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**BROOKS-ECHOLS-LOWNDES COUNTY SEXUAL ASSAULT RESPONSE TEAM
PROTOCOL**

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Clerk Superior Court/State Court/
Juvenile Court

This Brooks-Echols-Lowndes County Sexual Assault Response Team 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 shall be to ensure coordination between all agencies involved in sexual assault cases so as to increase the efficiency of all agencies handling such cases and to minimize the stress created for the sexual assault victim by the legal and investigatory process. 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.

1. 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 medical treatment of victims and 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.

2. Use of Protocol

This Protocol will be utilized by the Brooks County Sheriff’s Office, Child Advocacy Center of Lowndes County, Inc., Echols County Sheriff’s Office, Hahira Police Department, Haven Rape Crisis Center, Lake Park Police Department, Lowndes County 911 Center, Lowndes County Sheriff’s Office, Moody Air Force Base, Office of the District Attorney Southern Judicial Circuit, Quitman Police Department, Remerton Police Department, Sexual Assault Nurse Examiners and their supervising physician, South Georgia Medical Center, Valdosta Police Department, Valdosta State University Counseling Center, and Valdosta State University Police Department, Lowndes County Health Department in Valdosta, Hahira, and Lake Park, Echols County Health Department, and Brooks County Health Department.

3. Monitoring the Protocol

Some members of the Sexual Assault Response Team shall meet bimonthly at The Haven Rape Crisis Center or other designated place to review current 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 mission of the Sexual Assault Response Team shall conduct full reviews of sexual abuse, exploitation, and/or neglect allegations and to develop effective and efficient responses. All members of the Sexual Assault Response Team agree that all information discussed and/or obtained in these case review meetings will remain confidential except as authorized or as required for the purposes of a criminal investigation and/or prosecution as otherwise required by law.

The sexual assault protocol committee shall meet annually to evaluate the effectiveness of the protocol and to recommend measures to improve compliance. (O.C.G.A. § 15-24-2). Members of the Committee wanting to recommend improvements are encouraged to do so in writing with fellow members in order to effectively communicate annual compliance. Attendance may be achieved electronically at the request of a member.

DEFINITION OF SEXUAL ASSAULT

Sexual assault is defined as sexual contact or intimacy initiated by one or more persons against another without their consent. This includes instances where victims are unable to give consent due to age or mental or physical incapacity. Sexual assault does not discriminate among race, sex, sexual orientation, socio-economic class or age. Persons may be sexually assaulted by strangers, acquaintances, or members of their family.

Pursuant to O.C.G.A. § 17-5-70(3), "Sexual assault" means rape, sodomy, aggravated sodomy, statutory rape, child molestation, aggravated child molestation, sexual assault against a person in custody, sexual assault against a person detained in a hospital or other institution, sexual assault by a practitioner of psychotherapy against a patient, incest, bestiality, sexual battery, and aggravated sexual battery.

PROCESS OF CASE MANAGEMENT

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 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 crime. 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. Often society perpetuates the myth that sexual assault victims somehow are responsible for the crime committed against them or that they must act in a certain manner following the assault. 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, employers, and/or educational providers about the assault or the victim's sexual preference.

1. First Report

In most cases, the victim usually makes the first report of a sexual assault to a dispatch or emergency communications center (911). Dispatch or communications center 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, drink, bathe, urinate, or douche.

- Ask 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 and in its present location.
- Advise the victim not to move or touch anything at the assault location and not to disturb items used as weapons.

Once the victim decides he/she wants a sexual assault examination, and law enforcement determines that The Haven Rape Crisis Center Advocate and a SANE will be needed, law enforcement will inform the dispatcher to notify the on-call Haven Staff.

“JANE DOE” REPORTING

A sexual assault victim shall have the right to have a medical forensic examination regardless of whether the victim participates in the criminal justice system or cooperates with law enforcement in pursuing prosecution of the underlying crime (O.C.G.A. § 17-5-72). Pursuant to O.C.G.A. § 17-5-74, the term “unreported sexual assault kit” means a sexual assault kit collected from a victim who has consented to the collection of the sexual assault kit but who has not reported the alleged crime to law enforcement.

If a sexual assault victim calls 911 or the Crisis Hotline requesting a medical forensic examination for sexual assault, but does not wish to make a report to law enforcement, dispatch is to contact the appropriate law enforcement agency. A Haven Rape Crisis Advocate and a SANE will also be contacted. The victim will be directed to the Haven Rape Crisis Center for a medical examination. Evidence will be collected and a GBI Sexual Assault Evidence Collection Kit will be completed. The Evidence Collection Kit and all evidence will be labeled by the SANE with the victim’s information, minus his/her name, and released to the responding Law Enforcement Officer. The Law Enforcement Officer will also be provided with an information sheet regarding the sexual assault victim. Along with the incident date, said information sheet shall include the victim’s sex, date of birth, and race. Said information sheet shall not include the victim’s name. The GBI Sexual Assault Evidence Collection Kit will be forwarded by law enforcement to the GBI Crime Laboratory.

If the victim goes to the hospital requesting a medical forensic examination for sexual assault, but doesn’t want to make a report to law enforcement, the hospital shall contact the appropriate law enforcement agency and a Haven Rape Crisis Advocate. The Advocate will then contact the on-call SANE. If needed, the Advocate will transport the victim to the Haven Rape Crisis Center for the examination after the victim has signed a confidentiality agreement. Evidence will be collected and a GBI Sexual Assault Evidence Collection Kit will be completed. The Evidence Collection Kit and all evidence will be labeled by the SANE with the victim’s information, minus his/her name, and released to the responding Law Enforcement Officer. The Law Enforcement Officer will also be provided with an information sheet regarding the sexual assault victim. Along with the incident date, said information sheet shall include the victim’s sex, date of birth, and race. Said information sheet shall not include the victim’s name. The GBI Sexual Assault Evidence Collection Kit will be forwarded by law enforcement to the GBI Crime Laboratory per current GBI policies and procedures.

If the victim does not cooperate with law enforcement in the investigation or prosecution of a sexual assault, the investigating law enforcement agency shall maintain any physical evidence collected as a result of such 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 sexual assault, for not less than 12 months from the date any such physical evidence is collected (O.C.G.A. §17-5-72(b)).

A sexual assault victim shall not be required to pay, directly or indirectly, for the cost of a forensic medical examination. The cost of a forensic medical examination shall be paid for by the Georgia Crime Victims Emergency Fund (O.C.G.A. §17-5-72)

No prosecuting attorney, investigating law enforcement agency, or government official shall ask or require any victim of a sexual assault to submit to a polygraph examination or any other truth-telling device as a condition precedent to investigating a sexual assault. The refusal of a victim to submit to a polygraph examination or any other truth-telling device shall not prevent an investigation or prosecution of any sexual assault (O.C.G.A. § 17-5-73). At the time of medical forensic examination, no alleged victim shall be required to assign or waive any rights afforded to him or her in the Crime Victims' Bill of Rights or that might prevent the alleged victim from seeking relief from the Crime Victims Compensation Board (O.C.G.A. § 35-1-2).

2. Notification of On-call Sexual Assault Response Team

A. If the victim is at the medical facility:

Hospitals 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. Patients will retain the right to initiate, participate in, and/or cooperate with any law enforcement investigation of such assault.

1. The nursing staff should contact Dispatch and The Haven Rape Crisis Center.
2. The E.R. physician or physician extender will provide a medical screening examination.
3. If no treatment is indicated in the Emergency Department and a SANE is on-call then the patient will be escorted to The Haven Rape Crisis Center by the responding law enforcement agency for a medical forensic examination and evidence collection if within the 120 hour time frame.
4. If the patient has obvious injuries or requires medical treatment in the Emergency Department, the responding law enforcement agency will contact the on-call Haven Rape Crisis Advocate who will contact the on-call SANE. The medical forensic examination will be performed at the hospital.
5. If there is no SANE on-call, then the emergency department will proceed with the medical forensic examination and evidence collection.
6. If the victim is not able to give consent for the medical forensic examination or cannot make a report to law enforcement based on their cognitive, developmental, or physical disability, it is essential to find out if the victim has a legal guardian and, if so, who the legal guardian is for the victim that can provide consent for medical procedures. The medical forensic examination can be conducted in emergency situations.

B. If the victim is at the scene:

1. The incident is reported through 911 Center and forwarded to a law enforcement agency. Law enforcement will request 911 to contact The Haven Rape Crisis Center via crisis line at 229-244-1765. Valdosta State University students reporting incidents on campus will report by utilizing VSU Police Department 229-259-5555 or 229-333-7816 or 911 Center.
2. Uniformed patrol is dispatched to the victim.
3. Uniformed patrol advises his/her supervisor of facts and the determination is made whether to contact the on-call Detective/Investigator and the on-call Haven Rape Crisis Advocate.
4. The Lowndes County 911 Center notifies the Detective/Investigatory and Haven Rape Crisis Advocate. If there is a SANE on-call, the Advocate will contact the on-call SANE. Response time for the Advocate is no more than 45 minutes following initial notification. Response time for the on-call SANE is no more than 60 minutes following initial notification.
5. If a SANE is on-call, the victim should be transported to The Haven Rape Crisis Center. If the victim has visible physical injuries, then the victim should be transported to the nearest available medical facility capable of providing basic life support.
6. If a SANE is not on-call, then the victim should be transported to an emergency room to proceed with the examination and collection of evidence.

C. If the victim is a child:

In any case in Lowndes, Brooks, or Echols Counties where any child under 12 years of age presents to law enforcement or DFCS with an acute sexual assault case (defined as any type of penetration within 72-96 hours for any child under 12) the following protocol shall be followed:

1. The Children's Advocacy Center shall be contacted via their crisis line at 229-300-4366.
2. The CAC Representative will determine that the case meets the above criteria and will contact the on call Pediatric SANE nurse, Forensic Interviewer with the Child Advocacy Center, Meredith Brasher, ADA, and Jynada Sermons, Victim Advocate DA's Office.
3. An interview of the child will be conducted at the Children's Advocacy Center of Lowndes County following the Forensic Interview Protocol by a Forensic Interviewer from the CAC. The on-call forensic interviewer has 15 minutes to respond to the initial notification/call. Once the forensic interviewer completes the screening process, the forensic interviewer has one hour to arrive on-site at the CAC to conduct the forensic interview. Discretion will be used by the on-call forensic interviewer whether a forensic interview will be conducted after 11:00PM.
4. The on call Pediatric SANE nurse will be present for this interview along with other members of the MDT team.
5. After the forensic interview of the child, the child will be transported to the appropriate facility and a sexual assault exam will be conducted by the on call Pediatric SANE.
6. The CAC agrees to provide a copy of the interview notes to the on call Pediatric SANE nurse and the on call Pediatric SANE nurse agrees to provide a copy of the medical history to the CAC.

For any case involving a child 12 years of age or older, Law Enforcement shall contact the Haven Victim Advocate via crisis line at 229-244-1765 as usual per the SART Protocol. Should Law Enforcement believe that a Forensic Interview is needed prior to the SANE exam, they shall contact The Children's Advocacy on call line at 229-300-4366.

If the abuse occurred greater than 96 hours prior to the disclosure of said abuse, a non-emergent exam can be conducted at the CAC (3325 Skipper Bridge Road) by a medical provider. Most children with current marks, bruises, or other visible palpable injuries may have a non-acute exam at the CAC. If a child/teen has burns or broken bones due to possible physical abuse, they will need to be seen in the nearest Hospital Emergency Department. If the child is younger than three years of age, they may require an x-ray or MRI at the hospital. Law Enforcement and DFCS may call the CAC main phone number at 229-245-5364 to schedule a non-emergent exam.

3. Law Enforcement Agency Responses

A. The Role of Law Enforcement

Law enforcement officers play a crucial role in overcoming a victim's psychological hurdles and obtaining a victim's cooperation in a sexual 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.

Law enforcement officers 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. Law enforcement officers should take into account not only the particular assault suffered by each victim, but the victim's age, physical abilities and culture (e.g., cognitive/developmentally and physical disability considerations, deaf/hard of hearing considerations, elderly considerations, lesbian/gay/bisexual/transgender/queer/questioning (LGBT+) considerations, male victim considerations, African American considerations, immigrant and refugee considerations, Latino/Hispanic considerations, sex trafficking victims considerations, and faith considerations).

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

- a. 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.
- b. 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/ Rape Crisis Center, the officer should explain to the victim the actions anticipated on the victim's behalf, including a physical examination.
- c. The officer should also ask the victim to refrain from washing, showering, brushing teeth, using a mouthwash, smoking, eating, chewing gum, breathe 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 has bathed, douched, or changed clothing, the officer should transport the victim to the appropriate medical facility for a medical forensic examination.
- d. The responding officer should also ask the victim basic 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.
- e. The crime scene will be processed per the investigating agency's operating policy.
- f. If the responding officer proceeds to the medical facility/ Rape Crisis Center where the victim is taken, the officer should:
 - aa. Remain at the medical facility/ Rape Crisis Center until the investigating law enforcement officer(s) has arrived; and
 - bb. Thoroughly brief the investigating law enforcement officer(s) on any information about the victim, the assault, the assailant, and the crime scene, which the officer has obtained. These briefings should take place in a private setting where other patients or hospital personnel cannot overhear confidential information.

(2.) 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. A medical forensic examination includes the collection of medical history to guide the medical provider, such as a SANE or other qualified individual, in delivering medical care tailored to address the specific inquiries and medical needs of the patient. The medical forensic examination provides treatment including but not limited to Prophylaxis, Safety Plan Assessment, Fatality/Risk Assessment, Mental Health Assessment for Rape Trauma Syndrome, STI testing, Strangulation Assessment, and Intimidate Partner Violence (IPV) Assessment.

(3.) The Medical Examination and Law Enforcement

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

C. The Investigator's Response

1. An Investigator will usually be summoned to the medical facility/ Rape Crisis Center where the victim has been taken. The Investigator should respond immediately to the facility. The Investigator should conduct a thorough interview with the victim and should document the facts of the investigation and, if necessary, request The Haven Rape Crisis Center record the interview with both audio and video equipment.

During the initial contact, the Investigator should:

- a. Clearly identify himself/herself to the victim
- b. Verify the information obtained by the dispatcher and/or responding officer which may help the police locate the suspect;
- c. Attempt to explain to the victim what is being done on the victim's behalf
- d. Inform the victim that another interview may be conducted at a later time.

2. Interviews conducted by SANEs should be limited to medical history and sexual assault history pertinent to guiding the exam only and for the purpose of any medical diagnosis and treatment. It is imperative that every SANE remains focused on their role as a medical professional, while also protecting the privacy and confidentiality of the patient in their care.

3. The victim's interview at The Haven Rape Crisis Center may be video/audio recorded with informed consent. It will ultimately be left up to the victim/patient whether they wish to have their Medical forensic history recorded. Notice to the victim shall be accomplished by placing at least one sign, printed in both English and Spanish, in the area where the interview shall be conducted advising the victim that the interview may be video/audio recorded. Victims may be asked to sign a written form consenting to the video/audio recording of the interview. If a victim chooses to not have his/her medical forensic history recorded then every effort should be made to notify the assigned law enforcement Investigator in order to allow their presence for the medical forensic history interview.

4. The Investigator may consult with the victim advocate to explain the actions being taken by the police and to seek their cooperation and assistance in future contacts with the victim.

5. Transportation arrangements will be made to a safe location for the victim.

6. The Investigator should verify that the chain of custody of the evidence obtained at the medical facility/Rape Crisis Center is maintained correctly. The Investigator should insure that all evidence collected is inventoried and prepared for transfer to the crime laboratory if appropriate. Investigators should confirm with the evidence custodian that the evidence is transferred to the lab in a timely manner.

7. Victim Follow Up:

The primary law enforcement officer 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 Advocates as determined necessary by the investigator.

8. 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.

If the perpetrator is determined to be a VSU student, staff member, or faculty member, then law enforcement should notify the VSU Police Department after an arrest warrant is issued.

If the perpetrator is suspected to be military personnel, then law enforcement should notify OSI after an arrest warrant is issued. Law enforcement may do so by having dispatch contact the on call OSI agent or by contacting the Moody Security Forces Desk Sergeant at 229-257-3108/3109 and having them contact the on-call OSI Agent.

4. Rape Crisis Center Response

Although several different agencies come in contact with sexual assault victims at various stages after a sexual assault is reported, the Haven Rape Crisis Center is the coordinating agency for sexual victims, providing consistent support, consistent treatment, and advocacy throughout the process. The Haven Rape Crisis Center provides emotional support and crisis intervention to sexual assault victims and their families.

A. Initial response

The safety and well-being of the victim should be the first concern of the victim service provider. The role of the victim service provider is to:

- With the consent of the victim, help identify and address the immediate concerns of the victims, (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);
- Instruct the victim to not destroy evidence by eating, drinking, bathing, urinating, douching , or washing clothes;
- Provide emotional support and crisis intervention to victim and their families;
- Be present during medical forensic examination (at the request of the SANE and/or victim); and
- Help arrange transportation to and from the hospital or medical facility;

For their own safety, and to avoid interfering with the investigation, victim advocates shall not go to the crime scene unless accompanied by law enforcement. Victim advocates are not investigators or attorneys and do not investigate cases or give legal advice. The advocate at no time will ask the victim questions related to the details of the assault. The role of the victim advocate should be explained to the victim. The advocate should determine whether the victim wishes to receive victim services.

Sexual offenders may be predatory and/or serial offenders. As such, 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.

B. Basic Services

Rape Crisis Advocates need to achieve an effective balance between advocating for victims and working within the parameters of the criminal justice system. Basic services provided by the Rape Crisis Center to victims, their families and friends may include:

- On-site examination room for use by Sexual Assault Nurse Examiners for medical assessment, medical treatment, proper support assessments, and collection of evidence;
- A twenty-four hour crisis line;
- 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;
- Advocates may accompany victim during initial police contact at medical facility;
- Video interviewing facilities for interviewing the victim;
- Victims will be referred to a counseling service. Valdosta State University students will be made aware of counseling services offered by the university;
- In the event the victim is determined to be a VSU student and/or employee, the Haven Rape Crisis Center Advocate will give the victim a packet which has been compiled by the VSU Counseling Center with information about the Counseling Center's programs and services which will also contain the contact information of the person(s) he/she should contact. The Rape Crisis Center Advocate will complete a statistical data form and fax the information to The VSU Counseling Center. The VSU Counseling Center will share statistical information with VSU Police Department. The statistical data form will contain NO identifying information.
- Victims will be offered the choice to participate in support groups provided free of charge by the Haven Rape Crisis Center;
- Advocates provide victims with assistance in understanding reporting options, victims' rights, filing for crime victims' compensation, support throughout the prosecution of the case and accompaniment to court;
- Information and referral to community resources; and
- Staff or volunteers will interact with agencies and individuals on behalf of sexual assault victims in order to achieve a particular goal or results.

The advocate needs the cooperation of many other agencies to provide information and support. Networking and maintaining effective lines of communication with law enforcement, medical, prosecutorial, criminal justice, and other social service organizations are essential.

5. Sexual Assault Nurse Examiner Response

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. The main role of the medical forensic personnel shall always relate to treatment and assessment rather than forensic in collecting and preserving evidence.

Medical forensic examinations shall be performed by a Sexual Assault Nurse Examiner ("SANE"), physician, nurse practitioner or physician's assistant ("PA") trained in performing such exams.

Medical forensic examination responsibilities include:

- Obtaining informed consent from the patient for the medical forensic examination, documentation and evidence collection
- Gathering the medical forensic history
- Conducting a medical physical examination
- Coordinating treatment of injuries
- Documentation of biologic and physical findings
- Collection of evidence from patient
- Documentation of findings

- Providing information, treatment, and referrals for STIs, pregnancy
- Follow-up as needed for additional treatment and/or collection of evidence
- Providing testimony at trial.

A. The Medical Forensic Examination

In order to preserve the patient's dignity and confidentiality, all aspects of the medical forensic examination, including consent, medical history, and details of the assault, will be conducted in a private office or secluded space. 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. After explaining to the patient the details of the examination, additional consents are obtained, a secondary assessment is performed, and the history of the patient and the assault are taken. 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. After completing the documentation for this phase, a serum or urine pregnancy test is ordered on women with childbearing capabilities. The SANE shall perform a complete medical forensic examination and upon completion, provide the patient with the proper precautionary medications to help guard against certain sexually transmitted diseases and Plan B birth control medication. These medications are prescribed by the physician supervising the SANE. The SANE shall complete the Sexual Assault Response Team Sexual Assault Nurse Examination and Evidence Collection Form and return it to the Haven Rape Crisis Center Advocate within 5 business days. Said form will then be made available to the Investigator and Prosecutor.

B. Collection of Forensic Evidence

Any forensic evidence collected within 120 hours of a sexual assault should be documented in the Georgia Bureau of Investigation/Division of Forensic Sciences Sexual Assault Evidence Collection Kit (GBI/DOFS). The findings of the exam should be documented completely, noting injuries on the relevant anatomical diagrams. After the examination and evidence collection are completed, the examiner should check the labeling of all evidence and package it as instructed in the GBI Sexual Assault Evidence Collection Kit. The SANE shall release the GBI Sexual Assault Evidence Collection Kit, a copy of the Sexual Assault Response Team Sexual Assault Nurse Examination and Evidence Collection Form, and all evidence collected to the appropriate law enforcement official. The official should sign for this material, establishing a "chain of custody".

Adequate and proper collection of specimen samples from the patient's body for forensic analysis is essential following the medical care of the patient. Biologic evidence collection shall be conducted in accordance with the Georgia Bureau of Investigation (GBI) procedures using a GBI Sexual Assault Evidence Collection Kit. This kit shall be utilized to collect samples from the patient's body to perform semen testing through DNA analysis. A separate Drug Facilitated Sexual Assault kit for biological specimens shall be utilized for 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 evidence may hinder 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 (or contents of clean paper bag when clothes are collected), and person collecting the sample.

Georgia law requires consent to any and all medical procedures (O.C.G.A. § 31-9-2). Under O.C.G.A. § 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 O.C.G.A. § 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. Emergency cases can be rendered under implied consent.

C. Payment Procedures for Sexual Assault Nurse Examiner or Other Medical Providers

After completion of a forensic exam, the SANE or medical provider conducting the medical forensic examination 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 SANE or medical provider to the Haven Rape Crisis Center directly for reimbursement for exam costs only.

D. State-Wide Sexual Assault Kit Tracking System:

Sexual Assault Kit tracking will be provided to all victims for updates on the location and status of sexual assault kits throughout the criminal justice process, including the initial collection in sexual assault medical forensic examination performed at medical facilities, receipt and storage at law enforcement agencies, receipt and analysis at forensic laboratories, and any destruction after completion of analysis. Tracking will allow facilities performing sexual assault medical forensic examinations, law enforcement agencies, prosecutors, the Division of Forensic Sciences of the Georgia Bureau of Investigation, and other entities having custody of sexual assault kits to update and track the status and location of sexual assault kits. Victims of sexual assault will be able to anonymously track or receive updates regarding the status of their sexual assault kits using electronic technology or technologies allowing continuous access (O.C.G.A. § 17-5-74).

6. Prosecution Response

A crime is an illegal act or omission for which someone can be punished by the government. A felony crime is a prohibited act, which carries possible punishment of one year or more in the State Penitentiary. Under Georgia law, all felonies are in the jurisdiction of 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 Southern Judicial Circuit prosecutes felony cases in the five counties of Brooks, Colquitt, Echols, Lowndes, and Thomas.

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 individual 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 Southern 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 Southern 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 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 named party and can direct his or her private attorney as to how to proceed in that action.

A. Victim Services – Office of District Attorney

In 1995, the Georgia Legislature adopted the Crime Victims' Bill of Rights (O.C.G.A. § 17-17-1). These rights include:

- (1) The right to reasonable, accurate, and timely notice of any scheduled court proceedings or any changes to such proceedings;
- (2) The right to reasonable, accurate, and timely notice of the arrest, release, or escape of the accused;
- (3) The right not to be excluded from any scheduled court proceedings, except as provided in this chapter or as otherwise required by law;
- (4) The right to be heard at any scheduled court proceedings involving the release, plea, or sentencing of the accused;
- (5) The right to file a written objection in any parole proceedings involving the accused;
- (6) The right to confer with the prosecuting attorney in any criminal prosecution related to the victim;
- (7) The right to restitution as provided by law;
- (8) The right to proceedings free from unreasonable delay; and
- (9) The right to be treated fairly and with dignity by all criminal justice agencies involved in the case.

The first requirement for a victim to exercise his or her rights is to be made aware of those rights. The District Attorney's Office of the Southern Judicial Circuit provides local law enforcement agencies an outline of those rights for distribution to crime victims. This outline 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 to the scene, an attempt to contact the victim of a sexual assault will be made within 24 to 48 hours or at a reasonable time once sufficient information becomes available. Incident reports from investigating law enforcement agencies are examined daily to insure victim notification.

Upon initial contact, one of the District Attorney's Victim Advocates will attempt to coordinate an immediate face-to-face interview and will advise the victim of his or her rights under O.C.G.A. § 17-17-1, et. seq. If the responding officer did not provide the victim rights outline to the victim, the District Attorney's Victim Advocate will provide that outline, as well as a copy of a brochure explaining the criminal justice process in basic terms.

The District Attorney's Victim Advocate will also explain the availability of victim compensation and will offer assistance with completing the application, as well as contacting the Governor's Criminal Justice Coordinating Council Division of Victim Compensation if needed. The District Attorney's Office appeals adverse decisions of 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 will make reference 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 any 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.

B. General Procedures

After a suspect is arrested, the Magistrate Judge forwards a copy of the warrant to the District Attorney. Cases are assigned to a specific prosecutor when the warrant is received. The District Attorney's Office for the Southern Judicial Circuit primarily utilizes a vertical prosecution case-assignment system. Therefore, the prosecutor initially assigned the case will follow it through until its conclusion in the office. 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.

Each sexual assault victim is provided the name and phone number of the prosecutor and victim advocates assigned to his or her case, and the staff of the District Attorney's Office is always available to advise and consult with victims, from the date of the incident, until literally decades later when parole issues arise.

C. 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.

(1.) Payments for Forensic Exams

When evidence relating to an allegation of rape is collected in the course of a medical examination of the person who is the victim of the alleged crime, the Georgia Crime Victims Emergency Fund, as provided for in Chapter 15 of Title 17, shall be responsible for the cost of the medical examination to the extent that expense is incurred for the limited purpose of collecting evidence. (OCGA 16-6-1)

When evidence relating to an allegation of aggravated sodomy is collected in the course of a medical examination of the person who is the victim of the alleged crime, the Georgia Crime


Victims Emergency Fund, as provided for in Chapter 15 of Title 17, shall be financially responsible for the cost of the medical examination to the extent that expense is incurred for the limited purpose of collecting evidence. (OCGA 16-6-2)


(2.) Victims' Compensation Fund


For other 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 an 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 should be sought before the Victims' Compensation Fund is used.

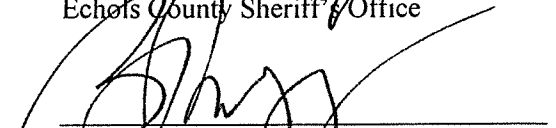
We, as members of the Brooks-Echols-Lowndes County Sexual Assault Response Team Protocol committee, sign our support and commitment to the policies and procedures as documented in this Protocol, to the training and implementation of such, and to the ongoing process of facilitating through the Sexual Assault Response Team a multi-disciplinary, coordinated response to the crime of sexual assault and sexual assault victims.

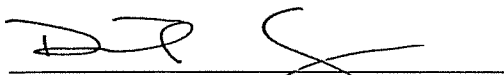
Approved and adopted this 8 day of December, 2023.



Sheriff Mike Dewey
Brooks County Sheriff's Office

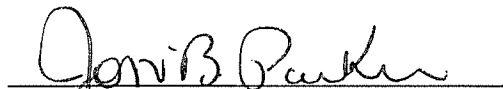

Sheriff Randy Courson
Echols County Sheriff's Office



Sheriff Ashley Paulk
Lowndes County Sheriff's Office



Honorable Bradfield M. Shealy
District Attorney, Southern Judicial Circuit



Honorable David Crosby
Magistrate Court

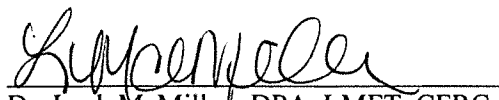

Honorable Carl Rodgers
Magistrate Court

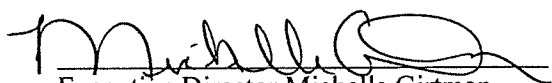

Honorable Joni Parker
Magistrate Court



Chief Leslie Manahan
Valdosta Police Department


Chief Roy Hart
Quitman Police Department


Dr. Mark J. Eanes, M.D., MBA
Georgia Department of Public Health
South Health District, 8-1


Dr. Leah McMillan, DPA, LMFT, CFRC
Enspire Counseling & Wellness


Executive Director Michelle Girtman
The Haven Rape Crisis Center


Heather Grizzle, RN, SANE, SANE-A, SANEP
The Haven Rape Crisis Center