain the actions being taken by the police and to seek their cooperation and assistance in future contacts with the victim.
3. Transportation arrangements by law enforcement will be made to a safe location for the victim.
4. The investigative personnel should verify that the chain of custody on the evidence obtained at the medical facility/The Teal House is correctly inventoried and prepared for transfer to the

crime lab if appropriate. Investigators should confirm with the evidence custodian that the evidence is transferred to the lab in a timely manner.

5. Victim Follow Up

The primary law enforcement officer and The Teal House advocate will keep in touch with the victim as needed and as is applicable for the investigation process. The primary law enforcement officer should refer the victim to Victim Witness Assistance Program advocates as determined necessary by the investigator.

6. The Case Report

The primary investigation officer in a sexual assault case has the crucial responsibility of compiling all the information learned through the investigation. The case report will be the main source of information for the prosecutors handling the case. Therefore, it is imperative that every effort is made to be as thorough, accurate, and informative as possible in building the report.

Victim Advocate Response

A. Initial Response

1. Victim Witness Assistance Program Advocate

For their safety, and to avoid interfering with the investigation, victim advocates do not go to the crime scene. Victim advocates are not investigators or attorneys and do not investigate cases or give legal advice. The role of the victim advocate should be explained to the victim. The advocate should determine whether the victim wishes to receive victim services.

Because sexual offenders may be predatory and/or serial offenders, any notification of a sexual assault to the advocate should be reported to the appropriate law enforcement agency. While the victim may decide not to pursue a criminal complaint of the incident, it may be important to other ongoing investigations that law enforcement is made aware of the assault.

2. The Teal House Advocate

Although several different agencies come in contact with the victims at various stages after the assault is reported, The Teal House is the coordinating agency for victims, providing emotional support through counseling and crisis intervention to victims and their non-offending family members. The Teal House advocate will be present during the medical exam.

Victim advocates should be concerned for the safety and well-being of the victim. The role of the victim service provider is to:

- With the consent of the victim, help identify and address the immediate concerns of the victim, (e.g., are they in a safe place, are there family and friends whom the victim wishes to

be contacted, are medical care or transportation to the hospital needed, is clothing needed to wear home from the hospital);

- Provide information to victims regarding the effects of destroying evidence, taking a bath, washing clothes;
- Provide emotional support and crisis intervention to victims and their non-offending family members; and

B. Basic Services

Advocates need to achieve an effective balance between advocating for victims and working within the parameters of the criminal justice system.

1. Basic services provided by The Teal House to victims may include:
 - On-site examination room for use by Sexual Assault Nurse Examiners for collection of evidence;
 - Video interviewing facilities for interviewing the victim;
 - Survivors will be referred to a counseling service.
 - Survivors will be offered the choice to participate in support groups provided free of charge by The Teal House
 - Information and referral to community resources; and
 - Staff or volunteers will interact with agencies, and individuals on behalf of sexual assault survivors in order to achieve a particular goal or results.
 - Accompany victims to interviews with law enforcement, prosecutors, etc. if requested by the victim.
2. Basic services provided by the Teal House advocate to victims, their families, and friends may include:
 - Accompanying a victim to a medical facility and providing support throughout the medical examination;
 - Provide clothing and hygiene items;
 - If a survivor wishes the assistance, an advocate will accompany the survivor for any follow-up medical visits;
 - Throughout and after the medical visit, advocates help survivors deal with symptoms of anxiety, fear, depression, loss of control, and decreased assertiveness;
 - An advocate may accompany the victim during initial police contact at a medical facility;
 - Survivors will be referred to a counseling service.
 - Information and referral to community resources; and
 - Staff or volunteers will interact with agencies and individuals on behalf of sexual assault survivors in order to achieve a particular goal or results.

C. Specialized Services

1. THE ELDERLY VICTIM

The individual of the sixty-plus generation came from a time when you did not lock your doors, you answered a call for help, and "bad things" never happened to good people. Sex was (is) rarely discussed openly. Many people do not report rape because of shame, humiliation, and fear of their children's reaction to the assault. They feel their children will interpret the sexual assault as not being able to "take care of themselves." Their independence is about all they have. To be forced to leave their home is far more terrifying than to wait for the rapist to return.

All dealing with this group must realize the elderly will talk waist up, never below. They will say they were beaten or robbed, never raped. These people are in shock. Medical staff must make themselves aware of the victim's age so that every possible consideration is given for a speedy professional exam. These elderly people are embarrassed; try to make them less so.

As with most other victims, the elderly victim experiences extreme humiliation, shock, disbelief, and denial. However, the full emotional impact of the assault may not be felt until after initial contact with physicians, police, legal, and advocacy groups, or later, when the victim is alone. It is at this time that older victims must deal with having been violated and possibly diseased, and they become aware of their physical vulnerability, reduced resilience, and mortality. Fear, anger, or depression can be especially severe in older victims, who many times are isolated, have no confidence, and live on meager incomes. In general, the elderly are physically more fragile than the young are, and injuries from an assault are more likely to be life-threatening. In addition to possible pelvic injury and sexually transmitted diseases, the older victim may be more at risk for other tissue or skeletal damage and exacerbation of existing illnesses and vulnerabilities. The recovery process for elderly victims also tends to be far lengthier than for younger victims. Hearing impairment and other physical conditions attendant to advancing age, coupled with the initial reaction to the crime, often render the elderly victim unable to make his or her needs known, which may result in prolonged or inappropriate treatment. It is not unusual for responders to mistake this confusion and distress for senility. Medical and social follow-up services must be made easily accessible to older victims, or they may not be willing or able to seek or receive assistance. Without encouragement and assistance in locating services, many older victims may be reluctant to proceed with the prosecution of their offenders.

2. THE DISABLED VICTIM

Criminal and sexual acts committed against the disabled (physically, mentally, or communicatively) generally are unreported and seldom are successfully prosecuted. Offenders often are family members, caretakers, or friends who repeat their abuse because their victims are not able to report the crimes against them. The difficulty of providing adequate responses to the sexual assault victim is compounded when the victim

is disabled. Some have limited mobility, cognitive defects that impair perceptual abilities, impaired and/or reduced mental capacity to comprehend questions, or limited language/communication skills to tell what happened. They may be confused or frightened, unsure of what has occurred, or they may not even understand that they have been exploited and are victims of a crime.

Disabled victims and their families should be given the highest priority. Additional time should be allotted for evaluation, medical examination, and the collection of evidence. The physically disabled victim may be more vulnerable to a brutalizing assault and may need special assistance to assume the positions necessary for a complete examination and collection of evidence.

Improvisation from normal protocol may be indicated in some instances. Any deviation from protocol should be documented and the reason(s) noted. In sexual assault cases involving the communicatively disabled victim, the use of anatomical dolls has proved to be a successful method of communication. Also, under Section 504 of the Federal Rehabilitation Act of 1973, any agency (including hospitals and police departments) that directly or indirectly receives federal assistance benefits must be prepared to offer a full variety of communication options in order to ensure that learning-impaired persons are provided effective health care services. This variety of options, which must be provided at no cost to the victim, also includes an arrangement to provide interpreters who can accurately and fluently communicate information in sign language. Finally, referrals to specialized support services and reports to law enforcement agencies are particularly necessary for the developmentally and physically disabled who may need protection, physical assistance, and transportation for follow-up treatment and counseling.

3. THE MALE VICTIM

It is believed that the number of adult male victims of sexual assault who report the crime or seek medical care or counseling represents only a very small percentage of those victimized. Although many adult males do not seek medical care unless they also have been seriously injured, male child victims are now being seen at exam sites in increasing numbers in large measure as a direct result of public education and more stringent child abuse reporting laws throughout the nation. There has been significant progress in educating the public toward understanding the concept of sexual assault of both sexes as being an act of violence. However, there remains a great reluctance on the part of most male victims to report a sexual assault. The male victim may have serious problems concerning his inability to resist the assault or confusion about the nature of his role as victim/participant because of a possible involuntary physiological response to the assault, such as stimulation to ejaculation. It is just as important for males as it is for females to be reassured that they were victims of a violent crime, which was not their fault. Clinicians should be prepared for AIDS related questions being posed by the victim. Address this issue and suggest follow-up counseling. Referral to available therapists or advocacy

groups with expertise in the area of sexual assault of males is vital to assist in the recovery process.

4. HUMAN TRAFFICKING

The Teal House (SAC) provides an assessment of the current needs of the individual to create a plan for services, which may include counseling, legal advocacy, court advocacy, housing, and employment services to assist in their recovery. Immigration referrals and services are available to victims of human trafficking. Human Trafficking victims may access all services available through the Teal House (SAC) Center. Staff collaborates with local law enforcement, Georgia Bureau of Investigation, Federal Bureau of Investigation, and the District Attorney's office to ensure confidentiality and improve service delivery, investigation, arrest, and prosecution of the case.

5. INMATE VICTIM

Overview of the Prison Rape Elimination Act - (PREA)

PREA - the Prison Rape Elimination Act (PL 108-79)13 was signed into law in September 2003 to address the problem of sexual assault of people in the custody of U.S. Correctional Agencies. Major provisions of the act include the development of standards for detection, prevention, reduction, and punishment of prison rape collection and dissemination of information on the incidence of prison rape award of grant funds to help state and local governments implement the purposes of the Act. The Act applies to all correctional and detention facilities, including prisons, jails, juvenile facilities, military and Indian country facilities, and Immigration and Customs Enforcement (ICE) facilities.

Within the prison system, the Security Director is responsible for assessing the initial reports and instituting a fact-finding response. The Security Director can ensure interviews of both parties as well as other potential witnesses. Consensual sex between inmates is not a PREA issue, but it is against the administrative rules of the institution and constitutes a rule violation. A sex offender's basic understanding of sexual assault recognizes that sex offenders are practiced liars and often have a history of manipulation. Therefore, it is imperative for the Security Director, work in concert with investigators to determine if the act was consensual.

Advocates need the cooperation of many other agencies to provide information and support; thus, networking and maintaining effective lines of communication with law enforcement, medical, prosecutorial, criminal justice, and other social service organizations are essential.

In addition, VWAP advocates and The Teal House staff and volunteers are available to speak to community groups about the issue of sexual assault and the services of the program. Staff may also provide training to law enforcement, medical personnel, prosecutors, and other agencies working with

survivors. This training covers the nature and causes of sexual assault, the emotional trauma experienced by victims, and how to provide quality services to victims.

Prosecution Response

A crime is a violation of an act prohibited by statute. A felony crime is a prohibited act, which carries a possible punishment of one year or more in the State Penitentiary. Under Georgia law, all felonies are in the jurisdiction of the Superior Court and are prosecuted by the District Attorney's Office for the Circuit in which the crime was committed. The District Attorney's Office for the Ogeechee Judicial Circuit prosecutes cases in the four counties of Effingham, Bulloch, Screven, and Jenkins.

Most crime victims regard a criminal case as their case and expect the prosecutor to pursue the case according to their wishes. Victims of sexual assault, which can include some of the most violent and traumatic cases handled by prosecutors, are no exception to this general rule. This sometimes results in conflict between the victim and prosecutor as to the appropriate resolution of the criminal case. While the victim is primarily concerned only with their case and feelings regarding the case, the prosecutor has taken an oath to uphold the Constitution and laws of the United States and the State of Georgia. The prosecutor represents the interests of the people of the State of Georgia (i.e., society as a whole) not merely the interests of the individual victim.

It is the ultimate legal responsibility of the prosecutor to determine the disposition of any case, including sexual assault crimes. It is the policy of the District Attorney's Office of the Ogeechee Judicial Circuit to make such a determination after careful consideration of the feelings and position of the victim, victim's family members, and the law enforcement investigator who has had primary responsibility for the investigation. While the majority of cases prosecuted by the District's Attorney's Office for the Ogeechee Judicial Circuit are resolved with the agreement of the victim, such cannot always be the case. In any event, it is the policy of the District Attorney's Office to explain the reasons for the disposition of cases to victims. This is especially important when the disposition is contrary to the victim's wishes. If, after hearing the reasons, a victim is not in agreement with the disposition of the criminal case, he or she always has the option of filing a civil suit against the perpetrator in which the victim will be a named party and can direct his or her private attorney as to how to proceed in that action.

Victim's Rights

A. Crime Victims' Bill of Rights OCGA 17-17-1

The bill was passed during the 1995 legislative session. In addition to increasing the amount of money applied toward a victim's medical expenses from the Victims' Compensation Fund to \$15,000, it also requires victims to be, wherever practicable, notified of the arrest of the accused, the release of the accused from custody, court proceedings, hearings, arraignment, trial, sentencing, and release or escape of the perpetrator.

B. The District Attorney's Office of the Ogeechee Judicial Circuit

In 1995, the Georgia Legislature, at the urging of victim groups and prosecutors, adopted the Crime Victims' Bill of Rights. The District Attorney's Office of the Ogeechee Judicial Circuit has continuously, since that time, paid the cost of printing and providing to local law enforcement agencies for distribution, an outline of those rights. Victim's Rights were further expanded by the Georgia legislature in 2010 wherein additional duties were placed upon the District Attorney's Office.

The first requirement for a victim to exercise his or her rights is to be made aware of those rights. The above-referenced form is given to the victim by the responding officer and includes the phone number of the District Attorney for further information. If a member of the District Attorney's Office is not called on the scene, an attempt to contact the victim of a sexual assault within 24 to 48 hours through daily examination of incident reports retrieved from the investigating law enforcement agencies.

Upon initial contact, one of the District Attorney's Victim Advocates attempts to coordinate an immediate face-to-face interview and advises the victim of his or her rights under O.C.G.A. '17-7-1, et. seq. If for any reason, the responding officer did not provide the victim rights form to the victim, the District Attorney's Victim Advocate provides that form, as well as a copy of a brochure explaining the criminal process in simple terms.

The District Attorney's Victim Advocate also explains the availability of victim compensation and is available to assist in completing the form, as well as contacting the Governor's Criminal Justice Coordinating Council division of Victim Compensation if needed. The District Attorney's Office files appeals of adverse decisions on Victim Compensation if the office believes that the denial was made in error. At the initial meeting, as well as subsequent meetings, the District Attorney's Victim Advocate refers to support services appropriate to the needs of the victim.

Whenever possible, the District Attorney's Office notifies the victim of any proceeding in which the release of the accused will be considered and offers the victim the opportunity to express his or her opinion on the release of the accused pending judicial disposition. If an accused is released on a pre-trial bond, a bond after conviction, or given a probated sentence, the District Attorney's Office requests of the Court to make "no contact with the victim, directly or indirectly," a condition of the release. The District Attorney's Office further notifies the victim of his or her right to notify the office if the accused violates the condition of release or if anyone else subjects them to threats or intimidation. Upon a victim's written complaint of such and/or other evidence produced, the District Attorney's Office can take action to petition the Court to revoke bond or probation and/or bring criminal charges against such individual.

During any hearing or trial, the District Attorney's Victim Advocate makes all reasonable attempts, consistent with Court facilities, to ensure that the victim waits in an area separate from the accused, his friends, and family.

Prior to disposition of the accuser's case, the prosecutor offers the victim the opportunity to express the victim's opinion on the disposition of the case, including plea or sentence negotiations and participation in pre-trial or post-trial diversion programs. The opportunity is given for both oral opinion and also in the form of a written Victim Impact Statement from the victim.

The District Attorney's Office notifies the victim of all hearing/court dates/post-adjudication proceedings, which can affect the custodial status or disposition of the case. This is accomplished by both telephone contact and with written notice when possible. Victims are also notified of appellate/parole decisions and where possible, the prosecutor assists the victim in communicating with both the Department of Corrections (prison system) and Parole Board. The prosecutor's office also assists the victim with enrolling in the 24-hour automated notification system operated by the Department of Corrections to notify the victim of any escapes from custody by the perpetrator.

General Procedures

After a suspect is arrested, the Magistrate Judge sends a copy of the warrant to the District Attorney. Cases are usually assigned to a specific prosecutor when the warrant is received. The District Attorney's Office for the Ogeechee Judicial Circuit primarily utilizes a vertical prosecution case-assignment system, so that the prosecutor initially assigned the case will follow it through until its conclusion in the office. However, various factors including Assistant District Attorney turnover, legal/personal conflicts, the complexity of the case, etc. may occasionally cause a change or addition to the prosecutor initially assigned the case. The latter situation is the exception, but it does occasionally happen. The ultimate assignment of prosecutors to a case is the responsibility of the elected District Attorney who has that legal obligation as part of his official duties.

In every case which appears to be able to be resolved only by trial, as opposed to some other disposition, the prosecutor and advocates make all reasonable efforts to visit the courtroom with the victim when there is no court action taking place in order to acclimate the victim to the courtroom and explain trial procedures in an attempt to raise the comfort level for the victim under admittedly unpleasant circumstances.

The Georgia Code requires that there must be consent to any and all medical procedures (OCGA 31-9-2). Under OCGA 31-9-7, the legal age of consent for medical treatment is 18. However, there are exceptions. For tests and treatment connected with pregnancy, a female can consent regardless of her age or marital status. Under OCGA 31-17-7, any minor can consent without either parent's permission to those medical services, which deal with the treatment of a sexually transmitted disease. An emergency case can be rendered under implied consent.

Financial Resources

There are a number of costs associated with a sexual assault, in particular, the costs of collecting evidence; hospital or health provider fees including fees for the physical examination; lab expenses including the collection of specimens, tests for pregnancy, and tests to detect the presence of HIV antibodies; medications to prevent sexually transmitted diseases; follow-up; and treatment for any injuries. In addition, there may be costs to the victim of lost wages, and for a family, funeral expenses.

A. Payments for Forensic Exams

In 2011, HB 503 enacted a mandate requiring the Criminal Justice Coordinating Council (CJCC) of

Georgia to pay costs of collecting evidence in rape and aggravated sodomy cases, OCGA 16-6-1 and OCGA 16-6-2.

B. CJCC – Georgia Crime Victims Compensation Fund

1. The Teal House

For victims who have received services from The Teal House SANE, medical costs associated with the assault (e.g., pregnancy test, test for HIV) will be filed by The Teal House if applicable. If the application is made and approved, payment will be made directly to The Teal House and dispersed to the SANE and the appropriate lab. The victim will not be charged for any services received at The Teal House.

2. Victim Witness Assistance Program

Medical costs associated with the assault such as the pregnancy test, test for HIV, emergency contraception, and treatment for any injuries, reimbursement can be claimed through the Victims' Compensation Fund, and if the application is made and approved payment will be made directly to the hospital or other medical provider, including a Sexual Assault Nurse Examiner. However, if a victim is insured or on Medicaid, then those sources could be sought before the Victims' Compensation Fund is used. If the victim has to pay any part of the bill, then those costs can be claimed from the Victims' Compensation Fund.

3. Payment Procedures for The Teal House or Other Medical Providers

After completion of a forensic exam, The Teal House staff or medical facility staff conducting the forensic exam will complete all required documents and payment forms as provided by the Criminal Justice Coordinating Council (CJCC) of Georgia. The required forms and documents will be submitted by The Teal House or medical facility to the Georgia Crime Victims Compensation Program for reimbursement.

Sexual Assault Nurse Examiner

A. SANE Selection/Supervision

- Selection of Sexual Assault Nurse Examiners (SANE) shall be based on qualifications, training, and the level of experience the nurse possesses. At a minimum, the SANE must be an RN in good standing that has completed the recommended 40-hour didactic training course, has completed additional competency training and/or a preceptorship at an approved sexual assault center.

B. SANE Response

- Sexual assault victims will be treated with the utmost care and respect throughout the entire examination and evidence collection process. This sensitivity and carefulness provided to the patient by the SANE aids the transition of the patient from victim to survivor and aids the prosecution of the perpetrators of such crimes.
- To preserve the patient's dignity and confidentiality, all matters pertaining to a forensic medical exam (FME) must take place in a private office, exam room, or other appropriate

space. The victim, an advocate, and the SANE will be present at the time if the FME. Additional support person(s) may be present at the victim's request should the space permit.

- Prior to an FME, the victim is advised of what the FME entails, the process of evidence collection, and whether she/he is choosing to report to law enforcement. After proper explanation, consent is obtained and documented by the victim and the SANE signing appropriate consent form(s). The SANE should closely watch the victim throughout the entire FME and offer explanation with each step to make sure the victim is comfortable continuing. The victim has the right to stop the FME at any point throughout the exam.
- The FME provides information regarding the victim's health history and the history of the assault. The history of the exam must be recorded as completely as possible. Note that while it is important to document the history of the patient and the assault as completely as possible, the examiner should not inquire about or document irrelevant aspects of the patient's sexual history. The FME includes but is not limited to, collecting appropriate specimens and/or samples related to the assault as described by the victim, prophylactic medication provided in an effort to guard against certain sexually transmitted diseases, a speculum exam (if the victim is a female), and photo documentation of all injuries obtained to the victim because of the assault.
- Evidence can be collected at any point after the assault and up to 120 hours after the assault occurred. The assault should be documented in the Georgia Bureau of Investigation/Division of Forensic Sciences Sexual Assault Evidence Collection Kit (GBI/DOFS). This kit is sufficient to collect samples from the patient's body to perform semen testing through DNA analysis and collection of blood and urine samples from the patient's body to determine if the sexual assault was drug-facilitated. The instruction sheet provided in each kit should be followed explicitly for proper evidence collection. Inadequate collection and/or preservation of this evidence can eliminate the potential for suspect identification. Immediate air drying (no heat) of samples is critical for the optimum preservation of the evidence. All labeling or identifying information must be accurately completed. The label should include the name of the patient, date and time of collection, sample source, and person collecting the sample. Evidence collected from the victim's body during the FME will be placed into the Sexual Assault Evidence Collection Kit (SAECK) along with a copy of the completed FME chart. Any additional evidence collected that does not go into the SAECK will be placed in the appropriate evidence bag or container applicable to type and size of evidence collected. All evidence will be appropriately collected, labeled, and sealed. Law enforcement should sign for this material, establishing a "chain of evidence."

Sexual Assault Protocol Committee		
Sexual Assault Protocol	Meeting Date:	12/11/2023
Judge Michael Muldrew	Place/Room:	Bulloch County Courthouse

Name	Title	Agency	Signature
Daphne Totten	District Attorney	Ogeechee Judicial Circuit DA's Office	<i>Daphne Totten</i>
Mike Broadhead	Chief of Police	Statesboro Police Department	DocuSigned by: <i>Charles M. Broadhead</i> B57630F913344F1
Noel Brown	Sheriff	Bulloch County Sheriff's Office	
	Nurse Manager	Bulloch County Board of Health	
Karen Jones	Magistrate Court Judge	Bulloch County Magistrate Court	<i>Karen Jones</i>
Dwayne Herrington	Chief of Police	Millen Police Department	DocuSigned by: <i>Dwayne Herrington</i> 0008A38EE3CA4C0
Robert Oglesby	Sheriff	Jenkins County Sheriff's Office	
	Nurse Manager	Jenkins County Board of Health	
Janice Chaney	Magistrate Court Judge	Jenkins County Magistrate Court	
Shane Burke	Chief of Police	Sylvania Police Department	<i>Shane Burke</i>
Robert Oglesby Mike Kile	Sheriff	Screven County Sheriff's Office	
	Nurse Manager	Screven County Board of Health	
James Griner	Magistrate Court Judge	Screven County Magistrate Court	
Jonathan Murrell	Chief of Police	Rincon Police Department	<i>J. Murrell</i>
Jimmy McDuffie	Sheriff	Effingham County Sheriff's Office	
Cindy Grovenstein	Nurse Manager	Effingham County Board of Health	
Scott Lewis	Magistrate Court Judge	Effingham County Magistrate Court	
Lily Gray	Executive Director	Statesboro Regional Sexual Assault Center	<i>Lily Gray</i>
Katie Christiansen	SANE Coordinator	Statesboro Regional Sexual Assault Center	<i>Katie Christiansen, RN</i>

Catina Thompson	Victim Services Director	Ogeechee Judicial Circuit DA's Office	C. Thompson
Pre Cone	Investigator	Bulloch County SO	Pre Cone
Walter Deal	Investigator	Bulloch County SO	Walter Deal
Michael T Muldrew	Judge	Ogeechee Judicial Circuit	Michael Muldrew