

FULTON COUNTY
SEXUAL
ASSAULT
PROTOCOL



The Fulton County
District Attorney's Office
FANI T. WILLIS
DISTRICT ATTORNEY

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**SEXUAL ASSAULT
PROTOCOL**

**IN THE SUPERIOR COURT
OF FULTON COUNTY
STATE OF GEORGIA**

ORDER

WHEREAS, the Legislature for 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 establishment a Sexual Assault Protocol Committee as provided in Section 15-24-2, and

WHEREAS, the Committee has met on November 13, 2024, 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 Fulton County, Atlanta Judicial Circuit, State of Georgia.

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

SO ORDERED, this 2nd day of December 2024.

Ural Glanville

Digitally signed by Ural Glanville
Date: 2024.11.15 13:55:01
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Chief Judge Ural Glanville

I. Introduction

a. Implementing the Protocol

The Georgia Legislature enacted two key pieces of legislation during the 2004 Legislative Session that relate to the implementation of Sexual Assault Protocols:

- 1.** O.C.G.A. §§ 15-24-1, and -2, which became effective on July 1, 2004, mandate that each judicial circuit establish a Sexual Assault Protocol Committee to adopt a written Sexual Assault Protocol for that circuit by no later than December 31, 2004.
- 2.** O.C.G.A. § 19-15-2(k), which also became effective on July 1, 2004, amends the statute to provide that the Child Abuse Protocol Committee for each judicial circuit adopt a written sexual abuse and exploitation protocol by no later than December 31, 2004, which details the procedures used in investigating and prosecuting child sexual abuse and exploitation cases.

In each case, the statute provides that the Committee continue to meet on an on-going basis after the formulation of the written policy to evaluate the effectiveness of the protocol and modify and/or update same as needed.

Each of these mandates embraces the recommendation that communities should address the issues of adult and child sexual assault with a multi-disciplinary response. While the statutes mandate participation from traditional law enforcement and judicial partners such as the Sheriff, the District Attorney, Magistrate Court, and Police Chiefs, they also require participation from the Board of Health, Mental Health Organizations, sexual assault centers, advocacy groups and local citizens. In addition, the Child Sexual Abuse and Exploitation Protocol requires input from members representing Juvenile Court, the Department of Family & Children Services, the Board of Education, and the county coroner or medical examiner.

In many communities, there are rape crisis centers that have already drawn these agencies together for various reasons. However, there are other communities without rape crisis centers. In these communities, in order to comply with the statutory provisions, it is suggested that the circuit find a citizen who is a survivor of sexual assault to share their experience and provide relevant information.

O.C.G.A § 15-24 -2; provided, however that a failure by an agency to follow the protocol shall not constitute an affirmative or other defense to prosecution of a sexual assault, preclude the admissibility of evidence, nor shall a failure by an agency to follow the protocol give rise to a civil cause of action. Additionally, communities are encouraged to expand the breadth of their Sexual Assault Committee to recognize the special needs of that community. For example, where a community has a culturally diverse population, it is recommended that members representing the different cultures within that community serve on the committee and provide input.

The Fulton County Sexual Assault Protocol will be distributed to the community at large for implementation. This will educate the community about how they can best help victims and organizations such as colleges, religious organizations and schools to offer all available options to victim-survivors. This protocol will also allow opportunities for community input and allow participation in a cooperative working group to ensure collaboration.

b. Purpose of the Protocol

This Protocol was adapted from the protocol developed by the Georgia Sexual Assault Task Force in 2018. The Task Force was initiated by the Criminal Justice Coordinating Council. The Fulton County SART was established to ensure all victims of sexual assault were provide with fair and just procedure as they encounter the criminal justice system.

This 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 victim services, health and criminal justice systems;
- standardize the collection of evidence in order to aid in the prosecution of cases; and
- develop coordinated efforts among health providers, law enforcement personnel, prosecutors, and victim advocates to increase the efficiency of all agencies handling such cases and to minimize the stress created for the alleged sexual assault victim during the medical, investigatory and legal process.

This Protocol should be used by health care providers, including hospitals, all branches of law enforcement, including prosecution, and programs which assist victims. An emphasis in this Protocol is upon letting a victim regain control over decisions by letting that victim choose whichever services are needed.

c. Organization of the Protocol

The protocol is organized into six sections: (1) Introduction; (2) Victim Support Services; (3) Law Enforcement Response; (4) Sexual Assault Examination and Evidence Collection; (5) Prosecution; and (6) the Appendices. A check list summarizing the necessary procedures follows the victim support services, law enforcement response, and prosecution sections. With the sexual assault examination section, there are forms for use by medical personnel. (ARE THERE FORMS THAT CAN E ADDED AS ATTACHMENTS FROM GRADY)

d. Persons Covered

Those individuals over the age of 18 years old any gender identity, age, race, socioeconomic status, or sexual identity can be victims of sexual assault. Every sexual assault case involving victims 18 years old and younger shall refer to the Fulton County Child Abuse Protocol in identifying appropriate services and resources.

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 mental or physical incapacity, including due to alcohol or other drugs and whether those substances are taken voluntarily or involuntarily.

In Fulton County, this Protocol covers adult victims of sexual assault (19 years old and above). However, the sexual assault examination section describes the evaluation of child and adolescent victims. When a child has been sexually abused, existing county or jurisdictional child abuse protocols will be useful in detailing the role of the Division of Family and Children's Services, law enforcement, and the courts. OCGA§19-15-1, 2, 5, and 6 define the establishment of county child abuse protocols. A guide for establishing local child abuse protocols is available from the Judicial Council of Georgia, Administrative Office of the Courts.

e. Confidentiality, Privacy and Sensitivity to the Needs of the Victim

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 safe to disclose information to family, friends, employer, or news media about the victim's personal information, the assault or the victim's sexual orientation. Any documentation should be undertaken with sensitivity to the potential for long-term, negative consequences to a victim. Special care should be given to protect the victim's privacy when an agency is required to provide information pursuant to an Open Records Request. In accordance with O.C.G.A. §16-6-23 and Doe v. Board of Regents of the University System of Georgia, 215 Ga. App. 684 (1994), the victim's name and identifying information should be redacted to protect anonymity.

All a victims' personal and identifying information should be considered private, including their address, phone number, age, job, school, etc.

Ensuring that sexual assault victims will be treated with sensitivity and compassion requires that victim services, law enforcement, medical, and prosecutorial personnel be made aware of the special needs of these victims. Since there is no "typical response" to the trauma of sexual assault, it is important to understand the many and varied ways victims may react to this crime and the issues surrounding sexual assault that may influence their reactions.

Victims of sexual assault, like victims of other violent crimes, not only must cope with the physical trauma perpetuated against them, they also must 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 and validation from agency personnel if they do 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 sexual assault victims may appear to be calm while others may look visibly upset or enraged. Agency personnel must unlearn any presumptions they may harbor about how they believe a "true" victim of sexual assault will look or act and learn to accept and support all sexual assault victims. This includes learning to accept and support sexual assault victims of every age, race, gender, or sexual orientation.

Anyone responding to a victim of sexual assault should make the same inquiries of all victims, and offer the same level of support, regardless of gender or sexual orientation.

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

f. Prosecution of Cases

The Fulton County Sexual Assault Protocol Committee, while recognizing the importance of the victim's cooperation to the successful prosecution of a case, expects that prosecutors will consider each case carefully before deciding to prosecute the case. Sexual Assault is a very serious crime, and every effort should be made to bring the alleged perpetrator to justice, using an evidence base model. Prosecution of these cases should always consider the victims' ability to cooperate, promoting their healing process, and avoid retraumatizing them.

g. Reporting Requirements

There are two laws which relate to the reporting of sexual assault and/or sexual abuse and two other laws designed to protect elderly persons who may be victims.

i. Reporting of Sexual Assault and/or Sexual Abuse

O.C.G.A. § 31-7-9 mandates that physicians and certain other persons employed by a medical facility report to the administrator of the facility "non-accidental injuries." The administrator must then notify the local law enforcement agency. The person making the report is granted civil immunity. There is no penalty for not reporting an injury.

O.C.G.A. § 19-7-5 mandates the reporting of child abuse. A "child" is any person under age 18. Under this law, child abuse includes sexual abuse. Unlike cases of child physical abuse, sexual abuse is not limited to the acts of a parent or caretaker.

Under **O.C.G.A. § 19-7-5**, certain categories of persons are required to report any reasonable suspicion of child abuse: physicians, registered professional nurses, licensed professional counselors, and licensed social workers. Staff of sexual assault programs would not be required to report such cases unless staff were licensed, according to the law. However, the general practice has been for sexual assault programs to report cases of child sexual abuse. The report must be made to the local child welfare agency, and, in Georgia, this agency is the Department of Family and Children's Services. The reporter does not have to investigate or verify the abuse, only suspect it. The reporter will not be held liable for disclosing information ordinarily held privileged and confidential. Any person who is required to report child abuse and fails to do so will be guilty of a misdemeanor.

ii. Protection of Elderly Persons

O.C.G.A. § 30-5-4 requires the reporting of the need for protective services for elderly persons by certain categories of persons, such as physicians, nursing and social work personnel, and law enforcement. Adult Protective Services of the Department of Human Resources will then conduct an investigation of the case to determine which services are needed. Those reporting the suspected abuse are immune from civil or criminal liability.

O.C.G.A. § 31-8-80 requires the reporting by (1) administrators, physicians, nurses or other employees of a hospital or facility and (2) the medical examiner, coroner, social worker, clergyman, police officer or any employee of a public or private agency engaged in professional services to residents or responsible for the inspection of long-term care facilities of any suspected abuse or exploitation of a resident or former resident of a long-term care facility. This report should be made to the Department of Human Resources or to the appropriate law enforcement agency. The Office of Regulatory Services of DHR will then initiate an immediate investigation.

h. 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; treatment for any injuries; and mental health counseling. In addition, there may be costs to the victim for hospitalization, lost wages, and for a family, funeral expenses.

i. Costs of the medical forensic examinations

The cost of examinations shall be paid pursuant to O.C.G.A § 16-6-1 (c), O.C.G.A § 17-5-72.

Patients shall not be responsible for the payment of medical forensic examination costs.

Law enforcement no longer has responsibility for payment for forensic exams in Georgia. Medical providers can bill the Georgia Crime Victim's Compensation Program administered by the Georgia Criminal Justice Coordinating Council (CJCC) directly for payment for forensic exams. Forms for payment for forensic exams can be found on their website at <https://cjcc.georgia.gov>. Also, medical providers can submit costs for forensic exams regardless of whether the sexual assault has been reported to police or proper authorities.

ii. Victims' Compensation Fund

For other medical costs associated with the assault, such as the pregnancy test, test for HIV, the morning-after pill, and treatment for any injuries, reimbursement can be claimed through the Victim's Compensation Fund, and payment will be made directly to the hospital or other medical provider, including a Sexual Assault Nurse Examiner (SANE). However, if a victim is insured or on Medicaid, then those sources should be sought before the Victims' Compensation Fund is used. If the victim must pay any part of the medical bill, then those costs can be claimed from the Victims' Compensation Fund. The Victims' Compensation Fund is administered by the Criminal Justice Coordinating Council (CJCC).

There are several stipulations regarding the Victims' Compensation Fund:

- the victim must report the crime to local law enforcement within 120 hours of the crime;
- the victim must submit a claim to the Victims' Compensation Board within 3 years if the crime occurred on or after July 1, 2014;
- the victim must cooperate with law enforcement during the investigation; and
- the victim may not have been engaged in any illicit activity, such as using drugs, at the time of the crime.

Failure to prosecute will not prevent payment being made for costs associated with a sexual assault. The Victims' Compensation Fund is available to any victim regardless of the age of the perpetrator or the age of the victim.

A victim who reported the crime after the 120 hours or submitted a claim within 3 years if the crime occurred on or after July 1, 2014; (A claim after 3 years of the victimization cannot be considered.)

The Victims' Compensation Fund provides reimbursement to direct care providers and victims of crime for health care costs related to the crime and for counseling, lost wages, funeral expenses, and crime scene clean-up.

Law enforcement and court personnel are required by law (O.C.G.A. § 17-17-6) to notify victims of the availability of the Victims' Compensation Fund. However, the Fund may not be widely known in areas not served by a victim advocate agency, so many sexual assault victims are never told how to access this resource. The difficulties faced by a people who is traumatized, experiencing homelessness, illiterate, an immigrant, or has limited English proficiency, often preclude the victim from using this much-needed resource. Hospitals, law enforcement, victim advocates, and prosecuting attorneys' offices should inform victims of sexual assault that they are eligible to receive up to \$25,000 for costs associated with the crime. Victim Witness Assistance Program staff and staff of rape crisis centers are available to assist victims in the preparation and submission of these claims.

Note: A victim may report the crime to the police and may seek health care at any time after the crime. The 120-hour limit on reporting to the police in order to qualify for the Victims' Compensation Fund should not impede a victim from seeking assistance.

i. Crime Victims' Bill of Right, O.C.G.A. § 17-17-1

This bill was passed during the 1995 legislative session. In addition to increasing the amount of money a victim can receive from the Victims' Compensation Fund to \$10,000, it also requires that victims be notified of the arrest of the accused, release of the accused from custody, court proceedings, hearings, arraignment, trial, sentencing, and release or escape of the perpetrator. A copy of this law may be found on page 78 of the Appendix.

O.C.G.A. § 17-17-1 and O.C.G.A. § 17-17-2 also state that when an employee of the Department of Human Resources, a law enforcement agency, or a court has reason to believe that he or she is in contact with an adult who has been the victim of rape or aggravated sodomy, then the staff person shall offer or provide the adult a written statement of information, including information from the Crime Victims' Bill of Rights, and resources available to victims.

II Victim Support Services

Services to victims can be provided by rape crisis centers, victim assistance programs or organizations, hotlines, or other agencies. These programs can be community-based or system-based. A community may have one or more of these organizations providing services to victims.

(1) Rape crisis centers through the use of community-based advocates, may provide a 24-hour crisis hotline, counseling and support to the victim, accompaniment to the hospital, support groups, and advocacy for victims, including support throughout the criminal justice system and assistance with applying for financial compensation. Many of these programs provide training to medical personnel on the psychological reactions and needs of sexual assault victims. These services are provided to all victims of sexual violence without regard to when the crime occurred or if the victim plans to pursue the case legally. This service in Fulton County is provided by the Grady Rape Crisis.

(2) Victim assistance programs through the use of system-based advocates may be located in the offices of prosecuting attorneys or law enforcement agencies. These programs provide information, support, and guidance for the victim throughout the criminal justice process, including information regarding the status of the court case; information and explanation regarding criminal proceedings; a companion to attend court with the victim; emotional support; and referrals to counselors and other agencies. Assistance is also provided to a victim applying for crime victims' compensation. The Office of the Fulton County District Attorney's Victim/ Witness Assistance Program is based in the Fulton County Courthouse and assists survivors and their families at all stages of the criminal process after arrest.

Victim service organizations are involved at various points in sexual assault cases. Ideally these organizations should begin assisting victims at the time the assault is reported. They should work with all affected agencies to form a continuum of care for victims. Unlike other agencies (i.e., law enforcement, medical, or prosecutor's offices), which serve victims at certain specific junctures in the case, many victim service programs help victims from "start to finish." The following section includes a discussion of issues relating to victim service programs and their involvement and coordination with other agencies which respond to sexual assault victims.

a. Initial Report of Sexual Assault

If a victim of sexual assault decides to report an assault, the victim must decide whom to tell. Options other than family members, guardians, or caretakers are staff of law enforcement, the Division of Family and Children's Services, a hospital or other medical facility, or an emergency crisis line operated by a rape crisis center or other crisis agency.

At the outset, Victim Assistance Programs whether they are community-based or system-based often play dual roles. They both often provide crisis intervention and act liaisons with other service providers/agencies.

Victim Assistance Programs should be involved at the earliest possible time after a report of sexual assault, no matter which agency receives the initial report.

b. Initial Response

Whoever is contacted first by the victim 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 victims, e.g., are they in a safe place, are there family members or friends whom the victim wishes contacted, is medical care or transportation to the hospital needed, is clothing needed to wear home from the hospital;
- Provide information to victims regarding the importance of preserving evidence, avoid taking a bath, using the restroom, and washing clothes and bedding;
- Provide emotional support and crisis intervention to victims and their families;
- Be present during medical exam and police questioning if the victim wishes; 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 do 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 role of the victim advocate should be explained to the victim, and the advocate should make sure the victim is comfortable with the advocate continuing to provide service.

Although several different agencies come in contact with victims at various stages after the assault is reported, the victim service organization is often considered the "hub of the wheel" for victims, providing consistent support and advocacy throughout.

c. Coordinated Victim Services

There should be two different advocate services provided to victims of sexual assault. There should be a community-based advocate and a judicial system-based advocate. They both play important roles in the victim's process, but at times they have different responsibilities. The role of the community-based advocate is to provide services to the victims of sexual assault regardless of whether or not the victim chooses to participate in the criminal justice process. Advocacy services are provided by the Grady Rape Crisis Center, or the patient can be referred to other community-based organization. The role of the judicial based advocate is to provide services that keeps the victim central in the judicial process, regarding the investigation and prosecution of the offender. The judicial advocate has a responsibility of informing the victim in every step of the criminal justice system process, to include court hearings, bond status, Victim Compensation, and VINE system process. Advocacy also has a critical role in promoting the healing process for the victim. Community-based advocates provide crisis intervention, support, family advocacy, information and referral, and other ancillary services to assist the victim through the process. The support provided by the community-based advocate also benefits the criminal justice process, because supported, well-informed victims are more likely to continue through the process. All advocates will operate under the guidelines established by the Georgia Crimes Victim's Right Bill and adhere to the Georgia Sexual Assault Certification Standards.

Victim service providers need to achieve an effective balance between advocating for victims and working within the parameters of the criminal justice system. Toward that end, victim service providers can assist by:

- (Judicial Base) Maintaining frequent communication with victims regarding the status of the criminal case and court proceedings;
- (Both) Advising victims of procedures for payment of forensic portion of medical examination by the Crimes Victim's Compensation;
- (Both) Helping victims complete compensation applications to help with non-reimbursed expenses caused by the crime (such as medical, counseling, prescriptions, lost wages);
- (Both) Notifying victims of all available services such as support groups, counseling, education;
- (Judicial Based) Explaining the Victims' Bill of Rights, O.C.G.A. § 17-17-1, how to request the various notifications (e.g., notices of bond hearings, release of defendant from incarceration, case status), and how to provide input during the case proceedings;
- (Both) Helping prevent additional trauma or injury to the victim;
- (Both) Encouraging and supporting victims to become active participants in their own case;
- (Both) Offering support and assistance to the families of victims;
- (Both) Protecting and ensuring the victim's privacy; and
- (Both) Helping victims deal with any problems encountered during the aftermath of the crime.

The victim service provider needs 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 for the victim service organization to be the actual hub of the wheel for victims.

d. HIV Testing

Testing and counseling the victim:

When working with a victim who expresses concern about possible exposure to HIV during the assault, victim service providers with a trained public health/ medical staff member should discuss HIV testing and post-exposure prophylaxis (PEP) with the victim. The victim service provider should review the victim's risk of infection and motivation to be tested and to take PEP, explain the testing process and the limitations of the test, explain the process and limitations of PEP, and discuss the victim's possible reactions to the test results. The victim service provider can assist the victim in reaching a decision about being tested for HIV and whether to take HIV PEP.

Testing the offender: In cases where the victim wants the offender tested for HIV, the victim service provider should review the issues involved. The victim should be informed that testing the offender will not negate the need for the victim to be tested for HIV. Regardless of the offender's HIV status, if the victim is concerned about exposure to the virus, the only way to determine this is for the victim to be tested. The victim should be aware that additional court appearances outside the criminal case may be needed for the court to order the testing. After explaining the intricacies of HIV transmission and the testing process, if the victim wants to pursue testing of the offender, then the victim service provider may assist the victim in this request.

Testing of the offender should occur at the earliest stage possible during the criminal justice process to provide for early medical intervention for the victim. Early testing of the offender could have a significant impact on the mental health of the victim and family members, on the victim's adjustment to the traumatic experience, and the victim's successful reintegration into a productive life. However, it should be noted that disclosing the results to a victim of an assailant who has not been determined guilty has not been addressed in legislation or in case law.

Aid Atlanta offers training to local agencies around HIV testing and other issues. They can be called at **404-870-7700** and offer free, confidential testing services in our community.

e. Checklist: Victim Services

Initial Report (Community-Based Advocates)

- Determine if victim is in immediate danger.
- Ascertain if emergency medical assistance is needed.
- Help identify and address the immediate concerns of victim.
- Provide honest and realistic answers about law enforcement and the criminal justice system.
- Ask if victim wants to report the crime to police, if not yet reported. If the victim chooses to report, the advocate should offer to assist with this process.
- Offer crisis counseling services.
- Caution victim against destruction of evidence.
- Arrange transportation to and from hospital.
- Establish interagency coordination procedures.

Medical Sexual Assault Examination (Community-Based Advocates)

- Provide victim with emotional support during examination if the victim wants this.
- With victim's permission, discuss assault with family and provide support to secondary victims.
- Explain to the victim their rights and options, nature of the evidence collection and the physical exam.
- Upon completion of the physical exam and the collection of evidence, assure that the victim is provided with and understands the following information: hospital telephone number, name of physician, medical care and tests provided, directions for taking antibiotics and HIV PEP if prescribed, aftereffects of the morning after pill, follow-up needed, referrals for HIV tests.
- Provide information regarding the emotional and physical reactions which the victim may experience, and the assistance available to the victim, including where to obtain counseling, name of detective and information about applying for victim compensation funds.
- Ensure victim has clothing to wear home from hospital.
- Provide toiletries for use after the medical examination is completed.
- Give victim written information about crime victims' compensation and the Victims' Bill of Rights.
- Work with the medical staff so that the facility will allow with the victim's permission, the advocate to be present in the exam room.
- Work with the medical staff to develop a medical protocol incorporating the SANE program to standardize evidential examinations, care provided to patient, tests and medications needed, and follow-up needed.
- Provide the victim and those persons accompanying the victim with handouts explaining services available from the Grady Rape Crisis Center or Sexual Assault Agency and how the center will contact the victim after they return home to assist them.
- Provide education to the emergency room and other medical staff on how to respond to and to treat the emotional needs of the victim, and symptoms of the Rape Trauma Syndrome.

Crime Victims' Compensation (Both Advocates)

- Assist victim with completing application for victim compensation.
- Follow-up on application to ensure timely processing.

Investigation (Both Advocates)

- Know the Georgia Victims' Bill of Rights and work closely with law enforcement, prosecutors, local jail, Board of Pardons and Paroles, and Department of Corrections to ensure all procedures for notifications (from arrest to parole) are in place.
- Establish procedures to facilitate communication between law enforcement investigators and victim.
- Provide support for victim participation in the investigation.

Arrest (Community-based Advocates)

- Make sure victim knows that law enforcement will inform the victim of the arrest of a suspected perpetrator and that the victim must keep law enforcement apprised of current address and phone number.
- Provide information to the victim about the possibility of the accused's pre-trial release from custody.
- Give information about how to register with VINE (Victim Information and Notification Everyday) in the event of the accused's release from custody.
- Accompany victim to police line-ups and other proceedings (if needed).

Pre-trial (Judicial-based Advocates)

- Establish procedures for notifying victim of case status and of postponements or changes in court appearances, using the Victims' Bill of Rights as a guideline.
- Provide victim with a written, concise explanation of the criminal justice system.
- Prepare victim for the possibility of questions from the prosecutor about the impact of the crime. Explain to the victim the purpose and use of the Victim Impact Statement, which would inform the prosecutor of the physical, financial, and emotional impact of the crime. Let victim decide whether or not to fill out this form at this time.
- Provide guidance for facilitating victim/prosecutor communications concerning plea negotiations, which is a discussion about the possibility of the accused admitting guilt without a trial in return for a reduced sentence.
- Determine who can provide notification about postponements or changes in court appearances.
- Provide VINE notification information, referrals to community resources, safety planning, crime compensation applications.

Trial (Judicial-based Advocates)

- Accompany victim to court hearings.
- Provide information for convenient parking for victims near the courthouse.
- If there is not a separate waiting area for the victim, request that the judge keep contact between the victim and alleged perpetrator to a minimum.
- Explain courtroom etiquette and procedures to victim.
- Provide appropriate court room attire, if needed.
- Prepare victim for the possibility of media coverage and questions.
- Arrange special assistance or transportation for victims with special needs (medical, handicapped, etc.)

Sentencing (Judicial-based Advocates)

- Assure prosecutor communicates with the victim about sentencing guidelines and recommendations
- Assist victim with the preparation of a Victim Impact Statement, if not already prepared.
- Communicate with prosecutor about whether victim wants to speak about the impact of the crime during sentencing phase.
- Continue court accompaniment and support throughout the judicial process.

Post-sentencing (Judicial-based Advocates)

- Explain to victim how to request notification from the Georgia Corrections and Parole of change of perpetrator's status in custody (escape, death, transfer, etc.)
- Help victim update or prepare Victim Impact Statement to be mailed to the Georgia Corrections and Parole and/or, if applicable, to the Probation Division of the Department of Corrections.
- Explain procedures for victim's being notified by the Georgia Corrections and Parole of the release of inmate from the state prison system.
- Explain procedure for victim to appear in person at the State Board of Pardons and Paroles.
- If applicable, explain restitution collection and procedures.
- Remind victim to notify the Georgia Corrections and Paroles, Probation Division and the Probation Officer of any change of address or phone number. The address of the victim is confidential and will not be released to the inmate by Georgia Corrections and Parole Explain to victim how to claim any personal property held as evidence.
- Provide guidelines for reporting harassment or violation of protection orders by perpetrator.
- Provide victim with name, address, and telephone number of the perpetrator's probation officer so that the victim may notify the probation officer of any unauthorized contact made by the perpetrator.
- Explain procedures regarding perpetrators who are put on probation or given split sentences, i.e., sentenced to prison followed by a period of parole and/or probation.

Ongoing Victim Services (Community-based and System-based Advocates)

- (Both) Provide referrals to victim for other community services.
- (Both) Provide continuing support or counseling as long as victim requests it.
- (Community-based Advocates) Offer a 24-hour crisis line for victims and their families.

III. Sex Trafficking Victims

a. Frequent Terminology and Definitions Associated with Sex Work and Sex Trafficking

Commercial Sexual Exploitation (CSE): Sexual exploitation which occurs with a commercial transaction and/or for commercial gain or exchange, including commercialized sexual activity.

Commercial Sexual Exploitation of Children (CSEC): Commercial sexual exploitation in which the sexually exploited individual is a minor under the age of 18 years.

“Johns,” “Tricks,” or Buyers: The ‘customers’ in systems of commercial sex, or individuals who provide money or other compensation to obtain sex acts, or access to sex or sexual activities.

Pimping: The act of controlling and selling access to other human beings in systems of prostitution to make a profit.

Sex Work: A practice in which money or other material compensation or value is exchanged, whether with mutual consent or not, for performance of a sex act, or access to sex.

Sexual Exploitation: Profiting—economically or otherwise—by buying, selling or obtaining the sexual use or someone else’s body that is in turn taken advantage of or harmed.

Systems of Commercial Sex: Industries and practices involving the commercialization of sex, representations of sex, or sexual performance, including but not limited to prostitution, stripping, pornography, phone or internet sex services, live sex shows, peep shows, massage parlors, escort services, domestic and international trafficking, bestiality prostitution, and mail order brides.

The Game/The Life: The subculture of commercial sex, complete with rules, a hierarchy of authority and language. Referring to the act of pimping as “the game” gives the illusion that it can be a fun and easy way to make money, although the reality is much harsher. Women and girls will say they have been “in the life” if they’ve been involved in commercial sex for a while.

Branding: A tattoo or scarring on a victim that indicates ownership by a trafficker/gang.

b. General Considerations

Many victims of trafficking have existed without basic human rights for so long that they have been conditioned to not fight back. They may fear real consequences that the full disclosure of their activities may bring, and many mistrust formal systems. Those working in the criminal justice system should temper their expectations of victim cooperation with this understanding.

Victims of trafficking often come from vulnerable populations, including oppressed or marginalized groups, inhabitants of impoverished or disaster areas, individuals with drug dependency, runaways and at-risk youth, temporary foreign workers, and undocumented immigrants. Traffickers specifically target these individuals because they are often easiest to recruit and control and are least likely to be protected by law enforcement.

In the overwhelming majority of cases, the distinction between voluntary free choice and being trapped or enslaved is not easily determined or proven. Seeking such distinction does not address the complexity of conditions of exploitation that women, men, and children actually experience. Violence in sex trafficking is a common tactic to subordinate victims, and they are routinely assaulted emotionally, sexually, and/or physically. Victims experience prolonged and repeated trauma that increases their vulnerability to exploitation and victimization.

Sexual exploitation and trafficking for labor go hand in hand. Sexual violence is now the most common tool used by traffickers to wield control over their female, child, and (in many cases) male victims in both sex and labor trafficking. As such it is crucial to understand how trauma, fear, force, coercion, violence, deception, manipulation, and prolonged exposure can impact and distort victims' decisions, actions, and experiences.

The lack of clear distinction between sex work and sex trafficking perpetuates exploitation. When these terms are used interchangeably with one another, inappropriate distinctions can be made between two similar, but very different, realities. While this seems insignificant on the surface, the consequences of using the wrong terminology can be detrimental on individuals. The commonalities and shared experiences between trafficking victims and sex workers may make identifying exploitation difficult. However, victims who are forced or coerced into sex trafficking suffer trauma, hardship, and lack consent (due to age or coercion) that separates them from individuals who willingly engage in sex work as a means of income.

c. Clues to Identifying Trafficking Victims

Common Risk Factors:

- Physical or sexual abuse
- Prior child abuse
- Homelessness/ Poverty
- Lack of education
- Socially marginalized group status (LGBTQ+)
- History of being systems-involved (juvenile justice, foster care)
- Immigration status
- Lack of employment and/or labor opportunities in home country
- Malnourishment
- Avoiding eye contact
- Injuries
- Extremely nervous
- Doesn't speak or is incoherent
- Signs of physical abuse
- Signs of sexual abuse or sexual assault
- Lack of documentation (identification)

- Confiscation of documentation (exploiter is holding it)
- Shy and submissive
- Lack of concentration while speaking
- Observable psychological disorder
- Appears afraid to speak
- Can't identify place of residence
- Presence of tattoos or branding on body
- May present as defiant, combative and uncooperative
- Under 18 years of age and providing commercial sex acts
- In a controlling/dominating relationship
- Engaged in CSE under a "manager"
- Lack of payment/ no access to earnings
- Monitored movement/communication
- Debt bondage
- Recruitment fraud
- Isolation/ unsuitable living conditions

d. Interviewing Potential Victims of Trafficking

Asking the right questions may help determine if someone is a victim of trafficking. It is important to meet with a potential victim in a safe and confidential environment. Victims may not disclose if they do not feel safe or if they believe you will not be able to help. Regardless of whether the victim is accompanied by someone who may or may not seem controlling, it is best practice that practitioners separate the victim from the person accompanying them. When talking to a possible victim, be mindful of the literacy and education level of the individual and any language variances that may exist. Modify your questions to be accessible for the individual and remove any barriers or challenges to effective communication; use open-ended questions and allow the victim to tell their story. The following are sample questions:

Living Situation and General Well-Being

- How do you feel? Tell me about ways/places in which you feel safe/unsafe?
- Describe your current living situation. What are the people you live with like?
- Help me understand what a day in your life is like. What kinds of activities do you do throughout the day?
- Who are the people closest to you? Which friends or family do you feel you can confide in?

Work Situation

- Do you have a source of income?
- How do you get by?
- Tell me about your job. What type of work do you do? Do you like your job?
- How are you compensated for the work that you do? Are there specific work rules that you have to follow?
- Can you leave your job if you want to? Tell me why you do the job that you do?

Freedom of Movement

- What are the sleeping arrangements where you live?
- Are there activities that you enjoy outside home? How often or for what reasons do you leave your home?
- Tell me what would happen if you left your home or your job?
- Tell me about the rules in your home? Are there specific rules about your schedule for eating, sleeping or using certain rooms in the house?
- Tell me about why you stay in your home. Are there locks on your doors and windows? [If yes]: Are these locks there to prevent you from leaving?
- Has there ever been a time when you went without food, water, sleep, or medical care? How often does this happen?

e. Law Enforcement Considerations

First, do not treat the potential victim like an offender by placing them in handcuffs, unless the potential victim poses a danger to others or to themselves. Second, separate the potential victim from their trafficker prior to questioning their status. More often a trafficking victim will refuse to self-disclose. Most have been programmed to believe their traffickers are their protectors. They have been coached on how to respond to police questioning. In addition, they have been conditioned to believe that law enforcement is a threat to their safety. However, taking the victim into custody through an arrest for a violation as a strategy to separate the victim from their trafficker is not a recommended practice. Such an approach will only increase the victim's mistrust of law enforcement as well as reinforce their belief that cooperation with law enforcement is not in their best interest.

Conduct an initial assessment to determine whether the individual is a possible victim of human trafficking. After the individual has been moved to a safe environment, law enforcement may question the individual to determine whether the person is a trafficking victim. Please refer to the previous section on Interviewing Potential Victims.

Adopt a victim-centered and trauma-informed approach to investigating human trafficking. The goal of this approach is to decrease the re-victimization by ensuring the victim is treated with compassion and respect. Law enforcement is uniquely positioned to demonstrate to trafficking victims that their safety and rights will be protected and that they will not be exploited during the investigation. Moreover, law enforcement should ensure a victim witness advocate well-trained to provide advocacy and to connect victims to needed services is contacted and brought into the investigative process as soon as possible, preferably at the time of an initial interview.

Many trafficking victims have been sexually assaulted by their trafficker during the time of their exploitation, consequently, law enforcement should ensure the potential human trafficking victim is offered medical attention.

In cases where there presents evidence to pursue a human trafficking case, law enforcement should contact the Human Trafficking and Internet Child Exploitation Unit (HTICE) of the Office of the Fulton County District Attorney as soon as possible to consult on next steps. At that time, a strategic-case conference will be scheduled to discuss the case and to develop a plan to assist the victim.

f. Medical Considerations

When a trafficking victim discloses their status, health care professionals should be prepared to offer immediate intervention. The following recommendations are presented to assist health care providers who identify a victim of trafficking:

- Assess the victim's immediate safety concerns. Ensure that the victim is not in immediate danger. If the victim is in imminent danger of harm, health care providers should contact hospital security or 911.
- Arrange for interpretation services if the victim is non-English speaking.
- Call in an advocate to educate the victim about their rights and assess their immediate and long-term needs. The advocate can establish rapport with the victim, assess their needs, and provide them information about resources available to support them independent of their trafficker(s).
- If the victim has been sex trafficked, seek their permission to have a FME conducted. When possible, exams should be conducted by a SANE connected to a community victim advocacy program.
- Examinations should also include screening for other reproductive and general health problems associated with trafficking, as well as Hepatitis B (HBV), Hepatitis C (HCV), and other genital infectious diseases.
- Document all physical and emotional findings, including communications. Documentation may be valuable in the event the victim chooses to report their trafficker now or in the future.
- Engage law enforcement after obtaining the victim's permission. Assist and support law enforcement in their efforts to protect the victim while remembering that the victim's safety and well-being is your priority.

g. Resources

- Georgia Statewide 24-hour hotline; 866- ENDHTGA (866- 363-4842); <https://endhtga.org/>
- National Human Trafficking Resource Center: www.humantraffickinghotline.org
- Frontline Response, Out of Darkness: <https://outofdarkness.org/>
- 24-hour hotline services for adult victims of sex trafficking, to include assistance with safe home services and long-term program placement.
- Tapestri: <http://www.tapestri.org/>
- Tapestri addresses the needs of foreign-born survivors of violence. Tapestri's human trafficking program provides victims access to demographic-specific, appropriate resources including, but not limited to, crisis counseling, housing assistance, physical and mental healthcare, legal and immigration assistance, English Speakers of other Languages (ESOL) and vocational skills training, as well as interpretation and translation services.
- Wellspring Living: <http://www.wellspringliving.org/>
- Wellspring Living provides residential and community-based training programs for girls and women.
- Salvation Army: <https://www.salvationarmyusa.org/usn/>
- Faithful Love: <https://www.faithfullove.net/>
- Table on Delk: <https://thetableondelk.org/index.html>
- BeLoved Atlanta: <http://www.belovedatlanta.org>
- O.C.G.A § 16-5-46 has been amended to add "individuals who have a developmental disability" as potential victims, the following resources are provided to assist that population.
- Department of Behavioral Health and Developmental Disabilities (DBHDD), State Regional Field Offices: <https://dbhdd.georgia.gov/field-offices>
- There are six regional offices, and each region has a designated Developmental Disabilities Administrator.
- Georgia Council on Developmental Disabilities: <http://gcdd.org/>
- Georgia's Aging and Disability Resource Connection (ADRC): <https://www.georgiaadrc.com>

IV. Law Enforcement Response

Many sexual assault victims are traumatized as a result of their attack. This trauma, coupled with the intensely personal nature of the crime, often leaves victims reluctant, embarrassed or afraid to report the assault to the police. An understandable apprehension about police and court procedures may further increase victim reluctance to report the crime and Participate in the criminal investigation.

Police 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 plays a part in how well the investigation proceeds, it is imperative that law enforcement agencies always 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 always 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 consider not only the particular assault suffered by each victim, but the victim's age, physical abilities, culture, socio-economic status, and sexual orientation. To better understand the issue of sexual assault and the impact a sexual assault may have on a victim, special training is recommended.

a. Responding to Victims: The Role of Law Enforcement

The role of the investigating officer is to ensure the safety of the victims and the community and to ascertain if the report of sexual assault meets the elements of a crime under Georgia law. Within their jurisdictions, law enforcement shall be responsible for the investigation of sexual assault crimes. Investigative responsibilities include:

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

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

This section was developed to maximize the probability across the state of Georgia and Fulton County of providing consistently appropriate and sensitive treatment to victims and of successfully prosecuting the perpetrators of sexual assault. This is a model protocol, designed to be a guide for local communities. The protocol in no way diminishes the discretion of law enforcement in handling cases of sexual assault.

For further guidelines regarding the role of law enforcement in child sexual abuse evaluation, please refer to the local county or jurisdictional child abuse protocols.

b. Reporting Procedures – 911 Dispatcher

The first report of a sexual assault is usually made by the victim to a dispatch or communications center of a law enforcement agency. Dispatch or communications staffers are critical in aiding the victim to regain control and composure after an assault. The staffers should remain calm, understanding and non-judgmental while speaking with any victim.

A record of calls, radio traffic and other communications pertaining to a sexual assault case may be preserved by the law enforcement agency receiving the complaint. The dispatcher may assist investigating detectives by making a copy of the calls, radio traffic and other communications immediately after the assault.

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

- Obtain the victim's name and location immediately;
- Determine if the victim is currently safe or whether or not the victim needs immediate medical attention;
- Dispatch the appropriate law enforcement units and, if necessary, emergency medical help;
- Initiate contact with the local rape crisis center;
- Maintain an open line with the victim in order to assure the victim that help is coming, to advise the victim not to change clothing, shower, or touch anything in the immediate area where the assault occurred, or disturb any potential evidence;
- Determine where and when the attack occurred, the name or description of the assailant, the means used by the assailant to leave the scene, and the direction of the flight, and if any weapons involved
- Determine whether the suspect is known offender or stranger
- Determine any information about the suspect's history of violence and/or use or possession of a weapon
- Determine whether drugs or alcohol were used to facilitate the sexual assault; and
- Contact appropriate investigative parties for activation of the SANE nurse or ER doctor at the Grady Rape Crisis Center.

If it is immediately apparent to the dispatcher that the victim is unable to discuss the assault, then the dispatcher should simply seek to keep the victim calm until help arrives.

2. If the victim is not the caller:

The initial complaint may be received after the assault from a person the victim has contacted, such as a family member, friend, neighbor, or concerned citizen. The dispatcher should, through the caller, gather the same information previously described to assist the victim, while enlisting the help of the caller to keep the victim safe and calm until additional help arrives.

c. The Responding Law Enforcement Officer

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

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 must also address the emotional needs of the victim by remaining calm, sympathetic and understanding. The needs of the victim must always precede the demands of the investigation.

To increase the victim’s emotional comfort and security prior to a transfer to a medical facility, the officer should explain to the victim the actions anticipated on the victim’s behalf, including a physical exam.

Grady Rape Crisis is the preferred medical provider for sexual assault examination in Fulton County. The victim should be advised due to the SANE program and training of ER doctors at Grady regarding these types of cases, this is the preferred medical facility for a sexual assault examination. The victim should be advised of the potential issues if they choose to use another medical facility. However, the victim may have another preference for medical care and that should be considered.

A friend or family member of the victim may be requested to bring a change of clothing to the medical facility for the victim’s use after the medical examination. However, in Grady Rape Crisis Center and some other medical facilities, will provided the necessary clothing.

- c.** The officer should arrange for the transportation of the victim to the appropriate medical facility. Where possible, a non-uniformed officer should transport the victim to the medical facility in an unmarked vehicle.

The officer should also ask the victim to refrain from washing, showering, brushing teeth, using a mouthwash, smoking, eating, 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 also be explained.

Even if a victim has already bathed or douched, the officer should nevertheless proceed to transport the victim to the appropriate medical facility.

d. The responding officer, if time permits, may also ask the victim some questions about the sexual assault. Questioning should be conducted by a single officer, in the greatest privacy available, and questioning should be limited in scope to crucial information immediately needed by law enforcement:

- Name or physical description of assailant,
- Jurisdiction of the assault
- Unusual physical characteristics of assailant
- Clothing of assailant
- Method of flight (car, truck, on foot, etc.), and
- Direction of flight

e. If the crime scene is known, then the forensic or identification unit of the law enforcement agency should be notified as soon as possible that it will be needed at the crime scene and at the medical facility selected for the physical examination.

f. If the responding officer proceeds to the medical facility where the victim is taken, the officer should:

- 1.** Remain at the medical facility until police detectives or investigators have arrived: and
- 2.** Thoroughly brief the medical staff and detectives 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 confidential information cannot be overheard by others.

2. Delayed Reporting

If more than 120 hours have elapsed since the incident of sexual assault and the victim contacts law enforcement, there is a possibility that some forensic evidence may remain up to five days in the victim's body or there may be evidence of tearing or other internal abrasions. For this reason, the victim shall be encouraged to seek medical care and to complete the medical evidence collection.

d. The Crime Scene

- 1.** No one, including the responding officer, should touch physical articles, including weapons, blood or any other potential item of evidence at the scene.
- 2.** The victim's clothing and personal effects should be protected from all handling and contamination until forensic officers reach the crime scene.
- 3.** The responding officer, with the assistance of other officers, should guard the scene from any intrusion until the arrival of forensic officers.
- 4.** A crime scene access log should be maintained by crime scene officers listing the full name of every person, police and civilian, who comes to the scene.
- 5.** When the forensic officers arrive at the crime scene, the responding officer should give the forensic officers all information available on the investigation and then, if requested, assist the forensic officers at the scene.
- 6.** When there is a suspicion of a drug facilitated sexual assault (a "date rape" drug) involved:
 - a.** Obtain a urine sample as soon possible or coordinate with the medical facility to ensure a urine sample is timely collected. A blood sample should also be collected if the assault took place within 24 hours of the sample collection. Urine collected for analysis can be collected up to 120 hours and may be submitted to the GBI Crime Lab.
 - b.** Interview bartenders, waitresses, patrons, parking lot attendants, security officers, neighbors or partygoers who may have noticed anything about the victim's departure. Also, whenever possible, retrieve any glass that the victim drank from, or unexplained, unmarked bottles where the drinks were being mixed.
 - c.** Check trashcans anywhere near where drinks were being mixed or near where the victim and/or suspect were sitting, or in the restrooms for unexplained, unmarked liquid or residue on the glass itself.
 - d.** When interviewing the suspect, be alert for the presence of empty blister packs or additional pills in their pockets or secreted in their wallet, clothing or car.
 - e.** Whenever possible, check both the location where the victim woke up and the location where the victim last remembers being present for any evidence and / or witnesses.

e. The Incident Report

It is imperative that the responding officer provide an accurate and complete report detailing the officer's activity. The report should include:

- 1.** The date and time of dispatch and arrival at the scene, the nature of the dispatch, the location, and a description of the scene.
- 2.** The identity of the victim (or a description if identity is unknown), the victim's personal information, including phone numbers and addresses for home and work, and the names, phone numbers and addresses of other persons

3. A description of any injuries to the victim, the clothing of the victim, and any damage to the victim's clothing or personal possessions.
4. A careful description of the victim's emotional state.
5. Actions taken on behalf of the victim.
6. Actions taken to preserve the crime scene. Take photos of scene, victim, and suspect.
7. Preservation of cell phone records, tower locations, and social media.
8. Information learned about the sexual assault, including:
 - The exact location of the assault;
 - The approximate time of the assault;
 - Whether a weapon was used, and if so, what kind;
 - How the victim and assailant came to the scene;
 - A description of the sexual assault;
 - The identity, if known, and complete description, including clothing description and any other information obtained about the assailant from the victim or witnesses;
 - The means by which the assailant left the scene;
 - The assailant's direction of flight;
 - Any other information obtained from the victim;
 - The names, addresses and phone numbers of any witnesses identified by the victim or located by the police;
 - The statements of any witnesses interviewed at the scene;
 - The names of any law enforcement officers, including supervisors, detectives and forensic officers who came to the crime scene (access log) or medical facility;
 - Any other actions taken in the case; and
 - The exact time the officer left the crime scene and, if applicable, the medical facility.

f. The Sexual Assault Examination and Law Enforcement

Law enforcement officers should not be present during the medical examination of the sexual assault victim. Any person, particularly a sexual assault victim, deserves a personal examination free of unnecessary, non-medical strangers.

In sexual assault cases where ingestion of drugs such as Rohypnol (flunitrazepam) or GHB or any other similar substance that impairs judgment is potentially involved, whether willfully or unknowingly taken, officers should conduct a very deliberate investigation. Even though not present during the examination, the law enforcement officer should ask medical personnel to take a urine and blood sample from the victim to be refrigerated and tested for Rohypnol (flunitrazepam) or GHB as soon as possible, since these substances dissipate quickly.

Voluntary consumption of illegal substance or alcohol should not be used to discredit or discourage the victim. Urine and blood samples should be taken for analysis by the GBI, FBI, or private lab. Blood sample can be taken within 24 hours of the assault and urine sample within 120 hours of the assault.

g. The Lead Investigator's Role

The lead investigator in a sexual assault case has the critical role in the successful prosecution of the case. The importance of obtaining an eventual criminal conviction, however, must be balanced against the necessity of protecting the victim's physical and emotional health.

A conclusion that an assault did not occur must be based on evidence. Personal views about a victim must not influence law enforcement's investigative analysis of the evidence in a case. A suspicion of a false report is not an evidence-based reason to suspend and investigation or determine a case unfounded. If an evidence-based Investigation fails to prove an assault occurred, the investigation should be unsustainable or inconclusive.

Victim Recantation is a retraction of a report of a sexual assault. Recantations are often not an indication of a false report; victims frequently recant to avoid proceeding further with the criminal justice process. A victim may recant, even when the assault actually occurred for a variety of reasons. When a victim recants, it is incumbent upon the investigator to determine if external factors have contributed to the victim's desire to disengage from criminal justice system. Recantations are challenging, but they should not automatically result in the case being declared unfounded.

h. The Investigator's Response

An investigator will usually be summoned to the medical facility where the victim has been taken.

The investigator should respond immediately to the facility. The investigator should obtain a thorough briefing from the responding officer(s). This briefing, as in all discussions of the case, should be conducted quietly and discretely.

- 1.** Each officer who responded to the crime scene, had contact with the victim, or came to the medical facility should be directed to file a detailed, written report on the case.
- 2.** The investigator should conduct a thorough interview with the victim and should either write up the interview or audio tape it. During the initial contact, the investigator should:
 - Clearly identify himself/herself to the victim;
 - Verify the information obtained by the dispatcher and/or responding officer which may help the police locate the suspect;
 - Make certain that the victim understands what is being done on the victim's behalf;
 - Carefully note the emotional status and physical injuries of the victim for later inclusion in the case report; and
 - Inform the victim that a more detailed, thorough interview will be conducted at a later time.
- 3.** The investigator should confirm that action is being taken by other officers to locate and detain the suspect;
- 4.** The crime scene, if known, is being protected and thoroughly processed by the forensics unit;
- 5.** Known witnesses are being interviewed;
- 6.** Chain of custody is maintained, and photographs obtained or arranged for, if needed;
- 7.** The emergency phone calls and records of police traffic in reference to the case is preserved by the communications department for later use; and
- 8.** All evidence available at the medical facility, including the clothing of the victim, is held.
- 9.** The investigator should consult with the victim advocate/counselor and any family members or friends of the victim to explain the actions being taken by the police and to seek their cooperation and assistance in future contacts with the victim.
- 10.** The investigator should arrange transportation home or to a safe location selected by the victim.
- 11.** The investigator should provide the victim with a copy of the Victim's Right Bill.
- 12.** If appropriate, the investigator should assure that information about the suspect has been sent to other law enforcement agencies.
- 13.** The investigator should verify that all the evidence obtained at the medical facility is correctly inventoried and prepared for transfer to the crime lab within 120 hours

i. The Victim Interview

After a sexual assault has occurred, an in-depth interview with the victim should be conducted within 24 hours, though it may take place within a week. The victim's physical and emotional health must remain paramount, and the interview should be held when the victim is no longer in crisis. The interview should be held in a comfortable, private setting. A location should be selected which permits both visual and sound privacy and is free of unnecessary interruptions.

Accommodations should be made if the victim requests the presence of a victim advocate, relative or friend or needs an interpreter. The investigator should be professional, compassionate, understanding and non-judgmental during the interview. The necessarily intimate communications with the victim demand tactful and sensitive questioning.

- 1.** The investigator must remain aware at all times that the victim may have suffered psychological trauma far worse than any physical injury. Many victims experience a shock and anxiety which persists for hours, days, and even months after being attacked. Insensitivity to the victim can cause additional psychological harm to the victim and severely damage the investigation by diminishing the victim's willingness to cooperate with law enforcement. Conversely, a sensitive, caring investigator can bolster the victim's confidence and self-esteem and increase the victim's desire to assist with the investigation.
- 2.** The investigator's role in connection with the investigation should be clearly explained to the victim. The victim should be informed why certain very intimate, perhaps embarrassing, questions must be asked, particularly about the assault itself. The victim should be assured that the investigator understands the difficulty of the interview and is more than willing to conduct the interview at a pace comfortable for the victim.
- 3.** The investigator should use language that is readily understood by the victim. To the extent possible, the investigator should use the same terms, including slang, as the victim in order to build a rapport with the victim and increase valuable communication. If slang terms are used, the interviewer should use the terms unhesitatingly and without embarrassment.
- 4.** Certain questions and inquiries are never appropriate. For example, victims should not be asked "did you enjoy it?" or "did you have an orgasm?"

5. The investigator should let the victim narrate what happened, in the victim's own words. Then follow-up questions can be asked with the investigator explaining to the victim why those inquiries need to be asked. The interview should be as thorough as possible. Inquiry areas should include:

- a.** The victim's prior relationship (if any) with the assailant;
- b.** Prior sexual history with the assailant, if any;
- c.** The details of the forced act(s);
- d.** The assailant's modus operandi;
- e.** The assailant's clothing;
- f.** The assailant's appearance, including marks, scars, tattoos, deformities, or unusual physical features or body odors;
- g.** The assailant's means of restraining the victim;
- h.** The victim's response to the attack, including any verbal or physical resistance;
- i.** The victim's state of mind during the attack;
- j.** The use or threat of weapons;
- k.** What the assailant said to the victim, including threats and instructions; and
- l.** The names or descriptions of any other witnesses, participants or accomplices.

6. The interview should be video recorded in order to:

- Document the details of the interview;
- Preserve the interview to permit other authorized persons to hear the victim's account without requiring additional interviews; and
- Permit the presence of other persons, such as victim advocates, to be present at the interview.

ii. Victim Follow-up

1. The investigator should provide the victim with information about the Victims' Bill of Rights O.C.G.A. § 17-17-1 and should encourage the victim to seek support from family, friends, and victim advocacy groups.

2. After the interview has been concluded, the detective should obtain any additional physical evidence, such as photos, needed from the victim. The possible need of additional steps in the investigation, including composite drawings, photographic or live line-ups, should be explained.

3. During the investigation of the sexual assault, and after the arrest of an assailant, the lead investigator or detective has a continuing responsibility to interact with the victim by:

- a.** Informing the victim when an assailant has been arrested;
- b.** Informing the victim of future investigative and prosecutorial activities on the case, including those which might require the victim's involvement;
- c.** Maintaining contact with the victim to ensure that appropriate support services are available; and
- d.** Working with prosecutors and victim agencies to develop the case and familiarize the victim with court practices and procedures.

iii. The Suspect Interview – conducted by arresting law enforcement agency.

- 1.** The investigator should make an attempt to interview the suspect after advising suspect of their Miranda Rights.
- 2.** The investigator should obtain a search warrant for the suspect's DNA.
- 3.** The interview should be recorded.
- 4.** Collect the cellphone of the suspect for analysis.
- 5.** Document any physical injuries or lack of physical injuries to the suspect.

i. The Case Report

The lead investigating officer in a sexual assault case has the crucial responsibility of compiling all the information learned throughout the investigation. This compilation, 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.

Sexual assault is a crime against the State of Georgia. As a result, the lead investigator, acting as an agent of the State, should swear to and sign the warrant documents. The victim should not be asked to sign these documents.

THE ARREST WARRANT SHOULD INCLUDE:

- The nature of the crime
- The location of the crime
- The identity of the victim
- Whether a weapon was used, and if so, what kind
- A description of the sexual assault

j. Checklist: Law Enforcement

Emergency Dispatcher

- Quickly obtain the victim's name and location.
- Ascertain safety of victim.
- Dispatch appropriate law enforcement units.
- Dispatch emergency medical care.
- Maintain an open line with the victim.
- Keep victim calm; advise that help is on the way.
- Request that victim not wash, change clothes, disturb crime scene, etc.
- If possible, obtain information from the victim about the sexual assault.
- Relay helpful information to officers.
- Preserve a record of emergency communications, including the victim's call, for later use as evidence.

The Responding Officer (At the scene)

- Reach victim as quickly as possible.
- Determine victim's physical/medical needs.
- Request emergency care if needed.
- Calm and reassure victim.
- Inform victim of actions being taken.
- Prevent destruction of evidence by victim and others.
- Make arrangements for transportation of victim to medical facility.
- Contact family or friend.
- Contact victim or rape crisis advocate.
- Arrange change of clothing for victim.
- If appropriate, question victim about suspect's identity or description, clothing, method of transportation and direction of flight.
- Confirm that medical facility is notified.
- Contact the SANE at the FPC.
- Request presence of detectives at medical facility.
- Request presence of Forensic/ID unit.
- Preserve integrity of entire crime scene.
- Preserve victim's clothing and effects for Forensic/ID unit.
- Start crime scene access log.

At medical facility

- Remain at facility until detectives arrive.
- Brief responding medical staff on known facts of the case.
- Brief responding detectives on known facts of the case.
- Collect Sexual Assault Kit (SAK) within ninety-six (96) hours from the medical facility and deliver to GBI within thirty (30) days according to Georgia statute.

Incident report

- Date and time of dispatch, arrival at and exit from scene.
- Nature of dispatch.
- Describe location and condition of the scene.
- Identifying information on victim.
- Injuries/emotional state of victim.
- Requests for additional assistance, including officers.
- Actions taken for the victim.
- Actions taken to preserve crime scene.
- All information learned about assault from victim.
- All other information learned about case.

Case Report

- Primary officer's incident report.
- Reports filed by other officers.
- Crime scene access log.
- Written statement of the victim.
- Copy of recorded statement of the victim.
- Statements of witnesses.
- Copies of recorded statements of witnesses.
- Lead investigator's case activity log.
- Lead investigator's case summary.
- Wanted poster/composite drawings.
- Photographic line-ups; admonitions.
- Reports of anonymous crime information from sources such as Silent Witness and Crime Stoppers.
- Statements of assailant: non-custodial.
- Statements of assailant to arresting officers.
- Statements of assailant to civilians.
- Constitutional rights; Miranda law.
- All of assailant's custodial statements to law enforcement.

- Copies of all recorded assailant statements.
- Diagram of crime scene.
- Photos of victim or victims.
- Photos of crime scene.
- Property and evidence forms.
- List of property in police custody.
- List of property sent to crime lab.
- NCIC criminal history.
- Local agency's criminal history.
- Juvenile history data.
- Probation/parole data.
- Booking photo of assailant.
- Reports on police calls to assailant's address.
- Reports on police calls in assailant's name.
- 911 calls on sexual assault case.
- Transcript of 911 calls.
- Computer printout of address and phone number of 911 caller.
- Written report from Forensic/ID unit.
- Weapon follow-up (NCIC/ATF).
- Crime lab reports.
- EMS reports.
- Medical facility reports.
- Copies of news stories.
- Copies of affidavits for search warrant, warrants and returns.
- Copies of consent to search forms.
- Copies of other judicial orders.
- Copy of arrest warrant.
- Arrest and booking report.
- Arraignment sheet.

V.

Sexual Assault Examination and Evidence Collection

All Sexual Assault Medical Examination be performed at the nearest emergency department or Sexual Assault/Rape Crisis Center. The Grady Rape Crisis Center should be contacted once contact is made with the victim. The Grady Rape Crisis Center is the preferred location for all Sexual Assault Medical Examinations.

a. Adults and Older Adolescents Examination and Collection

The Sexual Assault Examination and Evidence Collection form, which follows this narrative, is intended to be used as a guide for examining and treating adult or nearly adult victims of sexual assault and for collecting evidence related to a sexual assault. It may be used in place of or in addition to an existing medical protocol. It is designed to be used in a variety of settings, for example, in a hospital emergency room, a physician's office, or a rape crisis center that is able to conduct a medical examination and collect the forensic evidence. The form is long because it is thorough. It is anticipated that it will be adjusted to meet the individual needs of the facility performing the examination and evidence collection.

The form was developed for two purposes: first, to maximize the probability, across the state of Georgia, of providing consistently appropriate and sensitive medical care to the victims of sexual assault; and second, to maximize the probability of successfully prosecuting the perpetrators of sexual assault. Generally, these two purposes will not conflict; that is, the victim will usually want medical care rendered in such a way as to make it possible to prosecute the perpetrator(s) of the assault. Sometimes, however, they may conflict. For example, if the victim has been assaulted by a family member, the victim may choose not to prosecute, at least initially. Should this happen, to the extent that the victim permits, the form should be completed in any case. If the victim should at a later time decide to prosecute, successful prosecution will depend on the quality of the evidence initially gathered by the health care professionals involved in the case.

b. Need for Consent of Victim for Medical Procedures

The Georgia Code requires that there must be consent to any and all medical treatment (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 years old. However, there are exceptions. For tests and treatment connected with pregnancy, a person can consent regardless of their 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 care can be rendered under implied consent.

c. Testing for HIV: defendants and those convicted of an AIDS-transmitting crime

A concern often expressed by a victim of a sexual assault is whether or not the perpetrator or the person convicted of the crime is HIV-positive or has AIDS. There is a law in Georgia, O.C.G.A. § 17-10-15, which permits the testing of a defendant and of a convicted person. A trained public health counselor should provide the victim with information about HIV testing and post-exposure prophylaxis to prevent infection. This counselor should also discuss with the victim the need to protect subsequent partners from HIV transmission. For up-to-date information about the testing of convicted assailants, consult the Georgia Code or a local district attorney or judge.

d. Special Populations of Victims

Beyond the normally sensitive care provided to any victim of sexual assault, special care should be observed (and special training may be required) when the victim falls into one or more of the following categories: children, adolescents, elderly adults, physically or mentally disabled adults, men, those assaulted by an intimate partner, and those who present for examination more than 120 hours after the assault.

Collection of physical evidence more than 120 hours after a sexual assault must be guided by the particulars of individual case histories. Although there is a possibility that some forensic evidence may remain up to 5 days in the victim's body, the potential to identify spermatozoa is considerably diminished or even negated with this extensive time period. For instance, using current technology, it would not be possible to do a DNA profile of any remaining semen. The better evidence in this situation would be an undergarment or other clothing worn immediately following the assault. These items may also be needed in cases where sperm samples from swabbings are not sufficient in quantity for DNA analysis. The case officer should be contacted to ascertain and coordinate the need for collecting patient's clothing in such cases.

e. Biologic Evidence Collection

The SANE, physician, nurse practitioner or PA will collect biologic samples with the consent of the patient, at the request of a law enforcement agency, the District Attorney's Office, the Medical Examiner or Coroner's office, a hospital or pursuant to a court order in accordance with currently accepted protocol (defined as the National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents), to obtain timely biologic reference samples for possible analysis at the GBI Crime Lab. At the conclusion of the sexual assault, medical forensic examination, any evidence collected will be packaged and protected in a manner to ensure the integrity of specimens and the appropriate chain of custody of the evidence.

All biologic evidence will be collected up to a maximum of 120 hours after the assault. In addition, cases should be evaluated on an individual basis as the medical forensic examination may be completed beyond 120 hours.

All biologic samples, fluids, hairs and other evidence requiring GBI analysis will be given directly to the case investigator for processing using proper chain of evidence. Biologic samples collected for analysis can be collected up to 120 hours and may be submitted to the GBI Crime Lab, the FBI Crime Lab or other private lab for toxicology drug screen.

All biologic evidence collected with the consent of a patient who chooses to initiate and participate in and/or cooperate with a law enforcement investigation shall be picked up by law enforcement within 96 hours of being notified and submitted to the GBI Crime Lab' within thirty days of the date it was collected pursuant to O.C.G.A. § 35-1-2.

All biologic evidence collected with the consent of a patient who chooses **NOT** to initiate and participate in and/or cooperate with a law enforcement investigation should be retained by law enforcement with jurisdiction for a minimum of one year pursuant to O.C.G.A. § 35-1-2. Such biologic evidence shall not be sent to the GBI Crime Lab. Urine collected for analysis can be collected up to 120 hours and may be submitted to the GBI Crime Lab, the Federal Bureau of Investigations Crime Lab or other private lab for toxicology drug screen.

i. Phases I

Phase I (1-30 minutes) begins at the time the victim presents to a health care professional or facility for examination. In this phase, the victim becomes a patient. The patient is triaged and screened medically, registered in the health care facility, informed that law enforcement officials will be notified, and asked to sign an initial set of consents. The consent of patients is not only required by law, but it is also one way to recognize and help them regain their sense of dignity as persons and to aid their transition from the status of victim to that of survivor. However, the patient should be informed, by the medical provider that notification of law enforcement officials is mandatory in assault cases and does not require their consent. The patient should be informed by the medical provider that they may remain anonymous to law enforcement, until they decide they want to participate in the criminal investigation. If necessary, emergency medical care is provided. Counseling and emotional support should be provided by medical facility's advocates or social worker if none on staff a referral to the nearest community-based advocate should be given to the patient.

ii. Phase II

Phases II and III comprise the core of the protocol. During Phase II (31-60 minutes), the health care professional informs the patient about the nature, duration, and sequencing of the medical examination and the collection of forensic evidence. Note that the patient cannot be reimbursed for the cost of the examination if there is no consent for the collection of forensic evidence.

In order to preserve the patient's dignity and confidentiality, it is important to discuss these matters in a private office or secluded space with an advocate or other person present to support the patient. After informing the patient concerning what is to follow, the health care professional will obtain additional consents, perform a secondary assessment, and take the history of the patient and the assault. 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 documentation for this phase, a serum or urine pregnancy test is ordered on the patient with childbearing capabilities. Baseline Hepatitis B surface antibody and, with the patient's consent, HIV tests may be done at this time or within two weeks.

Special care should be taken to advise the patient of the implications of the HIV testing. In order to maintain anonymity, the patient may be asked to consider obtaining these tests through the public health department. Counseling and emotional support are continued, by healthcare advocates or social worker, with special attention given to the implications of HIV testing. The ED or SANE, Pharmacy staff or Infectious Disease providers at Grady should provide information to victims on how to protect consensual sex partners against the possibility of HIV transmission.

iii. Phase III

The actual medical examination and collection of forensic evidence are done together in Phase III (61-120 minutes). Any forensic evidence collected within 120 hours of the assault should be documented in the Georgia Bureau of Investigation/Division of Forensic Sciences Sexual Assault Evidence Collection Kit (GBI/DOFS). If patient indicates that the assailant bite, licked or kissed any part of her body, these areas should be swabbed for potential saliva and subsequent DNA analysis. If after 120 hours, the medical examination shall still be performed in order for the findings or lack thereof can be explained in court. The findings of the exam should be documented completely, noting injuries on the relevant anatomical diagrams. In addition, pictures, forensic by way of a colposcope or another image enhancing device, should be taken to be shared with the prosecutor. Prophylaxis for sexually transmitted diseases (STDs) should be offered at this point. Post-coital contraception may also be considered if the pregnancy test is negative, though the patient should be informed that this will cause the shedding of the lining of the uterus. After the examination and evidence collection are completed, the examiner should check the labeling of all evidence and package it as instructed in the assault kit. Deliver the assault kit and (with the consent of the patient) a copy of the medical record to a law enforcement official. The official should sign for this material, establishing a "chain of evidence." Counseling and emotional support should be provided by medical facility's advocates or social worker if none on staff a referral to the nearest community-based advocate should be given to the patient.

iv. Phase IV

Phase IV (121-180 minutes) assumes the patient will remain for a brief period of time (e.g., 30 minutes) at the facility to be observed for possible complications that may arise due to medications given. Aftercare instructions and education are also provided at this time by medical facility's advocates or social worker. The patient should be strongly encouraged to follow-up with subsequent treatments and to utilize supportive individuals or groups in the community who offer services to victims of sexual assault. Any literature on or by these individuals or groups may be provided at this time. Counseling and emotional support should be provided by medical facility's advocates or social worker if none on staff a referral to the nearest community-based advocate should be given to the patient.

v. Phase V

Phase V (181 minutes – 14 days) Because of further activities to be done, it will be necessary to ask the patient to return to the health care or public health facility for the Baseline Hepatitis B surface antibody, and HIV tests to be performed or, if done earlier, for the results to be provided. If post-coital contraception was given, a repeat pregnancy test is also performed. Counseling and emotional support should be provided by medical facility's advocates or social worker if none on staff a referral to the nearest community-based advocate should be given to the patient.

vi. Phase VI

Phase VI (15-90 days) Counseling and emotional support should be provided by medical facility's advocates or social worker if none on staff a referral to the nearest community-based advocate should be given to the patient.

vii. Phase VII

Phase VII (91-180 days). At 180 days, a repeat HIV test is given, if indicated. The ED or SANE, Pharmacy staff or Infectious Disease providers at Grady should provide information to victims on the need for repeat HIV Testing

f. Sexual Assault Evidence Collection Kit (SAK)

Adequate and proper collection of specimen samples from the patient's body for forensic analysis is essential. The GBI/DOFS Sexual Assault Evidence Collection Kit is recommended for the evidence collection process. This kit is sufficient to collect samples from the patient's body to perform semen testing through DNA analysis. The instruction sheet provided in each kit should be followed explicitly for proper evidence and known hair 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 (or contents of clean paper bag when clothes are collected), and name of person collecting the sample.

An important function which can be provided by health care personnel is the microscopic examination for motile spermatozoa. This information can be valuable in estimating the length of time since the sperm were deposited. The spermatozoa identified by the crime laboratory cannot provide significant information as to time of deposit because they have dried and are no longer living cells.

An evidence collection kit should be prepared if the assault occurred less than 120 hours before presentation, even if the patient has bathed or showered. Correlation of the case history with sample collection is essential to ensure that appropriate evidentiary materials are taken. Fingernail clippings should be taken only if the case history indicates that the victim vigorously scratched an attacker. When no apparent blood or tissue is seen, scraping usually results only in identification of the patient. The fingernails should be examined for visible bloodstains or small clumps of tissue, which, if seen, should be collected using sharp tweezers or other clean instrument appropriate for removing the material.

Plucking to obtain reference hair standards is no longer the only acceptable collection technique. A clean fine-toothed comb may be used to obtain the needed 25 or more random hairs from the head and pubic areas after the combing for foreign hairs is completed. Reference hairs obtained by combing may be suitable for a microscopic comparison to questioned hairs found on the victim's body, clothing, or other locations. If it is not possible to obtain the 25 hairs by combing, it may be necessary to have these plucked at a later time. This collection should be performed at the earliest possible time for the optimum forensic analysis.

Blood tubes are not provided to obtain a known blood sample from the patient during the medical examination. If needed, this sample is preferably collected after the DOFS laboratory has identified spermatozoa and a suspect has been indicated.

If the medical personnel suspect that the patient is under the influence of a drug facilitated sexual assault or "date-rape" drug, they should obtain a urine and blood specimen (50 ml of urine and 20 ml of blood in a grey top tube) and label with the patient's name and your signature. Seal the blood and urine specimen in a Drug-Facilitated Sexual Assault Victim Toxicology Kit, if available or a DUI Kit and process it as with other DUI Kits. Most hospitals do not test for Rohypnol and GHB specifically. Therefore, the Patient Representative must call the detective to immediately come to pick up the samples and take them to the GBI lab for preservation and analysis.

Each law enforcement agency is responsible for providing the hospital or medical facility with the Sexual Assault Evidence Kits and the Drug-Facilitated Sexual Assault Victim Toxicology Kit, if they do not have any at their facility. The Kits must be properly labeled with the agency name and case number.

O.C.G.A. § 17-5-74 requires medical facilities conducting examinations, law enforcement, forensic laboratories and any entity taking possession of the sexual assault kit to enter the kit's location and status into the statewide sexual assault kit tracking system so that the location of the kit is known at all times. Kits produced after O.C.G.A. § 17-5-74 went into effect have a bar code and tracking number on the front of the kit. Kits that were produced prior to O.C.G.A. § 17-5-74 do not have a bar code and tracking number on the front of the kit but tracking labels can be obtained and added to the older sexual assault kits to prevent increased cost to law enforcement and medical facilities.

All kits shall be picked up from the medical facility by the responsible law enforcement agency within ninety-six (96) hours of being notified and must be delivered to the GBI/DOFS laboratory within thirty (30) days of evidence collection. It should be noted that law enforcement will secure/transport a sexual assault kit for patients who have not filed a police report. The sexual assault kit shall be kept by the law enforcement agency with jurisdiction for 12 months, after 12 months the sexual assault kit can be destroyed but law enforcement agencies are encouraged to maintain the kits for 3-5 years decreasing the likelihood that evidence will be destroyed in cases in which a victim wishes to go from non-reporting to reporting status after 12 months.

The sensitive treatment of sexual assault victims and the careful collection of the forensic evidence related to their assault will require much of health care providers. But this same sensitivity and carefulness will also do much to aid the transition of the patient from victim to survivor and the prosecution of the perpetrators of such crimes. The Sexual Assault Examination and Evidence Collection form will be successful to the extent that it furthers these two purposes.

g. Checklist: Sexual Assault Evidence Collection Kit (SAK)

- The medical facility must obtain informed consent from the victim explaining all tests and procedures, which will be given.
- Gather and document the medical forensic history
- Perform the examination and assessment, and coordinate treatment of injuries
- Perform and complete the medical forensic examinations and biologic evidence collection as quickly as possible after a report is received
- Complete appropriate authorizations relating to the examination, documentation and evidence collection (i.e., patient's informed consent)
- Photograph and document injuries and prepare a report
- Maintain and document the chain of custody of any evidence collected during the examination and assessment
- Adhere to best practices as outlined in the Georgia Sexual Assault Response Team Guide
- Conduct the Medical Forensic; Examination .in accordance with GBI procedures using a GBI Sexual Assault Evidence Kit and in accordance with the National Protocol for Sexual Assault Medical Forensic examinations.
- Provide information, treatment, and referrals for STIs and pregnancies
- Follow CDC Guidelines in offering HIV PEP
- Follow-up as needed for additional treatment and/or collection of evidence
- Provide testimony at trial

VI. PROSECUTION

a. Victim Expectation and the Role of the Prosecutor

While a survivor/victim's opinion is always taken into consideration decisions to prosecute and how to ultimately dispose of a case are within the discretion of the prosecutor assigned and based upon law and evidence. The following recommendations are made in an attempt to address the issues in the prosecution of the case.

b. Notification and Crime Victims' Bill of Rights

1. Prosecutors should assume ultimate responsibility for informing victims of the status of a case in accordance with the Crime Victim's Bill of Rights (O.C.G.A. 17-17-1 et seq.)

This responsibility includes the following specific statutory requirements;

a. Upon initial contact with a victim, a prosecuting attorney shall give prompt notification to the victim of the following:

i. The procedural steps in processing a criminal case.

ii. The rights and procedures of victims under the Victim's Bill of Rights.

iii. Suggested procedures if the victim is subjected to threats or intimidation.

iv. The names and telephone numbers of contact persons at both the office of the custodial authority and in the prosecuting attorney's office

((O.C.G.A. 17-17-7(a)).

2. Whenever possible, the prosecuting attorney shall notify the victim prior to any proceeding in which the release of the accused will be considered. ((O.C.G.A. 17-17-7(c)).

3. Whenever possible, the prosecuting attorney shall offer the victim the opportunity to express the victim's opinion on the release of the accused pending judicial proceedings ((O.C.G.A. 17-17-7(d)).

a. If requested in writing by the victim and to the extent possible, the prosecuting attorney shall give prompt advance notification of any scheduled court proceedings and notice of any changes to that schedule. Court proceedings shall include any changes to that schedule. Court proceedings shall include, but not be limited to pretrial commitment hearings, arraignment, motion hearings, trial, sentencing, appellate review, and post-conviction relief. The prosecuting attorney shall notify all victims of the requirement to make such request in writing. ((O.C.G.A. 17-17-7(b)).

b. The prosecuting attorney shall offer the victim the opportunity to express the victim's opinion on the disposition of an accuser's case, including the views of the victim regarding plea or sentence negotiations and the perpetrator's participation in pretrial or post-conviction diversion programs ((O.C.G.A. 17-17-11).

c. Upon written request of the victim, the prosecuting attorney shall notify the victim of the following:

- 4.** That the accused has filed a motion for a new trial or an appeal of his or her conviction.
- 5.** Whether the accused has been released on bail or other recognizance pending the disposition of the motion or appeal.
- 6.** The time and place of any appellate court proceedings relating to the motion or appeal and any changes in the time or place of those proceedings.
- 7.** The result of the motion or appeal. ((O.C.G.A. 17-17-12(a)).
 - a.** In the event the accused is granted a new trial, or the conviction is reversed or remanded, and the case is returned to the trial court for further proceedings, the victim shall be entitled to request the rights and privileges provided by the Victim's Bill of Rights ((O.C.G.A. 17-17-12(b)). To ensure that the above statutory requirements are satisfied each
- 8.** Prosecutor's offices should establish and maintain direct liaison with victims and with Victim Assistance Programs.

c. Prosecutors' Communication with Victims Checklist:

- Notify sexual assault victim of all hearings and changes in schedules.
- Consider the needs of the sexual assault victim when scheduling case-related activities, e.g., religious holidays, health requirements, family activities and occupational requirements.
- Facilitate victim participation in all activities at which the assailant has a right to be present.
- Establish communication methods to avoid unnecessary trips to the courthouse, e.g., electronic pagers, on-call system for victims or voice mail system for victims to call in and receive current case status information.
- Object to requests for continuances that are dilatory and do not benefit the State or victim.

d. Suggested Criteria in Deciding Whether or Not to Prosecute

Although there is no set number or type of factors, which must be present before a case involving sexual assault is deemed prosecutable, there are variables, which should be considered in making the decision. These include, but are not limited to the following:

- 1.** The availability and extent of cooperation from the victim.
- 2.** Whether or not there is independent evidence of the assault, such as eyewitnesses, photographs of injuries, forensic evidence, admissions of defendant, etc.
- 3.** What impact testifying would have on the victim.
- 4.** The existence of a past history of assaults, whether charged or uncharged, by the defendant.

e. General Procedures for Handling Sexual Assault Cases

i. Assignment of Cases

Once identified, sexual assault cases should be assigned, whenever possible to an attorney who has been designated to deal specifically with these types of cases. From the time of assignment, reasonable attempts should be made to employ “vertical prosecution,” i.e., if an attorney is initially assigned a particular case, then that attorney should handle the case from pre-indictment until its final disposition.

ii. Initial Screening

After assignment, the prosecutor should initially review sexual assault cases as soon as possible; the purpose of this initial screening is to determine what additional investigation needs to be done in preparing the case for disposition. In conducting this initial screening, the prosecutor should consider the facts of the case and the following variables:

- a.** The extent or seriousness of the injuries.
- b.** Whether or not the assault involved a gun or other weapon.
- c.** The defendant’s prior criminal history.
- d.** Status of the defendant’s arrest.
- e.** Victim cooperation
- f.** Presence and amount of information and evidence of the assault.

As part of the initial screening, the prosecutor should make a diligent effort to contact the victim as quickly as possible upon receipt of a case. During this initial contact, the following information should be reviewed with the victim:

- i.** It is the State, not the victim, which must determine what disposition is to be made of the case. This is particularly important in cases in which the victim’s attacker is a family member or close friend.
- ii.** The victim willingness to testify at trial.
- iii.** The parties in the action are the State of Georgia and the defendant.
- iv.** Whether the victim knows the attacker, whether the defendant has talked to the victim after the incident and what was said.
- v.** Convey that the victim is not responsible for the defendant’s behavior; the defendant bears that responsibility.
- vi.** Encourage the victim and tell her or him that they are not alone.
- vii.** Determine whether or not the victim has received the statutory required notices and information, and refer to those agencies, which may be in operation in the community to assist sexual assault victims.

iii. Evidence Based Prosecution

In the event that the victim is hostile or is otherwise unwilling or unable to cooperate with the attorney in the prosecution of the case, then it will be necessary for the prosecutor to determine if there exists sufficient independent evidence to prove the elements of the assault. Such independent evidence may include but is not limited to the following:

- a.** Availability of the victim.
- b.** Injuries observed by someone other than the victim.
- c.** Medical reports/evidence of the assault.
- d.** Eyewitnesses to the crime or independent evidence of assault.
- e.** A 911 tape of other recording of a prior statement of the victim concerning the assault.
- f.** The presence/availability of physical evidence indicating the crime occurred, i.e., semen, blood, etc.
- g.** Admissions by the defendant.
- h.** Any and all photographic evidence gathered at the scene or subsequently.
- i.** Any and all electronic and social media evidence gathered at the scene or subsequently.
- j.** Past history of assaults, whether charged or uncharged, by the defendant.

If a victim is unwilling or unable to cooperate in the prosecution of the case but sufficient independent evidence exists, then the prosecutor may pursue the case. If such independent evidence does not exist then the prosecutor may dismiss all charges and immediately notify the victim of this action.

iv. Pre-Indictment Guidelines

When it has been determined to proceed with a case, the following preparations, when appropriate, should be made before the case is presented to the Grand Jury:

- a.** Any corroborating witnesses should be interviewed.
- b.** Name addresses and phone numbers of all witnesses are included in the case file.
- c.** A complete criminal history of the defendant is in the file.
- d.** Where applicable, photograph of the victim's injuries has been received and reviewed.
- e.** Contact has been made with the community-based advocate, who has been working with the victim.
- f.** All police reports have been received and reviewed.
- g.** Results of all reports surrounding the case have been received and reviewed
- h.** If feasible, prosecutors should charge and pursue to the fullest extent of the law defendants who harass, threaten, injure, or otherwise attempt to intimidate or retaliate against victims or witnesses.

v. Preliminary Hearings, Arraignment and Bail Hearings

- 1.** Make every effort to discuss desired conditions of release with sexual assault victim prior to bail hearing.
- 2.** Request that any release on bond include protection orders for the victim.
- 3.** Keep sexual assault victim informed about the detention status of the suspected assailant and/or make sure that the victim has the name and telephone number of a contact person at the detention facility that will inform the victim as to detention status.
- 4.** When possible, allow the victim to express concerns about the danger posed by the suspected assailant.

vi. Plea Negotiations

- a.** Inform sexual assault victim of reasons to consider a negotiated plea, when appropriate.
- b.** Describe optional courses of action other than a negotiated plea.
- c.** In determining appropriate case disposition, take into consideration the desires/ concerns of the victim.
- d.** Consider the needs of the victim in accepting a plea, e.g., restitution, protection, emotional security.
- e.** Provide sexual assault victim some method for making concerns, feelings, needs, etc. known to the court at or before sentencing on a plea.

viii. Trial

In sexual assault cases there are several factors which, if not unique to these offenses, are more likely to have an impact on the trial of the case. For this reason, the prosecutor should be sensitive to the presence and influence of these factors in preparing for and in conducting the trial. One such factor is the extreme embarrassment or humiliation a victim may suffer in having to testify in open court as to the assault. Efforts should be made to prepare the victim for these emotions and to “shield” the victim as much as possible during his/her testimony. Another factor to assess in the trial of these crimes is the prejudice and preconceived notions people often have when someone has been sexually assaulted. More so than in other cases, people will scrutinize the dress and conduct of a victim and the choices he/she made prior to the assault in judging the case. Similarly, jurors are likely to pay closer attention to the dress and conduct of the victim in court than they would with a burglary charge. The prosecutor should be sensitive to this in presenting the case to the jury. Depending on the type of assault, there may be other factors that will have a special impact on the case because it is a sexual assault crime. Attempts should be made to identify and deal with these factors during the presentation of the State’s case.

Consideration should be given to using expert testimony on victim and offender dynamics in appropriate cases. Ways to use the hearsay exceptions should also be explored when confronted with an uncooperative victim.

Prosecutors should discourage case continuances once the State has completed its trial preparation. When such delays are necessary, every effort should be made to accommodate victims and witnesses in determining when to reschedule the court proceeding. The new court date, as well as the reason for the continuance, should be explained to the victim.

Provide separate areas for victims and defense witnesses. Provide court accompaniment for sexual assault victim. Keep victim informed about court schedules: dates, times and places. If requested by victim, provide information and explanation to employers for victims, their teachers, as to the necessity of the victim’s presence at proceedings.

ix. Sentencing

Ensure opportunity for a victim impact statement as a part of sentencing considerations. Provide sexual assault victims some method for making their concerns, feelings, needs, etc., known to the court at or before the sentencing hearing.

Include victim needs as part of sentence, e.g., restitution, protection, emotional security.

9. Post Sentencing

- a.** Inform victim of the name and telephone number of the appropriate contact person at the Georgia Corrections and Parole Board Office of Victim Services for such information as changes in offender status, dates of scheduled parole hearings, method for updating victim impact statement, etc.
- b.** Whenever possible, accompany victim to any parole hearing.
- c.** Provide priority prosecution for violations of release conditions.

VII. Sexual Assault Kit Initiative (SAKI)

In September 2015, the Criminal Justice Coordinating Council (“CJCC”) was awarded the Sexual Assault Kit Backlog Elimination Grant by the Office of the District Attorney of New York (“DANY Grant”). The purpose of the DANY Grant is to provide funding to governmental agencies to test untested Sexual Assault Kits (SAKs). CJCC convened a work group consisting of identified experts in the field of victim advocacy, forensic testing, prosecution and investigation using the resource of the state’s Sexual Assault Response Team Expert Committee and other identified local experts (the “SAK Work Group”).

The Fulton County District Attorney’s Office has been awarded funds through the Bureau of Justice Assistance’s (BJA) FY 2018, 2020 and 2021 National Sexual Assault Kit Initiative (SAKI) grant program for the formation of a Fulton County SAKI Unit.

The SAKI Unit is charged with investigating and prosecuting cold case sexual assault cases arising out of this increased testing. The SAKI Unit is comprised of prosecutors and investigators, court- based advocates, and APD investigators. The SAKI Unit members will work collaboratively to investigate, prepare and assist with the prosecution of these cases.

The SAKI Unit shall oversee the testing of SAKs under the DANY Grant as well as the SAKI grant as well as the process for investigation and victim notification on cold cases that may be re-opened due to testing results.

They will contact the specified agency for assistance when a cold case sexual assault offender is identified from that specific jurisdiction. In order to evaluate the viability of a case for prosecution, they will need access to the original case file. If after evaluation the SAKI Unit chooses to proceed with the case, the Unit will lead the investigation and subsequent prosecution of the case.

a. Victim Notification

The SAKI Unit has developed a Victim Notification Protocol as a guide in conducting victim notification in cold case sexual assaults. Each law enforcement agency shall contact the SAKI Unit once their agency receives a CODIS HIT involving a cold case sexual assault. The SAKI Unit will make the initial victim contact. The law enforcement agency should not make contact independently with the victim.

VIII.
UNDERSTANDING AND AGREEMENT

The Fulton County Sexual Assault Protocol Committee shall continue in existence and shall meet at least annually for the purpose of evaluating the effectiveness of the protocol and appropriately modifying and updating same, pursuant to Georgia Law. The foregoing Fulton County Sexual Assault Protocol is hereby adopted and replaces any previously adopted protocol and remains in effect until such time as said protocol is amended and adopted.

This 02 day of December, 2024

**Fulton County Sexual Assault Protocol
Signature Page**

❖ **Fulton Superior Court**

Chief Judge Ural Glanville

Print Name

Ural Glanville Digitally signed by Ural Glanville
Date: 2024.11.15 16:37:22 -05'00'

Signature

❖ **Fulton County District Attorney**

Fani T. Willis

Print Name

Fani T. Willis

Signature

❖ **Fulton County Sheriff**

Pat Labat

Print Name

Pat Labat

Signature

❖ **Grady Health System**

Angela Brown

Print Name

Angela Brown

Signature

❖ **Fulton County Magistrate Court**

Chief Magistrate Judge Cassandra Kirk

Print Name

Cassandra Kirk

Signature

❖ **Grady Rape Crisis Center**

Kenya Hordge

Print Name

Kenya Hordge

Signature

❖ **Fulton County Board Health**

Lynn Paxton

Print Name

Lynn A. Paxton, MD MPH

Signature

❖ **Atlanta Police Department**

Deputy Chief Prezinna Spann

Print Name

Prezinna Spann

Signature

❖ **Partners Against Domestic
Violence**

Melissa Arthur

Print Name

Melissa Arthur

Signature

❖ **Fulton County Solicitor General**

Keith Gammage

Print Name

Keith E. Gammage

Signature

❖ **Atlanta Volunteer Lawyers Foundation**

Michael Lucas

Print Name

Signature

❖ **Partners Against Domestic Violence**

Katha Blackwell

Print Name

Signature

❖ **GA Center for Child Advocacy**

Shelia Ryan

Print Name

Signature

❖ **Georgia Tech VOICE**

Sara Cherry

Print Name

Sara Cherry

Digitally signed by Sara Cherry
Date: 2024.11.15 15:26:18 -05'00'

Signature

❖ **Spelman College**

Paula Dobbs

Print Name

Signature

APPENDIX

A1: RESOURCES

A2: CHECKLIST – ADVOCATE/LAW ENFORCEMENT

A3: SAKI VICTIM NOTIFICATION AND LETTER

A4: GRADY MEDICAL FORMS

A5: EMTALA VIOLATION

A6: ATLANTA POLICE DEPARTMENT, SPECIAL VICTIM'S UNIT, STANDARD OPERATING PROCEDURES

AI: RESOURCES

Hot-lines are a 24-hour safe and confidential services to provide support and information and referrals.

Grady Memorial Hospital

www.Gradyhealth.org

(404) 616-4861

Partners Against Domestic Violence (PADV), 404-873-1766

Georgia Tech VOICE 24/7/365, 404-894-9000 voice.gatech.edu

Male Survivors, <https://lin6.org/>

The Atlanta Victim Assistance Inc. (AVA)

Atlanta Municipal Court Building

150 Garnett St. SW, 3rd Floor

Atlanta, Georgia 30303

(404) 588-4740.G

GNESA

<http://www.gnesa.org/page/rape-crisis-centers-georgia>

RAINN (the national sexual assault hotline and live chat)

<https://www.rainn.org>

Adult Survivors of Childhood Sexual Abuse

<https://www.rainn.org/articles/adult-survivors-childhood-sexual-abuse>

Suicide Prevention Lifeline

<https://www.suicidepreventionlifeline.org/gethelp/international.aspx>

National Center of Victims of Crime

<https://victimsofcrime.org>

American Psychological Association resources on sexual abuse

<http://apa.org/topics/sexual-abuse/index.aspx>

Georgia Care

www.Gacares.org

Gwinnett Sexual Assault Center, Inc.

www.Gsac-cac.org

DeKalb Rape Crisis Center, Inc.

www.Dekalbrapecrisiscenter.org

A2: VICTIM ADVOCATE CHECKLIST

Defendant Name	Victim Name	Case#
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VICTIM ADVOCATE RESPONSIBILITIES AND PARAMETERS

Each victim advocate shall perform those duties necessary to ensure compliance with the Crime Victim's Bill of Rights [O.C.G.A. 17-17-1].

In all court proceedings, a victim advocate, upon the request of the victim, shall be allowed to accompany the victim during the proceeding to provide moral and emotional support.

The victim advocate shall be allowed to confer orally and in writing with the victim in a reasonable manner. However, the victim advocate shall not provide legal advice or legal counsel to the crime victim in violation of [C.G.A. § 15-19-51(a)]

VICTIM ADVOCATE RESPONSIBILITIES

Information

Victim Advocate shall provide information to victims on:

Date

- _____ Protective services
- _____ Emergency services
- _____ Social services
- _____ Medical services
- _____ Crime victim compensation, where applicable
- _____ Restitution, where applicable
- _____ Obtaining assistance from a victim advocate
- _____ Community-based treatment programs
- _____ Submitting a written victim impact statement

And provide information to victims and witnesses on:

Date

_____ How to register with VINE to be notified when a person has been released from a prison, jail, juvenile detention facility, psychiatric facility or forensic psychiatric facility if the case involves a violent crime as defined in [O.C.G.A. § 17-17-1] and the person charged with or convicted of the offense has been involuntarily hospitalized

- _____ How to be protected from intimidation, harassment, and retaliation
- _____ The Victim / Witness Protection Program

And inform the victim that:

Date

_____ The District Attorney will notify the victim if an appeal of the conviction is pursued by the defendant

Notification

If victims so desire and if they provide a current address and telephone number, the Victim Advocate shall provide prompt notification, if possible, of:

Date

- _____ Judicial proceedings relating to the case
- _____ Defendant's release on bond and any special conditions of release
- _____ Charges filed against the defendant
- _____ The defendant's pleading to the charges
- _____ Trial date
- _____ Changes in custody of the defendant
- _____ Changes in trial dates
- _____ Trial verdict
- _____ Right to submit a victim impact statement to the court at the time of sentencing
- _____ Sentencing date
- _____ Dates of Parole Board hearings held for the defendant

Other Provisions

Victim Advocate shall consult victims on case disposition including:

Date

- _____ Case dismissal
- _____ Release of defendant
- _____ A negotiated plea
- _____ Defendant's entry into pre-trial diversion program
- _____ Special Victim Advocates/Attorney

When the court believes that the health, safety, or welfare of a victim who is a minor or is legally incapacitated would not otherwise adequately be protected, the Special Victim Unit appoints a special advocate to represent the interest of the victim and to exercise those rights provided for by Special Victim Unit and required by O.C.G.A. 15-11-9.1. Communication between the victim and the special advocate shall be privileged.

LAW ENFORCEMENT'S RESPONSIBILITIES

Upon initial contact with the victim, law enforcement personnel shall ensure that victims receive information on available protective, emergency, social, and medical services, and are given the following information as soon as possible:

Date

- _____ Availability of crime victim compensation where applicable
- _____ Community-based treatment programs
- _____ The criminal justice process as it involves the participation of the victim or witness
- _____ The arrest of the accused
- _____ How to register to be notified when a person has been released from prison, jail, a juvenile detention facility, or a psychiatric facility or forensic psychiatric facility if the case involves a violent crime as defined in [O.C.G.A. § 17-17-1] and the person charged with or convicted of the offense has been involuntarily hospitalized
- _____ Information on how victims may be protected from intimidation, harassment, and retaliation.

Law enforcement shall:

Date

- _____ Promptly return a victim's property held for evidentiary purposes unless there is a compelling reason for retaining it
- _____ Inform employers that the need for victim or witness cooperation in the prosecution of the case may necessitate absences from work.

A3: SAMPLE SAKI VICTIM NOTIFICATION

Fulton County District Attorney's Office Sexual Assault Kit Taskforce Victim Notification Policy [DRAFT]

I. Background

In September 2015, the Criminal Justice Coordinating Council ("CJCC") was awarded the Sexual Assault Kit Backlog Elimination Grant by the Office of the District Attorney of New York ("DANY Grant"). The purpose of the DANY Grant was to provide funding to governmental agencies to test untested sexual assault kits (SAKs). Sexual assault kits from Fulton County were identified, inventoried, and tested using DANY Grant funds. The identified kits have been tested at Sorenson Forensics, a private laboratory, in collaboration with the GBI. Fulton County has formed a team, consisting of a specialized victim advocate, investigator, and prosecutor (the "Fulton County Team") to work with Georgia Bureau of Investigations ("GBI Crime Lab") Staff to oversee the testing of SAKs under the DANY Grant as well as the process for investigation and victim notification on cold cases that may be re-opened due to testing results. Since 2015, the GBI Crime Lab has notified the District Attorney's Office of CODIS Offender Match cases (hereinafter "hits") resulting from the testing of the backlog rape kits.

II. Purpose

The purpose of this policy is to provide a framework for notifying victims³ using a victim centered and trauma informed approach.⁴ This policy is to be used as a guide, however; it is acknowledged that not every policy decision will apply to every case identified for review by the Fulton County Team. The Fulton County Team maintains a flexible approach as well as the ability to revise this policy to meet the diverse needs of victims. The Fulton County Team will ensure that all notifications are handled in a way that is "empowering, healing and safe" for victims, consistent with the research and recommendations of the Joyful Heart Foundation. The Fulton County Team also acknowledges that these procedures should be embraced for all victim notification on cold case sexual assaults, not just those identified under the DANY Grant.

III. CODIS Definitions

CODIS Hit: Refers to the match of a submitted forensic DNA evidentiary sample to the DNA record already in the CODIS database.

Offender Hit: Refers to a CODIS hit in which a previously unidentified forensic sample is matched to an offender sample.

Forensic Hit: Also referred to as "Case-to-Case Match". Refers to CODIS hits that identify a match between two unsolved cases, no suspect identified.

Additional Definitions

Known Offender: Refers to a suspect whom the victim named such that the full identity of the suspect is not in question.

Unknown Offender: Refers to a suspect whose identity is in question or not fully resolved. This includes suspect who are complete strangers, as well as suspects known by first name, or nickname.

IV. Guidelines for Deciding When to Notify

The Fulton County Team recognizes that victim notification is a complex endeavor. Each decision to notify must be made after thoughtful examination by the Fulton County Team of each suspect identified by CODIS. The Fulton County Team supports the Joyful Heart Foundation's finding that best practices include empowering victims with the ability to make their own decisions throughout the notification process (Joyful Heart Foundation, 2016).

The Fulton County Team concludes that case review of the results of CODIS hits will result in one of three possible victim notification outcomes: (1) **do not notify** the victim; (2) **consider notifying** the victim; or (3) **notify** the victim.

In the absence of victim input prior to notification decisions, the Fulton County Team recommends not notifying victims of testing that provided negative results. However, if the Fulton County Team or investigating law enforcement agency has been contacted directly by a victim who has expressed their preference in notification, the Fulton County Team will honor the victim's request.

(1) In the absence of victim input prior to notification decision, the Fulton County Team recommends victims **not** be notified in the following circumstances:

- Testing did NOT yield the presence of human male DNA.

(2) In the absence of victim input prior to notification decision, the Fulton County Team recommends **considering** notifying victims in the following circumstances (on a case-by-case basis):

- Testing yielded positive results for human male DNA without a CODIS hit **but** is eligible for CODIS submission.
- Testing yielded only a partial human male DNA profile that is considered ineligible for CODIS submission.
- Testing yielded positive results for human male DNA **and** produced a CODIS Hit to identify an unknown offender.
- Testing yielded positive results for human male DNA **and** produced a CODIS Case Match to an unknown offender, **but** the offender in the Case Match is also unknown.

(3) In the absence of victim input prior to notification decision, the Fulton County Team recommends victims be **notified** in the following circumstances:

- Testing yielded positive results for human male DNA and produced a CODIS Hit to confirm the identity of a known offender or a deceased offender.
- Testing yielded positive results for human male DNA and produced a CODIS Hit to confirm the identity of a known offender, but the known offender is serving a life sentence and the case is being closed for purposes of judicial efficiency.
- Testing yielded positive results for human male DNA and produced a CODIS Case Hit to an unknown offender, and the offender in the Case Hit is known

V. Advance Planning for Victim Notification

The Fulton County Team will review each case to determine what information should be conveyed to the victim during the notification process. Research has shown that notifications should equally be about information regarding SAK testing results and empowering victims with the resources they may need to deal with the ramifications of those results. (Joyful Heart Foundation, 2016). Information should be available and provided to victims without prompting regarding support services within their community. See Appendix “B” – Suggested Resources.

Prior to notification, the Fulton County Team will prepare by:

1. Reading police reports associated with the sexual assault;
2. Reviewing medical records associated with the sexual assault examination, if possible;
3. Determining the severity of victim's injuries;
4. Understanding the severity of the physical assault/violent contact involved in the incident (Examples: was the victim threatened and/or beaten? Was a weapon used?)
5. Ascertaining if victim has a local or out of town cell phone number;
6. Investigating current location/residence of victim;
7. Investigating current life circumstance of victim (examples: does the victim live with the suspect? Is the victim married to a person unrelated to the case)?
8. Assessing any language barriers or other culturally relevant considerations or special needs;
9. Ascertaining if the victim has a social media presence;
10. Reviewing and fully understanding DNA results;
11. Discussing the potential likelihood of prosecution of the case;
12. Reviewing the specific complexities of each case involving a minor victim (both at the time of assault and at the time of notification);
13. Discussing whether the SAK testing outcome may result in the exoneration of a previously convicted individual;
14. Identifying the current location of suspect;
15. Discussing whether the suspect has multiple victims and if so, any similarity in those cases;
16. Considering the media implications associated with the case.

On a case-by-case basis, the Fulton County Team will consider asking a previously assigned detective to assist with notification. Considerations should include, (1) level of involvement in original investigations, (2) relationship between the investigator and victim, (3) investigator availability, and (4) the investigator's training in and understanding of a victim-centered approach.

VI. Conducting Notifications: Preferred Methods

The Fulton County Team has concluded that victim notifications will be handled by the prosecutor and victim advocate along with an investigator. The victim advocate will provide information and referral to resources available to victims within the Fulton County jurisdiction, including information on the Georgia Crime Victim's Bill of Rights and a referral to the local sexual assault center, or other local victim support agencies.

The following questions should be considered in conducting victim notifications:

1. Is the notification method and delivery victim-centered, personal and empowering?
2. Does the notification method protect the victim's privacy and ensure confidentiality?
3. Has the person or persons conducting notification been trained in and understand the implications of the neurobiology of trauma?
4. Is an advocate present or available during and after notification?
5. Are there any safety concerns to consider for the victim? Or for the notifiers?
6. Have specific resources for victim support been identified?

Best practices for victim notification indicate that one of two methods is always preferable: (1) in-person notification or (2) notification by telephone. Those making notifications should carefully consider life circumstances of the victim that will help determine which method is better. Additionally, notifiers should be aware that some victims may be relieved to be receiving information, while others may be very upset. In either case, a straightforward approach is recommended. Notifiers should offer a genuine apology to victims on behalf of the criminal justice system for any mishandling that may have occurred in the original investigation of their case.

In-Person Notifications. This method is usually seen as the most personal and caring. However, some victims may not appreciate unannounced visitors at their homes, as privacy may be difficult to maintain.

Research supports the use of both a criminal justice provider such as an investigator and/or prosecutor from the District Attorney's Office and a victim advocate to conduct victim notifications. As such, in Fulton County, an Investigator from the Fulton County Team (and a Detective from the originating agency where appropriate), a prosecutor, and an advocate from the Fulton County Team will ideally conduct in-person notifications. Any person conducting notifications will have received training to ensure that the notifications are victim-centered, and trauma informed.

The notifiers should be prepared to discuss case specifics in detail, as some victims may want immediate answers. This may be at the time of notification or later, as the victim is ready to proceed. Notifiers should be prepared to offer follow-up options to the victim. In-person notifications should be considered for: (1) locally residing victims; (2) victims who may be homeless; and (3) victims whose current living situation is suitable for confidential notification.

Telephone Notifications. Telephone notifications should ideally be conducted by a victim advocate after conferring with the prosecutor and investigator from the Fulton County Team. Telephone notifications should be introductory and brief. The notifier should state the reason for the call and suggest an in-person meeting with the victim advocate and investigator. The victim should be given a choice in how they would like to proceed. Some examples of those choices are:

1. Call back at a more convenient time;
2. Schedule a meeting in person;
3. Continue the conversation vis phone; or
4. Terminate contact with victim.

As with in-person notifications, the notifiers should be prepared to discuss specifics in detail, as some victims may want immediate answers. Notifiers should also be prepared to offer the victim follow-up options.

When leaving a voicemail, notifiers should be brief. A sample phone script is as follows:

This is Millicent, I am an advocate in Fulton County, and I am calling regarding a case from MONTH/YEAR. Please call me back at _____.

Telephone notifications should be considered for: (1) victims who reside out of town (i.e., more than an hour car ride away)⁵; (2) victims whose current living situation may not be suitable for confidential notification (for example, in a multi-family/shared housing residence); (3) victims who have not been reachable in person (recommended minimum 2 attempts).

VII. Conducting Notifications: Less Preferred Methods

Notifications by Letter. Letter notifications should be seen as a last resort. Information provided in notification letters should be very minimal and scripted much like leaving a voicemail message. See Attachment “B” – Sample Letter of Notification.

Letter notifications should be considered after in-person or telephone notifications have been attempted but were unsuccessful. It is recommended that at least 3 attempts are made prior to resorting to this method.

Notifications by Social Media. Social media notifications should also be considered a last resort after all other methods have been exhausted. This method is generally not recommended; however, the Fulton County Team acknowledges that due to current social trends, the method may be necessary. As with voicemail messages and letter, initial contact should be brief.

VII. Documentation

The Fulton County Team will document (1) all attempted and successful notifications; (2) investigation status; and (3) case dispositions.

IX. Addressing Frequently Asked Questions

Victims likely will have many questions about their cases, the SAK results, and what might happen next.

The purpose of this document is to provide professionals who may be involved in victim notification with a list of common questions victims/survivors may ask and sample answers that can be provided.

The answers have been written in clear, simple language so that they can be understood by the lay person, unfamiliar with the forensic terminology, medical terminology, or the steps and stages of the criminal justice system. The answers provide general information that applies to most cases. The information provided in this document should be used in conjunction with case specific information that can be provided to the victim/survivor.

Basic Questions about SAKS

1. What is a sexual assault kit (SAK)?

A sexual assault kit is also called a SAK, or frequently referred to as a rape kit. The SAK is used as part of a medical forensic examination to collect evidence after a sexual assault. This might include swabs of any area where there was contact between a victim and the perpetrator or hair samples.

2. When and where was the SAK done in my case?

The SAK is collected after a sexual assault at a hospital or other medical facility. It is usually collected within the first 96 hours after the assault, but sometimes after that time frame. Medical providers try to do it as soon as possible so as to collect as much evidence as possible.

3. Who did the SAK?

A health care provider, like a doctor or nurse, usually collects evidence from a victim's body. This is just ONE of the services a health care provider can offer. The health care provider can also do a full exam to care for any injuries and provide the victim with emergency contraception (the morning after pill) or other medication (perhaps to prevent contracting a sexual transmitted disease [STD] or HIV).

4. Why was the SAK done?

The SAK was intended to help in the collection and preservation of potential evidence in a sexual assault case. Police and prosecutors may use this evidence to help them investigate a case.

5. What is evidence?

Evidence is anything that can provide information as to what occurred. One piece of evidence from the SAK that may be very valuable is biological evidence (such as blood, saliva, and/or semen) that can be tested to identify the DNA from the perpetrator.

6. What is DNA?

It stands for deoxyribonucleic acid. It exists in human cells, like in blood, bone, teeth, and hair, and is like a blueprint for how each human should be built. DNA is similar to fingerprints. Each person has unique fingerprints and each person, except for identical twins, has unique DNA unlike anyone else.

7. Why is DNA so valuable/important?

DNA is like a fingerprint. No two people have the same fingerprint, and no two people, except for identical twins, have the same DNA. If someone's fingerprints are found somewhere, it can be used to prove that they were there. Similarly, if someone's DNA is found somewhere, it can be used to prove they were there.

8. How does DNA get left behind?

DNA is in human cells. DNA is in saliva and skin cells. It is in sperm, blood, and other bodily fluids. A perpetrator may leave these fluids or skin cells on a sexual assault victim's body. When these fluids or cells are left behind, DNA is too and might be able to be collected.

9. What happens after a SAK is done?

The SAK may contain evidence of a crime, like DNA. Usually, if the victim decided to make a police report about the sexual assault and signed a release, the health care provider would turn over the completed SAK to a police officer. The next step is to take the SAK to the crime lab so that trained scientists can analyze it for DNA.

10. How does the crime lab analyze for DNA?

The crime lab looks at the swabs and other items in the kit. They go through some of the swabs and samples to check for DNA. It is possible that they won't find any DNA. If they

11. What is a DNA profile and how is it used?

A DNA profile is a unique pattern of genes, specific to an individual. DNA profiles can be created from biological evidence found at the crime scene, such as blood, saliva, and/or semen. Once a DNA profile is created, it can identify an unknown suspect, confirm the presence of a known suspect, and/or connect an offender to multiple crime scenes.

12. How are DNA profiles matched?

DNA profiles can be stored in a computer database. When a new DNA profile is created, it can be entered into the computer database and the database can scan to see if there is a match. In the United States, there is a master computer database called CODIS.

13. What is CODIS?

CODIS stands for the Combined DNA Index System. There are two ways in which DNA is put into CODIS. One way is when a DNA profile from an unknown perpetrator is created from crime scene evidence and entered into the database. Another way is when the DNA profile from a known perpetrator is entered into the database.

14. How does CODIS work?

CODIS stores DNA profiles. When a new DNA profile is created following a crime, it is entered into CODIS. If there is a match between the new DNA profile and an existing DNA profile in CODIS, it comes back as a "hit." The new DNA profile will also be stored in CODIS for future searches.

15. What is a CODIS "hit?"

A "hit" is when a new DNA profile is entered into CODIS and there is a match between this new DNA profile and some other DNA profile in the database.

16. If there is a CODIS hit, does it mean that the suspect has been identified?

Not necessarily. The hit could be a match between the DNA collected in the SAK and the DNA of a known person. But it also could be a match to a DNA profile of an unknown suspect in another case, from a crime scene where the suspect has not yet been identified.

Questions about the Reasons for the Backlog

17. Why are you contacting me now?

In 2015, The Fulton County District Attorney's Office became aware of several thousand sexual assault kits that had either been stored at Grady Hospital or in the evidence department at a local law enforcement agency and had never been tested by a crime lab to determine whether any DNA could be recovered. After locating the kits, our office worked with Grady Hospital, the Criminal Justice Coordinating Counsel, and several law enforcement jurisdictions in Fulton County to inventory the kits and send them to GBI for testing to determine whether DNA could be recovered. The GBI worked with a private lab called Sorenson Forensics to test the kits more quickly than the GBI Crime Lab would have been able to process on its own. In _____ our office received notice that your kit had been tested. We are contacting you now because a male DNA profile was developed from your kit and that profile matches the DNA profile of a known offender. Because a suspect has now been identified, the case has been re-opened for investigation.

18. What happens next with the case?

Now that we have a suspect in the case, we will obtain a search warrant for the suspect's DNA and submit that DNA for confirmation. This confirmation process is for the purpose of scientifically identifying the suspect as the person who contributed the DNA found in your kit. Once we speak with you about the facts of the case and gather all available evidence to corroborate your disclosure of sexual assault, we will make a decision about which charges are appropriate for prosecution.

19. What has been happening with my case since my assault?

Unfortunately, your kit was not tested until _____. Prior to the testing and CODIS hit notification, nothing had happened with the investigation of the case since law enforcement officers put the investigation on hold. [Explain what investigation was done by law enforcement previously, if any] Prior to the testing of the kit in _____, law enforcement officers had conducted the following investigation:

[Explain the progress of the investigation prior to victim contact] After our office received notification that a suspect had been identified from the CODIS hit, we obtained (or explain exhaustive efforts to obtain) the complete investigative file from the originating jurisdiction as well as the medical records, if available, from the doctors and nurses who evaluated you after the sexual assault.

20. I thought my case was already resolved. Is it not resolved?

Although there was an initial investigation in your case, the suspect was not apprehended, and the case was not resolved at the time of the incident. When an investigation cannot move forward, sometimes cases are put on hold by the investigating agency until more evidence can be obtained. In your case, we have revived the investigation because of the new DNA evidence.

[Explain why there hasn't been a prosecution] Your case has not yet been prosecuted because the CODIS hit is new evidence that must be investigated before a charging decision can be made. Once we confirm the DNA match and speak to you about the case, it is our intention to move forward with prosecution.

21. What happens after we meet?

After interviewing you (as well as any other potential witnesses), we will complete the investigation and make a recommendation for prosecution. The District Attorney will review the case and determine whether we have sufficient evidence to present the case to the Grand Jury. If the case is presented to the Grand Jury, the jurors will review the proposed charges and will make a decision regarding whether the State has probable cause to bring formal charges against the Defendant. When a Grand Jury returns a True Bill of Indictment, the formal case against the Defendant begins. He will be arrested, if not already in custody, and will be formally arraigned on his charges in Fulton County Superior Court to begin the prosecution of the case.

22. What has taken so long?

Many cases of sexual assault are inactivated because of the lack of an identified suspect to prosecute or because of other investigative obstacles alleged by the assigned detective. Due to the recently obtained DNA evidence, your case is now ripe for continued investigation. [Discuss how long it will take to resolve the case at this point]

Unfortunately, there is no set time for the resolution of a criminal case. Sometimes, when investigation and indictment occur quickly and the case is assigned to a Judge who is fast-moving, a case may be resolved in under a year's time. Other times, a case may be delayed because of variety of reasons outside of our control and can take more than a year or two before resolution.

23. Why was my rape kit "lost" or "forgotten"?

Police jurisdictions did not send some SAKS for testing for a number of different alleged reasons. In some cases, police officers have closed cases without sending SAKS for testing because they reported that they had trouble reaching the victim for follow-up. Other officers reported other reasons for the lack of testing. [Discuss particular reasons for delay in case, if known.]

Questions about Safety & Other Concerns

24. Where is the Defendant?

[Explain if the Defendant is already incarcerated] The Defendant is incarcerated at _____ facility on the following other charges. His sentence requires him to serve _____. He is eligible to be released _____.

[Explain if the Defendant is not in jail and what we are doing to have him arrested] The Defendant is not yet incarcerated, but we are aware of his location. Once the case is presented to the Grand Jury, our office will request a Grand Jury warrant and will ensure that Defendant is arrested.

25. Is he going to come after me?

[Go over a safety plan with victim advocate] The Defendant will be in custody before he is arraigned on these new charges, and we will make every effort to ensure your safety throughout the process of prosecution.

26. Does the Defendant have AIDS? Do I need to get checked for infection?

We are not aware of any sexually transmitted infections that the Defendant may have had at the time of your assault. The DNA testing does not provide information regarding presence or absence of disease; however, it is always wise to have a medical exam and follow-up after a sexual assault. [Explain whether prophylactic medicines were administered during initial exam; offer assistance for medical screening].

27. Will he know my name or where I live?

Defendant will know your name after he is arraigned on the charges because your name will be listed on the Bill of Indictment. His attorney will be entitled to a witness list that includes your race, gender, and date of birth. We will not share any other contact information with his defense attorney unless required to do so by the Court.

The Defendant will not be provided with a way to contact you and will not be permitted to contact you for any reason. If you receive any unwanted contact from the Defendant or anyone on his behalf, please notify us immediately so that we can take all appropriate action to ensure your safety and freedom from unwanted contact.

28. Will my family find out?

We will not discuss the details of your case with anybody unless you specifically request or authorize us to do so. If your family members were witnesses to the case, we may contact them to develop evidence, but otherwise, will not involve them in the case.

[Offer and provide support in encouraging disclosure to other family members for support] If you choose to share the circumstances of your contact with our office, we are happy to provide support tools and resources to help.

29. Can I keep this a secret?

You are not required to discuss this case with anyone outside of the criminal prosecution process. Although your name will be listed in the indictment and the courtroom is a public setting, your identity will not be made public by any means through our office.

On occasion, members of the media develop an interest in the prosecution of serial offenders or suspects in previously cold cases. Even if a case receives media attention, you will not be identified by name by our office at any time. Members of the media are not allowed to publish information regarding your identity or show your likeness on television without your permission.

30. Will I have to come to court?

You will be notified when the Defendant has a court date and invited to attend. Your presence is only legally required if or when you have been subpoenaed for court, but your presence always will be helpful in ensuring that the Court appreciates the severity and importance of your case. If you receive a subpoena for Court, you will need to be present. We will have an advocate present along with you to ensure your comfort and safety at all times.

31. Do I have to testify?

At this point in the investigation, it is too early to know whether we will have need for in-court testimony. Sometimes, when a case is prosecuted and reaches the trial stage, witnesses are called upon to testify regarding the facts in the case. The decision of whether to call witnesses for trial involves many considerations, including the safety of all witnesses, and will be made at a later date.

[Discuss the importance of prosecution of these cases] Sexual offenders are among the most dangerous citizens in our community and must be held accountable for their violent conduct. If these suspects escape the consequences of their assaults and remain at large, they are likely to re-offend and create more victims.

[Include victim in the decision-making process so that they feel part of the team as much as possible] We will be sure to consult with you throughout the investigation and prosecution of this case, taking time to explain the process step-by-step so that you feel as comfortable as possible with the decisions made and the reasons for those decisions.

32. Can't I just write a statement?

[Affirm that we are happy with a statement for now but keep your mind open because we don't know what will be required to ensure the Defendant is brought to justice.]

A statement is a great start to a criminal investigation, but there is no substitute for live testimony. In the criminal justice system, certain rules of evidence require the physical presence of witnesses in court to ensure that only the best evidence is considered in resolving cases of this magnitude.

33. Will I have to identify the defendant in court?

In some cases, because of the passage of time or the victim's lack of opportunity to see the defendant's face at the time of the crime, the victim cannot make an identification. However, if you are able to identify the defendant, we may ask you to do so in court. This type of identification is extremely persuasive to a jury and helps to provide even more evidence in addition to the DNA match.

34. Are there others like me?

[Discuss if the offender is a serial offender]

[Discuss options/services for individual and group support with other survivors]

35. Why can't they testify?

It is critically important for each independent witness to testify regarding the facts within their knowledge. If testimony is necessary to hold a defendant accountable for his crimes, more witnesses will substantially increase the likelihood of a just and appropriate result. We want to make sure that all of our witnesses are supported as much as possible.

36. I have moved on can I just drop the charges?

Contrary to popular belief, the decision about whether to "press charges" or "drop charges" is not left to the victim. Although we will always take your wishes into account, the District Attorney must also consider many other factors in making the important decision about whether to pursue a case. One of these factors is the danger that the defendant poses to the community if the case is not pursued. Your case is not only important in your life, it also extremely important to ensuring the safety of other women and children in our community.

37. If I say “no,” will you leave me alone?

You are not obligated to speak with us about the case, but we may still move forward with prosecution and your testimony still may become legally necessary at a later date, even if you choose not to be informed or involved in the investigation. We have found that the process is much more effective, efficient, and compassionate to the victim’s needs when we work together as a team to pursue a just result.

38. Do I need to get myself a lawyer?

No, you do not. Of course, you may choose to consult with any attorney if you wish, but our goal is to protect your interests in seeking justice through the prosecution of this case. Although we do not legally represent you, we will provide you with answers, advice, assistance, and resources to the extent we are able.

39. Is that how the police felt about me?

I apologize on behalf our criminal justice community that your kit was not treated with the immediate attention that it should have been. The manner in which your kit was handled is not a reflection of your value as a person and like any women has been assaulted, you deserve care, attention, investigation, and justice.

Suggested Resources

Georgia local sexual assault center or rape crisis center

<http://www.gnesa.org/page/rape-crisis-centers-georgia>

RAINN (the national sexual assault hotline and live chat)

<https://www.rainn.org>

Adult Survivors of Childhood Sexual Abuse

<https://www.rainn.org/articles/adult-survivors-childhood-sexual-abuse>

Suicide Prevention Lifeline

<https://www.suicidepreventionlifeline.org/gethelp/international.aspx>

National Center of Victims of Crime

<https://victimsofcrime.org>

American Psychological Association resources on sexual abuse

<http://apa.org/topics/sexual-abuse/index.aspx>

Gwinnett Sexual Assault Center, Inc.

www.Gsac-cac.org

Attachment A

Sample Letter of Notification

(Agency Letterhead)

[Insert date]

[Victim Name]

Address Line 1

Address Line 2

Dear [Victim Name],

My name is [Attorney name] and I am an Attorney with the Fulton County District Attorney's Office. I have some new information about a case that occurred in [year]. Please contact me at your earliest convenience. I can be reached by email at [email address] or by phone at [phone number]. Our office is open Monday- Friday 8:00 am to 5:00 pm.

Please note that [victim advocate name], a Victim Advocate with the District Attorney's Office, will be working specifically with your case. If you have any questions or would like assistance with resources, [the advocate] will be glad to assist you. You can contact [advocate name] at [phone number] or [email address].

If I miss your call, please feel free to leave a message with your contact information and whether or not I have permission to leave a message at that number.

Thank you.

Sincerely,

Assistant District Attorney



Rape Crisis Center



Sexual Assault Center Survey

Directions: Circle the best answer for each question.

As a result of the services, I received from Grady Rape Crisis Center:		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
Physical and Emotional Needs	1. I now have a better understanding of the effects of the sexual assault.	5	4	3	2	1	0
	2. I understand that the sexual assault was not my fault.	5	4	3	2	1	0
	3. I am now more aware of other sources of help available to me.	5	4	3	2	1	0
	4. The information I received after the medical exam helped me know what I need to do to take care of my health.	5	4	3	2	1	0
Stability/Resolution	1. I have the support of others to help me cope with the effects of my sexual assault.	5	4	3	2	1	0
	2. I understand what signs/symptoms I need to watch out for and what to do if I notice these after I leave the hospital.	5	4	3	2	1	0
My Medications	1. I understand what medications I will be taking, what they are for, and how to take them once I leave the hospital.	5	4	3	2	1	0
	2. I understand how to get my medications and will take them as prescribed after leaving the hospital.	5	4	3	2	1	0
	3. I understand the potential side effects of my medications and who to contact if I should have one.	5	4	3	2	1	0



Sexual Assault Center Survey

As a result of the services, I received from Grady Rape Crisis Center:		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Service Quality	1. I was provided with useful referrals to help meet my needs.	5	4	3	2	1
	2. I felt like my advocate was there to accompany me to appointments related to my case.	5	4	3	2	1
	3. The agency took my culture, religion, and orientation into consideration when providing my care.	5	4	3	2	1
My Follow-Up	1. I have the name and contact information of the rape crisis center so that I can contact if a problem arises after I leave the hospital.	5	4	3	2	1
	2. I understand the test and procedures that require follow up as well as the ones that I need to have after I leave the hospital.	5	4	3	2	1
Understanding in the Criminal Justice System	1. I have a better understanding of how a criminal case is processed from the investigation until the court's final decision.	5	4	3	2	1
	2. I now have a better understanding of my rights as a victim of crime.	5	4	3	2	1
1. Do you have additional concerns about your discharge?						



MR#: _____

CONSENT TO RELEASE OF INFORMATION AND RAPE EXAMINATION

The undersigned patient has come to Grady Health System in order to be treated and examined because she/he has been raped. She/he hereby authorizes the physician on the staff of the Hospital and other Hospital personnel to complete a physical examination of her/him and to carry out the required laboratory procedures and treatments they deem appropriate for her/his condition.

- _____
initials
1. The undersigned also requests and authorizes the physicians involved in her/his treatment and care, and employees and agents of Grady Health System, to supply copies of all medical reports to the Police Department and the Office of the District Attorney having jurisdiction over the alleged rape. In addition, she/he requests and authorizes such persons to discuss the matter and the findings of her/his examination and tests with the Police Department and the Office of the District Attorney having jurisdiction.

The undersigned consents to the release of this information until such time as the investigation of the alleged rape and any civil or criminal prosecution is finally completed. The patient understands that she/he may revoke her/his consent at any time by notifying, in writing, the Grady Rape Crisis Center and the Grady Medical Records Department at the address listed below and including her/his Grady patient identification number.

Rape Crisis Center
Grady Health System
80 Jesse Hill Jr. Drive SE
Atlanta, GA 30303

Grady Medical Records Department
Grady Health System
80 Jesse Hill Jr. Drive SE
Atlanta, GA 30303

The undersigned understands that she/he does not have to authorize the release of such information as a prerequisite to her being treated at Grady Health System.

The undersigned also agrees to release any person or entity giving information or releasing records pursuant to this request from any liability which might arise from the later use or dissemination of such information and records.

- _____
initials
2. The undersigned also requests and authorizes the physician and the staff of the Hospital to complete a rape examination by using the Rape Evidence Kit supplied by the State Crime Laboratory. The patient understands that, in order for the patient to receive the most complete rape examination, the following procedures will be necessary:
- (a) Vaginal and/or cervical swabbings will be taken from the patient with cotton-tipped applicators and smears on microscope slides will be made from the vaginal/cervical swabs.
 - (b) The patient's body will be examined for the presence of dried semen, and any suspected semen will be collected.
 - (c) The pubic area will be combed to obtain any loose hairs that may be present, which may aid in identifying the attacker.
 - (d) If the patient so indicates, oral and/or rectal swabs and smears will also be obtained.
 - (e) If the patient indicates that she/he scratched or fought the attacker, fingernail scrapings may also be taken.

Date: _____

Patient: _____

Witness: _____

Parent/Guardian if patient under 18: _____

WHITE COPY – MEDICAL RECORDS

YELLOW COPY – RAPE CRISIS CENTER

**FORENSIC MEDICAL
EXAMINATION**
HOSPITAL/MEDICAL CENTER
APPLICATION

104 Marietta Street
Suite 440
Atlanta, GA 30303

Office (404) 657-2222
Fax (404) 463-7652
Toll Free (800) 547-0060
TTY (404) 463-7650

www.crimevictimcomp.ga.gov

O.C.G.A. § 17-5-72 provides that a victim shall have the right to a forensic medical examination, regardless of whether the victim participates in the criminal justice system or cooperates with law enforcement by pursuing prosecution of the crime. A victim must not be billed, directly or indirectly, for the cost of a forensic medical examination.

**SECTION 1:
VICTIM INFORMATION**

In this section, please provide information about the victim.

Victim Name (First, Middle, Last)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YY) / /
Social Security Number (or TIN)		Phone Number	
Demographic Data (For Statistical Use Only)			
Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian and Other Pacific Islander <input type="checkbox"/> White/Non-Latino/Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other Race _____			
If 17 or older, is the victim a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the victim disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is the disability as a result of the crime? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**SECTION 2:
VICTIM'S PARENT/LEGAL GUARDIAN INFORMATION**

In this section, if the victim is a minor or has a caregiver, please provide information about the Victim's Parent/Legal Guardian.

Victim's Parent/Legal Guardian Name (First, Middle, Last)		Best Contact Phone Number		Relationship to Victim	
Street Address (including apartment #)		City	State	Zip Code	
Demographic Data (For Statistical Use Only)					
Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian and Other Pacific Islander <input type="checkbox"/> White/Non-Latino/Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other Race _____					
Is the victim's parent/legal guardian a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the victim's parent/legal guardian disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No					

**SECTION 3:
CRIME INFORMATION**

In this section, please provide information about the crime that occurred.

Location of Crime (City and State)		
Please Select the Type of Crime Reported:		
<input type="checkbox"/> Rape <input type="checkbox"/> Statutory Rape <input type="checkbox"/> Child Molestation <input type="checkbox"/> Aggravated Child Molestation	<input type="checkbox"/> Sodomy <input type="checkbox"/> Aggravated Sodomy <input type="checkbox"/> Incest <input type="checkbox"/> Sexual Battery	<input type="checkbox"/> Aggravated Sexual Battery <input type="checkbox"/> Human Trafficking <input type="checkbox"/> Other _____
Date of Crime (MM/DD/YY) / /	Was the crime reported to law enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Crime Reported (MM/DD/YY) / /
Agency Crime Reported To	Law Enforcement Agency Case Number (if known)	Officer/Investigator Name
Did the alleged offense occur while the victim was incarcerated or in state custody (e.g. DFCS, APS, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**SECTION 4:
MEDICATION**

In this section, please provide information about medications prescribed for this victim, for this examination.

Please check ALL applicable boxes:	
<input type="checkbox"/> No medication was prescribed/dispensed to the victim. <input type="checkbox"/> An nPep starter pack was dispensed to the victim. <input type="checkbox"/> An nPep starter pack was <u>only</u> prescribed (i.e., no medications dispensed) for the victim. <input type="checkbox"/> An nPep full regimen was dispensed to the victim. <input type="checkbox"/> An nPep full regimen was <u>only</u> prescribed (i.e., no medications dispensed) for the victim. <input type="checkbox"/> Non HIV Medication(s) were dispensed to the victim. <input type="checkbox"/> Non HIV Medication(s) were <u>only</u> prescribed (i.e., no medications dispensed) for the victim.	

A5: EMTALA Resources

The purpose of this protocol providers at all emergency departments are mandated to evaluate, assess for and treat acute life-threatening conditions and must stabilize them before transferring to a facility for a higher level of care. A facility is not able to refuse certain services to patients if they have the capabilities (equipment, certified providers) of doing so. Patient's presenting to emergency departments must be seen and evaluated for their condition and should only be transferred to Grady or another facility if they need a higher level of care that the facility is not able to provide such as surgical services and specialty services, and specifically to sexual assault if they do not have the certified providers or equipment (example, rape kits) to do so. Often times such patients may be transferred to Grady without a forensic examination performed and rape kit collected if the patient has life-threatening injuries that must be addressed first before those can be safely performed and this would not be an EMTALA violation.

- 1.** Centers for Medicaid and Medicare Services (CMS) stance on EMTALA: [Emergency Medical Treatment & Labor Act \(EMTALA\) | CMS](#)
- 2.** MedLaw analysis on EMTALA and sexual assault patients requiring SANE exam: [Medlaw.com | How Does SANE Fit With EMTALA?](#)
- 3.** Research analysis regarding the need for SANE exams vs medical screening exams to satisfy EMTALA regulations: [Do SANE examinations satisfy the EMTALA requirement for "medical screening"? Sexual assault nurse examiners. Emergency Medical Treatment and Active Labor Act - PubMed \(nih.gov\)](#)

Atlanta Police Department
Policy Manual



Standard Operating
Procedure

Effective Date
December 4, 2018

APD.SOP.5210
Special Victims Unit

Applicable To: All sworn employees

Review Due: 2022

Approval Authority: Chief Erika Shields

Signature: Signed by DRAFT

Date Signed: 12/04/2018

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1. PURPOSE

The purpose of this policy is to provide guidelines for supervisors and investigators when dealing with victims of an alleged sexual assault, juveniles who are abused and/or neglected, child pornography, prostitution, and other child exploitation crimes via the internet.

2. POLICY

It is the policy of the Atlanta Police Department (APD) to thoroughly investigate and maintain complete and accurate records of all reports involving the abuse and neglect of juveniles; to maintain complete and accurate records of sex related crimes, child pornography, child prostitution and child exploitation via the internet; to investigate such crimes to a successful conclusion; and to apprehend and assist in the prosecution of such offenders.

3. RESPONSIBILITIES

3.1 The Criminal Investigations Division (CID) Commander shall ensure that all employees under his or her command adhere to and comply with this policy.

3.2 The Section Commander shall ensure that vital information is communicated between other section commanders.

3.3 The Unit Commander shall develop and coordinate investigative strategies in conjunction with the watch supervisor.

3.4 The watch commanders shall inspect investigative case files for completeness and accuracy.

3.5 The Special Victims Unit (SVU) is comprised of the Sex Crimes Squad, the Crimes Against Children Squad, the Child Exploitation Squad, and the Child Exploitation Online Protection Squad (CEOPS).

1. The Sex Crimes Squad shall investigate sex related crimes committed against adults and conduct the initial investigation of sex related crimes committed against children if no investigator from the Child Exploitation and Online Protection Squad is available.

2. The Crimes Against Children Squad shall investigate missing, abused, and/or neglected juveniles. For abuse cases, the abuse must be by a family member, guardian, caretaker, or other person in a custodial position over the child.

3. The Child Exploitation Online Protection Squad (CEOPS) shall investigate sex related crimes committed against children, child pornography, child prostitution, and child exploitation via the internet.

4. The Child Exploitation Squad shall handle all incidents of sexual assault against a child; including, child molestation, aggravated child molestation, the rape of a juvenile (female 16 years of age or younger), statutory rape, and enticing a child for indecent purposes.

4. ACTION

4.1 Crimes Against Children

4.1.1 State law (O.C.G.A 19-7-5 and 16-12-100) require that instances or suspected instances of child abuse or neglect be reported by public and private officials such as physicians, dentists, school employees, clergymen, and others. Officers shall record and respond to all reports of child abuse, neglect, and abandonment regardless of the source or method of reporting.

4.1.2 A preliminary interview shall be conducted with the reporting individual, when known, to determine the basis for the report and to include determination of such factors as:

- 1.** The physical condition of the child;
- 2.** A description of the abusive or neglectful behavior;
- 3.** Evidence of parental disabilities such as alcoholism, drug abuse, mental illness, or other factors that demonstrate or suggest their inability to care for the child;
- 4.** Description of suspicious injuries or conditions;
- 5.** The nature of any statements made by the child concerning parental maltreatment;
- 6.** Any evidence of parental indifference or inattention to the child's physical or emotional needs; and

7. The identification of the child, the location of the child, and the identification of the primary caregiver or guardian.

4.1.3 When the source of the report cannot be identified and/or time is not of the essence, a report of the complaint shall be made to the Department of Family and Children Services (DFACS) as prescribed by law. Where reasonable suspicion exists for further investigation, a coordinated investigative effort should be undertaken with DFACS.

4.1.4 Immediate action shall be taken by officers when:

- 1.** The complaint warrants arrest or criminal prosecution;
- 2.** Child protective personnel are not available, and time is of the essence;
- 3.** The child is in danger and child protective personnel cannot enter the home;
- 4.** The suspected perpetrator may flee;
- 5.** Police presence is required to maintain order or to protect the safety of child protection officers;
- 6.** When the child must be taken into protective custody against parental wishes; or
- 7.** There is a potential for continued mistreatment and/or the parent/guardian is unavailable and unable to save the child from harm.

4.1.5 The preferred means of removing a child from the home is by court order. However, in cases of abandonment, severe abuse, or neglect, where the child is in imminent danger of death or serious bodily harm, and time is of the essence, an officer acting in compliance with state law shall remove the child from the home for purposes of protective custody. The assistance of a child welfare authority officer should be sought, if available, in a timely manner. Parental permission should also be sought but is not required in order to remove the child under emergency circumstances.

4.1.6 The Department of Family and Children Services (DFACS) shall be notified and a court order for protective custody shall be sought prior to the child's removal in cases where protective custody is warranted, and time permits.

4.2 Background Investigation

4.2.1 Investigating complaints of child abuse generally require contact with several sources of information depending upon the nature of the complaint and the scope of abuse. In all but emergency situations, the following sources of information shall generally be contacted prior to interviewing the family and/or the child.

- 1.** An inquiry shall be made to determine whether a court protective order is in force with regard to the child or other members of the family. A criminal history check shall also be performed on the suspect.

2. Medical personnel, including family practitioners, emergency room staff and medical examiners, often acquire information that confirms or suggests abuse. Certain types of injuries are particularly characteristic of physical abuse and are most incriminating when they do not correlate with parental explanations of how they occurred. They include:

- a.** Injuries that may be linked to specific objects “Pattern Injuries” used in an attack such as hot irons, coat hangers, fingertip marks caused by tight gripping, straight, curved, curvilinear; or jagged lesions indicating whipping; bite marks; and scald or peculiar burn marks;
 - b.** Injuries to specific body parts such as the genitals, buttocks, or rectum as well as trauma to the torso, upper arms and thighs in the absence of other common injuries commonly suffered by children in play accidents such as skinned knees, elbows, and forehead;
 - c.** Signs of old injuries to various parts of the body in different stages of healing, particularly those that are not common to childhood;
 - d.** Small children with bone fractures and related injuries that are inconsistent with the child’s level of maturity and risk of injury such as spiral fractures (suggesting vigorous shaking), fractures to the rear and upper skull (suggesting blows to the head), subdural hematomas without scalp contusions (suggesting violent shaking with resultant head whiplash), and fractures of long bones and joints that are suggestive of violent pulling, twisting, or jerking of the extremities;
 - e.** A history, pattern, or extent of injury that does not correlate with the alleged cause of death or means of injury; and
 - f.** Inordinate delay in seeking medical attention, evidence of administration of home remedies for relatively serious injuries, history of prior visits to different emergency rooms, frequent changes of physicians, and prior diagnosis of “failure to thrive.”
- 3.** Review family history for prior contact with DFACS.
 - 4.** Obtain information from extended family members, a non-custodial parent, and other principal caregiver(s) other than the parent(s) or legal guardians.
 - 5.** Obtain information concerning special needs the child/minor may have (e.g., developmental delays, retardation, physical handicap, language, and/or hearing impairment etc.).

4.2.2 Social welfare officers may also provide considerable insight into situations of suspected child abuse as many abusive families have had prior contact with local support agencies. These agencies may provide information on family background, employment, economic and domestic stability, and previous contacts with child protective service agencies.

4.2.3 School teachers may also provide some insight into cases of suspected child abuse through records of the child’s attendance, grades, demeanor, socialization, motivation, and perceived emotional stability. Several behavioral indicators are suggestive of child abuse:

- 1.** Recurrent injuries or complaints of parental physical mistreatment;
- 2.** Marked changes in the child’s behavior or level of achievement;

3. Strong antagonisms toward authority;
4. Exaggerated reactions to being touched;
5. Withdrawals from peers or confrontational behavior;
6. Delinquent acts, running away from home, or truancy; and
7. Refusals to dress for physical education or dressing inappropriately.

4.3 Indicators used in gathering information

4.3.1 Based on information generated in the background investigation, reasonable suspicion may exist to conduct an interview with the family and the child.

4.3.2 If there is reason to believe that charges may be filed against the parents or others, interviews shall be conducted at the APD headquarters or on scene as a last resort and upon prior contact, when appropriate, shall be made with the prosecutor's office.

4.3.3 A child protective service (DFACS) officer should participate with the investigator in the interview; when appropriate.

4.3.4 The interview shall be conducted in a non-accusatory, informal, and fact-finding manner. Questions shall be presented in an open-ended format to allow parents or others complete latitude in responding.

4.3.5 In determining whether to accept a parent's explanation, officers shall consider the following questions (Findings consistent with those in parentheses may indicate a greater likelihood of abuse).

1. Is it reasonable to believe that the child's injuries were self-inflicted or accidental given the child's maturity, manual dexterity, and ability to walk or stand? (No)
2. Was the parent's story consistent with other evidence? (No)
3. Do parents claim ignorance of critical details of the incident? (Yes)
4. Does the home appear to be clean and well maintained? (No)
5. Does the family live in a socially isolated environment without the support of neighbors, friends, or family? (Yes)
6. Do the parents appear to support one another in a positive home environment? (No)
7. Does there appear to be frequent or ongoing crises in the family? (Yes)
8. Does the child in question appear to be regarded by the parent(s) in a negative light? (Yes)
9. Is there a history of unexplained injuries and/or symmetrical injuries inconsistent with the explanation given? (Yes)
10. Does the child appear healthy, cared for, and appropriately interactive with the parent/guardian? (No)

4.3.6 Some parents may explain or excuse the incident as a legitimate attempt to discipline the child. However, in order to be reasonable and acceptable, the discipline should:

1. Be appropriate to the misbehavior involved but never involve serious bodily injury;
2. Be consistent with the child's ability to understand its relevance to acts in question; and
3. Be administered with prudence and caution rather than recklessly, brutally, or without sufficient regard for the child's power of endurance.

4.4 Handling Victims of Physical Abuse or Neglect

4.4.1 Victims of abuse or neglect under the age of eighteen shall be taken to Hughes Spalding Children's Hospital for a medical examination. Victims may request to see a private physician of their choice. However, Hughes Spalding Children's Hospital is the preferred medical facility.

4.4.2 Officers should be familiar with state statutes that define instances of child abuse, neglect, and abandonment. (O.C.G.A 15-11-94, 16-5-72, 19-7-5, 16-5-70 and 19-15-1)

4.4.3 Officers should be familiar with the Fulton and DeKalb County Child Abuse Protocols for responding to and investigating allegations of child abuse and neglect.

4.5 Interviewing Children/Forensic Interview

4.5.1 Investigators conducting interviews with children in suspected child abuse cases shall be trained in acceptable child interviewing techniques by a nationally recognized program (e.g., the American Professional Society on the Abuse of Children (APSAC), the National Child Advocacy Center (NCAC), the American Prosecutor's Research Institute (APRI), or the National Institute of Child Health and Human Development (NICHD)). Investigators shall be familiar with state law on interviewing children. Otherwise, a licensed professional shall interview children at the Georgia Center for Child Advocacy.

4.5.2 Additionally, investigators shall be familiar with the following special issues that arise when conducting these interviews in cases of suspected child abuse:

1. Children should be interviewed separately from their parents.
2. Repeated interviews with the child shall be avoided whenever possible. Joint interviews with the child protective worker or prosecutor, for example, may help minimize the trauma of these sessions.
3. Interviews of children shall be videotaped (preferred) or audio taped; whenever possible. If video/audio recording is not possible, accurate and complete written records shall be maintained to include the specific questions asked, responses given, and the observed behavioral reactions.
4. Avoid closed-ended questions whenever possible (e.g., questions that can be answered with a "yes" or "no" response or multiple-choice questions). Use open-ended questions and allow the child to respond to questions with as much spontaneous narrative as possible. If a closed-ended question is used, follow up with an opened-ended prompt.

5. Anatomically correct dolls shall be used in accordance with acceptable guidelines established by the APSAC or other qualified agency, and only by investigators specifically trained in the use of anatomical dolls.
6. The interview environment shall be child friendly and non-threatening. The interviewer shall sit with the child rather than across a table. Conduct the interview in a casual and supportive manner without being overly solicitous.
7. Avoid potentially bias behaviors and do not lead the child or suggest answers, do not probe or pressure the child for answers, and do not express concern, shock, or disbelief in response to answers.
8. Reassure the child that he or she is not to blame and is not in trouble for what happened or for being asked questions.
9. When appropriate, a Forensic Interview should be conducted at the Georgia Center for Child Advocacy located at 1485 B Woodland Avenue, Atlanta GA 30316. The telephone number is (678) 904-2880.
10. A written statement is not necessary when a forensic interview is conducted.

4.5.3 An important part of the investigation of sexual offenses committed against children is a Forensic Interview. Trained Forensic Interviewers conduct videotaped question and answer sessions with the children regarding what has happened to them. The investigator monitors the interview from an observation room and gives input to the interviewer. The videotaped interview is admissible in court as evidence. The interviewer retains the original tape and provides a copy to the investigator. The investigator shall turn the videotape in to Property Control as evidence. The videotape may be reviewed and transcribed by the District Attorney's Office at a later date.

4.5.4 Current practice is to utilize the Georgia Center for Child Advocacy for forensic interviews. Non-emergency interviews are typically scheduled in advance. Emergency interviews can be scheduled on an as needed basis by contacting the Program Manager and/or the Clinical Director. Non-emergency interviews should be completed within five working days of the request. Emergency interviews should be completed within 24 hours. Emergency interviews include child victims under the age of eight, the arrest of a suspect made prior to the interview, and an acute sexual assault that occurred within the last 72 hours. Experienced APD investigators who are trained and certified to conduct Forensic Interviews may conduct the interviews themselves when proper facilities and equipment are available.

4.6 Physical Evidence

4.6.1 Collecting physical evidence to document abuse is very important for prosecuting these cases. In this regard, officers shall be aware of the following:

1. Photographs of injuries shall be taken and preserved for evidentiary purposes. They may be taken by medical personnel or by same-sex ID technicians of APD. All injuries shall be described in writing and diagrammed.
2. X-rays shall be taken, if appropriate, and any that have been taken shall be collected and preserved.
3. Photographs of home conditions bearing on the child's maltreatment shall be taken.

4. Any instruments that were used in the physical attack shall be identified that have on the abuse or neglect, such as guns, knives, drugs, poisons or related items in possession of the suspected perpetrator, shall be identified and collected as well as any clothing that bears evidence such as blood or semen.

5. Location of evidence found shall be notated (e.g., under table in master bedroom, etc.).

4.7 Arrest Warrants

4.7.1 When an investigator secures an arrest warrant, the investigator shall place one copy in the warrant file, one copy in the working file and give a copy to the secretary to place in the master file. A copy shall also be given to the supervisor, who shall log it on the Arrest Warrant Log (refer to APD.SOP.5010 “Criminal Investigations Division” and APD.SOP 5060 “Fugitive Operations”).

4.7.2 The investigator must hand-deliver the original copy of the arrest warrant to the Identification Unit and complete the documents necessary to flag the suspect on ACIC.

4.7.3 In addition, if the investigator does not have immediate custody of the suspect and the warrant is for a sexual offense, he or she shall complete a Fugitive Package, and deliver it to the Fugitive Unit. The Fugitive Unit shall be responsible for serving the arrest warrant (refer to APD.SOP.5010 “Criminal Investigations Division” and APD.SOP 5060 “Fugitive Operations”).

4.7.4 The investigator who secured the warrant must advise the watch supervisor of any change of status of the warrant. If the suspect was arrested in another jurisdiction but not booked through the Fulton County Jail, the investigator must notify the Fugitive Unit. The Fugitive Unit will transport the person to DeKalb or Fulton County Jail, notify Central Records / ACIC of the warrant being cleared, and complete a supplemental report.

4.8 Responding to DFACS reports

Investigators shall respond to each DFACS report that is assigned to them. The investigator shall go to the location where the child may be found and conduct a limited interview with the child (if possible), the reporting person, witnesses and parents to obtain sufficient information to make a determination of criminal conduct as well as for the child’s welfare and safety. If the investigator determines that there is reasonable suspicion that a crime has occurred, the investigator shall complete an official Incident report (ICIS) and continue the investigation.

4.9 Sex Cases

4.9.1 The primary function of the Sex Crimes Squad is to investigate crimes committed involving the sexual assault of adults.

The function of the Child Exploitation and Online Protection Squad is to investigate crimes committed involving the sexual assault of children, including but not limited to:

- 1.** The rape of a child under the age of 17 years.
- 2.** The sexual molestation of a child under the age of 17 years.
- 3.** The pimping or pandering of a child under the age of 18 years, where a victim has been Identified.
- 4.** Any crime as outlined in the Georgia Criminal Code, §16-12-100 Sexual Exploitation of Children, O.C.G.A 16-12-100.1 Electronically Furnishing Obscene Material to Minors and O.C.G.A 16-12-100.2 Computer Pornography and Child Exploitation Prevention Act of 1999.

4.10 Hospital Protocol

4.10.1 Male and Female victims, age 18 years and older shall be taken to Grady Memorial Hospital. Female victims under the age of 18, of rape, aggravated sodomy, and child molestation shall be taken to the first floor of Hughes Spalding Children's Hospital. Male victims under age 18 of aggravated sodomy and child molestation shall also be taken to the first floor of Hughes Spalding Children's Hospital. Victims may request to see a private physician; however, Grady Memorial Hospital and Hughes Spalding Children's Hospital are preferred medical facilities. Investigators shall exhibit sensitive treatment and render appropriate assistance to victims at all times. Investigators shall proceed with their investigations with due regard for the victim's mental and medical condition.

4.10.2 During their initial contact with victims, investigators shall make every effort to ascertain sufficient information for completion of the incident report. This may be done at the crime scene (some victims shall be unable to immediately aid in the location of the crime scene, for medical or psychological reasons), at the hospital while victims are waiting to be examined, or after the examination is completed. Investigators shall also make every reasonable attempt to locate the crime scene so that it may be processed immediately. Photographs shall be taken of the victim by a Crime Scene Investigation Unit (CSI Unit) to document injuries, torn or disheveled clothing, etc. If photographs of the victim are not needed for evidentiary reasons, a photograph of the victim shall still be obtained for the file. The photograph could be useful in the event that the victim has to be located after a lengthy period has passed, the victim's name has changed due to marriage or divorce, and/or a new investigator is assigned to the case. An Identification Technician can take a picture for this purpose or one may be taken with a digital or a Polaroid camera. An enlarged photocopy of a driver's license or identification card is also acceptable.

4.10.3 Before the investigator leaves a victim, every reasonable effort shall be made to obtain items of clothing, which may yield forensic evidence of contact between the suspect and the victim. Underclothing is particularly important as it may reveal the presence of seminal fluid or spermatozoa. It is not uncommon, however, for such evidence to be found on outer clothing. Torn and soiled clothing should also be held for evidence as it may be used to corroborate the use of force against the victim. Clothing on which suspected seminal stains or bloodstains are located should be carefully folded with the stain up to avoid cross contamination. Clothing should then be placed in brown paper evidence bags.

Clothing or other items of evidence belonging to a suspect should not be placed in the same bag or container with evidence belonging to a victim, as cross contamination shall result and the evidence shall be of no use. A change of clothing may be obtained before going to the hospital, if the investigator meets a victim at home. Otherwise, clothing to be taken as evidence may be obtained when the victim is taken home. Victims must be advised not to bathe prior to the medical examination.

4.11 Collection of Evidence

4.11.1 All evidence shall be logged-in and bar-coded at Property Control. This includes Rape Kits and other items that shall then be transported to the Crime Lab for analysis. Rape Kits should be logged on a separate sheet from other items. If a Rape Kit has been completed, the GBI shall not accept other items (e.g clothing) for Deoxyribonucleic Acid (DNA) analysis until and unless the examination of the Rape Kit reveals that there is no sufficient male DNA present. The Georgia Bureau Of Investigation (GBI) Crime Lab shall make exceptions in cases where there is an obviously better chance of recovering a suspect's DNA from an item other than a Rape Kit and such exceptions need to be approved by the GBI in advance.(APD.SOP.3020,"Search and Seizure")

4.11.2 Brown paper bags shall be utilized when collecting clothing or other evidence that would tend to form moisture if placed in a plastic bag. The bag shall be sealed with evidence tape, properly labeled and turned into Property Control. Under no circumstances is evidence to be maintained in the investigator's office, desk, file cabinets, or city vehicle.

4.12 Drug Testing

4.12.1 Victims who may have been involuntarily drugged as part of the crime committed against them, or feel that they were too intoxicated to consent, shall be asked to provide both a blood and urine sample for crime lab analysis. It is best to collect these samples at the earliest opportunity since many drugs are detectable for only a few hours after ingestion. The most common "date rape" drug, γ -Hydroxybutyric acid (GHB), also known as 4-hydroxybutanoic acid (GHB), may be detected in the blood four to six hours and in the urine six to eight hours after ingestion. Other drugs are detectable for a much longer period. Therefore, samples shall still be obtained in cases of delayed reporting.

4.12.2 Blood samples taken for drug testing shall be collected in glass tubes (with a gray stopper) provided by the medical facility. These tubes may be given to the investigator in a padded envelope, or they may not be packaged at all. In either case, the tubes shall be placed into a property envelope. The envelope shall be sealed with red evidence tape and taken to Property Control for bar coding and refrigeration. The blood must be refrigerated, if not immediately transported to the Crime Lab.

4.12.3 Urine samples should be collected in the containers used by the medical facility, then sealed with red evidence tape. The urine should be handled in the same manner as blood (as described above).

4.13 Rape Kits

4.13.1 Physicians at Grady Memorial Hospital and Hughes Spalding Children's Hospital use rape evidence kits during the examination of rape victims. Rape Kits are usually only completed if the sexual assault occurred 10 days or less prior to the exam. There have been rare instances of DNA recovery in kits completed as late as five days after the assault, in situations with exceptional circumstances that allowed for the DNA to remain in or on the victim. The kits contain materials used for the collection of forensic evidence, which is later analyzed by the GBI Crime Laboratory.

Because these kits are used for victims from all jurisdictions served by these hospitals, it is imperative that investigators advise the hospital staff members which jurisdiction should be indicated on the rape evidence kit. When the investigator transports a victim to Grady Memorial Hospital or Hughes Spalding Children's Hospital for the examination, the nurse receiving the patient shall be told that the victim was assaulted in the City of Atlanta, and that this is to be indicated on the rape evidence kit. The investigator shall complete a GBI Evidence Submission Form, attach a copy of the incident report, and transport the kit and forms to the GBI Crime Lab after logging in the kit at Property Control. The investigator shall log the information in the GBI Evidence Submission Log Book in the Sex Crimes Squad Office.

4.13.2 Whenever possible, investigators accompanying rape victims to the hospital for a rape kit shall remain with the victim until the kit is completed. This policy is in place because some victims shall change their minds about waiting for the exam and leave the hospital; destroying the opportunity to obtain crucial DNA evidence. Although the investigator cannot force the victim to take the exam, the investigator shall make every effort to persuade her to remain and take the exam. If the investigator must leave or it is the end of the investigator's shift, another investigator shall come to the hospital and personally relieve the original investigator.

4.13.3 If the investigator must leave the hospital prior to the exam and no other investigator is available to stand-by with the victim, the investigator must leave his or her immediate contact number or method of immediate contact with the social worker, victim advocate, nurse, or other party that shall be standing-by with the victim. The investigator shall advise this person to contact him/her immediately if the victim decides against having the exam completed. If so notified, the investigator shall make every effort to speak to the victim, by telephone if necessary, and reiterate the necessity of taking the exam before she leaves the hospital.

4.13.4 Upon completion of the rape kit, the investigator shall enter the information in the GBI Evidence Submission Log Book in the Sex Crimes Squad office and shall turn the rape kit in to the Property Control unit. If the rape kit is not complete and the investigator needs to leave the hospital, the investigator must leave his or her immediate contact number or method of immediate contact with the social worker, victim advocate, nurse or other party that shall be standing-by with the victim. All rape kits shall be turned into the Property Control unit and logged prior to the end of the investigator's tour of duty.

4.13.5 Occasionally, a victim may be treated at a medical facility other than Grady Memorial Hospital or Hughes Spalding Children's Hospital. If it is necessary for the rape kit to be completed at another facility, the investigator may have to supply the facility with the kit for the exam or may have to replace the one the facility uses. Investigators shall have kits available for this reason.

4.13.6 After the kit has been analyzed by the GBI Crime Laboratory, a report shall be available to the investigator via the GBI website. The GBI does not notify the investigator when the analysis is complete, unless a Combined DNA Index System (CODIS) match results. It is the investigator's responsibility to check the GBI website at least once a week to determine if an analysis report is available. Once the report is available, the investigator shall print it out and add it to the working file. A copy shall be given to the secretary to place in the master file.

4.14 Buccal Swabs

4.14.1 Buccal swabs are used to collect skin cells from victims and suspects for DNA comparison purposes. A swab is rubbed against the inside of the mouth cheek.

4.14.2 The investigator should obtain buccal swabs from the victim whenever a Rape Kit is obtained. If a suspect is known and consents, buccal swabs should be obtained from the suspect as well. Depending on the circumstances, a search warrant for the suspect's skin cells may be necessary.

4.14.3 A Rape Kit analysis where semen is present shall contain the DNA of the victim and of the suspect(s). In any sexual assault case involving suspect identification from DNA evidence, the GBI Crime Lab shall require confirmatory DNA samples from the victim(s) and /or the suspect(s) whose DNA has been identified from the evidence submitted.

4.14.4 Buccal swabs shall be turned in as evidence at the Property Control Unit and held there until needed by the GBI Crime Lab.

4.15 The Grady Rape Crisis Center/Atlanta Victim Assistance, Inc.

4.15.1 The Grady Rape Crisis Center (GRCC) is located in Grady Memorial Hospital. The telephone number is (404) 616-4861. The purpose of this Center is to aid rape victims emotionally and to provide a liaison between Grady Hospital and the Atlanta Police. The Center has proven to be very beneficial in providing supportive services to victims and providing a flow of information between Grady Memorial Hospital and the Special Victims Unit. Counselors can assist investigators by explaining hospital procedures and by obtaining medical reports to be turned over to the Unit. The Center cannot turn over medical reports if the victim refused to sign a form, which authorizes the release of such information. Investigators shall obtain the victim's signature on an Authorization to Release Medical Information form prior to leaving the victim, if possible. Center counselors can also assist investigators by encouraging victims to prosecute and by attending court with the victims.

4.15.2 The Atlanta Victim Assistance Inc. (AVA) is located in the Atlanta Municipal Court Building at 150 Garnett St. SW, Atlanta, Georgia 30303 on the 3rd floor. The purpose of the Atlanta Victim Assistance Inc. is to assist victims of crime, attend court proceedings and provide supportive services to victims, police, courts, and the Rape Crisis Center. The telephone number is (404) 588-4740. An advocate is presently assigned to be on-site and is available weekdays from 0800-1700 hours. The advocate shall follow-up with the victim the next working day for crimes occurring outside of these hours. Investigators will notify the Atlanta Victim Assistance Inc. advocate whenever a victim is at the hospital for initial treatment or is scheduled to appear in court during the advocate's working hours, if appropriate. (CALEA 5th ed. standards 55.2.1b & 55.2.4e)

4.15.3 First responders and investigators will refer victims and witnesses of crimes or other traumatic incidents to AVA advocates when it is apparent they will need further aid and services beyond the immediate police presence. These referrals will be available to victims and witnesses 24 hours a day. The investigator shall ensure that the following information is provided to victim/witness:

1. Information about applicable services (e.g. counseling, medical attention, compensation programs or emergency financial assistance, and victim advocacy);
 2. Information about what to do if suspect or the suspect's companion or family threatens or otherwise intimidates him or her;
 3. Information on the case (case number) and the following steps in the process of the case; and
 4. The telephone number that the victim/witness may call to report additional information about the case or to receive information about the status of the case.
- (CALEA 6th ed. Standards 55.2.1b & 55.2.3 and APD.SOP 3100, "Victim/Witness Information")

4.15.4 Hospital personnel shall notify the Rape Crisis Center to send a counselor to remain with the victim throughout the examination process. The presence of a counselor often makes the hospital experience easier for the victim.

4.15.5 Investigators shall cooperate with personnel from the Rape Crisis Center. Good relations must be maintained between the Rape Crisis Center, the Atlanta Victim Assistance Inc. advocate and the Special Victims Unit. If a conflict arises between an investigator and a counselor, it shall be reported to the commander of the Special Victims Unit for resolution. Investigators shall avoid disagreements with counselors in the presence of a victim, as this may be very disturbing to the victim.

4.15.6 The victim is usually the most important witness in a sex crimes investigation. Many victims shall be unable to participate extensively in an investigation until given time to recover emotionally from the experience of the crime. Investigators shall make every effort to complete an investigation as soon as possible, always with due regard for the medical and emotional condition of the victim. Investigators risk alienating victims to the point where they are unable to continue cooperation with the investigation if the proper care and considerations are not shown to the victims. Before leaving a victim after the initial contact, investigators shall make every effort to ensure that the victim is returned to a secure environment.

4.16 Response to Calls

4.16.1 Sexual Assault Cases (Calls from Radio):

1. Respond to the scene;
2. Coordinate crime scene;
3. Call for the Identification Unit;
4. Obtain statements from witnesses;
5. Obtain statements from the outcry person or the person reporting for the victim.
6. Obtain statements from responding officers;
7. Collect evidence;
8. Once the scene is under control respond to the hospital to interview the victim; and
9. Complete original report.

4.16.2 Responding to a Hospital:

1. Collect the victim's clothing;
2. Ensure that the rape kit is completed;
3. Obtain statements (victim, EMT's, family, friends and whomever brought victim to the hospital);
4. Have victim or guardian (juvenile victims) to sign medical release forms;
5. Interview examining physician;
6. Complete original report;
7. Ensure that the lookout of the suspect is given out city wide by communications if suspect is not in custody; and
8. Make arrest if appropriate (APD.SOP.3030, "Arrest Procedures").

4.16.3 Sexual Assault Cases (Assigned):

1. Contact victim and ensure that he/she has gone to Grady Memorial Hospital or Hughes Spalding Children's Hospital;
2. Request the Identification Unit to process the crime scene, if one is known;
3. Obtain victim and witnesses (if any) statements;

4. Obtain original incident report;
5. Set appointment with Georgia Center for Child Advocacy (juvenile victims);
6. Create a photographic line-up if the subject is not known by the victim;
7. Have the victim or guardian (juvenile victims) sign medical release form; and
8. If the crime occurred in Fulton County, consult with the Assistant District Attorney assigned to the Fulton County District Attorney's Crimes Against Women and Children Unit (or, in their absence, the Complaint Room attorney) about developing a disposition for the case.

4.17 Prostitution of Children

4.17.1 When investigating prostitution of children cases, an officer shall:

1. Complete the original report if possible.
2. Obtain outcry (the person reporting for the victim) statements. Develop suspect information (create line-up, description of suspect, etc.).
3. Process crime scene if located, e.g, photographs, physical evidence (APD.SOP.3081, "Crime Scene Investigations").
4. Determine the status of the child (e.g, runaway, missing).
5. Schedule an interview at the Georgia Center for Child Advocacy. if appropriate.
6. After the Georgia Center for Child Advocacy's interview, consult with a representative from the District Attorney's office to develop a disposition for the case.
7. If the determination is made that an arrest is appropriate, follow the Complaint Room procedures.
8. Create a Fugitive Package (APD.SOP. 5060, "Fugitive Operations").
9. On child prostitution cases where the child is being detained by a zone unit or other detective unit, the responding investigator should speak to the child in a secure location, where the child is confident that he or she cannot be seen by his or her pimp.
10. Investigators shall respond to the scene of a crime when requested, if possible. However, if the investigator is unable to respond at the time, or learns about the incident later on, the investigator shall attempt to interview the child as soon as possible.
11. All cases are different to some degree and there are times when special considerations shall arise. It should be understood that the child is the victim. The goal of the investigation is to identify and arrest those responsible for the exploitation of the child.

4.18 Child Internet Enticement

4.18.1 The investigator handling the initial Child Internet Enticement case shall endeavor to obtain the following:

- 1.** Originals or copies of any e-mails, chat sessions, or photographs sent to the victim.
- 2.** Screen names and user accounts of the victim, along with Internet Service Provider (ISP) information, and account passwords.
- 3.** Copies of all electronic correspondence, with full header information in cases of e-mail. Review material and determine if correspondences constitute harassment, child exploitation, and/or child pornography.
- 4.** Information from complainant that constitute other forms of harassment, such as phone calls, mail or personal confrontations.
- 5.** Consent to search forms for victims computer or obtain a search warrant (APD. SOP.3020, "Search and Seizure").

4.18.2 Only investigators who have received specialized training in the legal and privacy issues associated with conducting undercover investigations via the internet and the handling of digital evidence are authorized to conduct on-line investigations (APD. SOP.5050 Cyber Crimes).

4.19 Child Pornography

4.19.1 Employees investigating cases of child pornography shall use discretion and remain aware of the privacy issues of the victim when collecting physical evidence in child pornography investigations. Collected evidence shall be turned in to the Property Control Unit in a timely manner and care shall be taken to insure that evidence is not left in plain view.

4.19.2 Digital media and evidence shall be collected with the assistance of the Cyber Crimes Unit, unless the investigator has received specialized training in the collection and preservation for trial of digital media and evidence (APD.SOP.5050, "Cyber Crimes").

4.20 Training

4.20.1 Investigators assigned to SVU will attend required departmental and outside specialized training in order to enhance the investigative skills required to implement this policy.

4.20.2 Special Victims Unit training shall take into consideration the policies of the Fulton County and DeKalb County District Attorney offices and the policies of the Georgia Center for Child Advocacy.

4.21 Case Preparation

4.21.1 Investigators shall:

- 1.** Maintain an accurate record of daily investigative activities on the Summary of Investigation Form, and/or supplementary offense report form;
- 2.** Prepare complete working files;
- 3.** Collate all facts relative to the investigation to ensure that logical conclusions shall be drawn
- 4.** Present testimony in court;
- 5.** Assist personnel of other APD divisions, sections and units when called upon, especially Field Operations Division (FOD) officers, with the investigation of cases for which they are responsible;
- 6.** Make available to other members of the SVU information, occurrences, and sources of information that might aid in other investigations;
- 7.** Respond to subpoenas issued by authorities (Subpoenas for civil cases and character witnesses should be immediately brought to the attention of a supervisor);
- 8.** Advise their immediate supervisor, or next higher authority, of matters of importance, unusual arrests or occurrences, or other conditions, which may require his or her attention; and
- 9.** Complete the "Investigator's Assignment Record" (Form APD 334). Investigators will refer to and comply with APD.SOP.5010, "Criminal Investigations Division."

4.22 Office Administrator

4.22.1 The office administrator is responsible for the efficient and orderly operation of the files and filing of reports.

4.22.2 The office administrator shall make master files for all incoming incident reports. The master file shall be maintained in numerical order. Each master file document shall be filed in chronological order. Each file shall contain an index listing the documents contained in the file.

4.22.3 The office administrator shall handle the phone, take messages, and assist victims that come into the office. The Office Administrator shall type incident reports, letters, supplements, and other reports for the investigators and supervisors, if requested to do so.

4.22.4 The office administrator shall type the suspect and witness statements while the investigator conducts the interview.

4.22.5 The office administrator shall assist the unit in any situation requiring clerical services.

4.22.6 When there is a shortage of typists, the Special Victims Unit office administrator shall assist other units in typing statements, supplements, warrants, etc., at the direction of the Special Victims Unit supervisor.

5. DEFINITIONS

5.1 Abandonment: Leaving a child alone or in the care of another under circumstances that demonstrate an intentional abdication of parental responsibility.

5.2 Child: 'Child' means any individual who is:

- (A) Under the age of 18 years;
- (B) Under the age of 17 years when alleged to have committed a delinquent act;
- (C) Under the age of 22 years and in the care of DFCS;
- (D) Under the age of 23 years and eligible for and receiving independent living services through DFCS; or

(E) Under the age of 21 years who committed an act of delinquency before reaching the age of 17 years and who has been placed under the supervision of the court or on probation to the court for the purpose of enforcing orders of the court. (See H.B.242, page 4; and O.C.G.A. 15-11-2)

5.3 Child Abuse: Any situation in which parents, guardians or other responsible adults have inflicted physical assaults upon a child, to include sexual abuse; when the child has been exploited for sexual purposes such as through prostitution or pornography; has been subjected to reckless endangerment that has or would likely cause physical harm; or, has been subjected to emotional assault such as close, sustained confinement.

5.4 Child Neglect: Any situation in which parents, guardians, or other responsible adults have failed to provide for the essential physical needs of the child to include food, clothing and shelter and that caused or would likely cause serious physical injury, sickness or disability; failure to provide essential medical care necessary to treat or prevent serious physical injury, illness or emotional disability; or failure to provide needed emotional nurturing and stimulation that has or could likely cause emotional injury over time.

5.5 Combined Deoxyribonucleic Acid Index System (CODIS): Nationwide database administered locally by the GBI. Repository for DNA profiles of certain known felons and for unknown suspects in crimes where DNA evidence was successfully collected and analyzed.

5.6 Failure to Thrive: Is a description applied to children whose current weight or rate of weight gain is significantly below that of other children of similar age and sex. It is important to determine whether the failure to thrive results from medical problems with the child or from psychosocial factors in the environment, such as abuse or neglect.

5.7 Outcry Person: The first person a rape victim tells his or her rape incident.

5.8 Pattern Injuries: Injuries that may be linked to specific objects used in an attack such as hot irons, coat hangers, fingertip marks caused by tight gripping; straight, curved or curvilinear or jagged lesions indicating whipping; bite marks; and scald or peculiar burn marks.

5.9 Rape: Any penetration of the female sex organ by the male sex organ. A person commits the offense of rape when he has carnal knowledge of a female forcibly and against her shall; or a female who is less than ten years of age.

5.10 Sexual Assault: Includes rape and other forcible, non-consensual sex acts as defined by law, in relation to adult female and male victims. Investigating sexual assaults against juveniles include statutory rape, child molestation, aggravated child molestation, and enticing a child for indecent purposes.

6. CANCELLATIONS

APD.SOP.5210, "Special Victims Unit," dated October 30, 2013

7. REFERENCES

Federal Law 42 U.S.C. 5780 "National Child Search Assistance Act"

Georgia Criminal Code, Title 15, Chapter 11, Subsection 1, Juvenile Proceedings

Georgia Criminal Code, Title 16 Chapter 5, Subsection 70, Cruelty to Children

Georgia Criminal Code, Title 16, Chapter 5, Subsection 72, Reckless Abandonment

Georgia Criminal Code, Title 16, Chapter 12 Subsection 100 Sexual Exploitation of Children

Georgia Criminal Code, Title 16, Chapter 5, Subsection 100.1, Electronic Furnishing Obscene Material to Minors

Georgia Criminal Code, Title 16, Chapter 5, Subsection 100.2, Computer or electronic pornography and child exploitation prevention

Georgia Criminal Code, Title 17, Chapter 17, Subsections 1-16 Crime Victim's Bill of Rights

Georgia Criminal Code, Title 19, Chapter 7, Subsection 5, Reporting Child Abuse

Georgia House Bill 242, Juvenile Code, Section (10), (A-E)

APD.SOP.5010, "Criminal Investigations Division."

APD.SOP.3030, "Arrest Procedures."

APD.SOP.3085, "Missing Persons."

APD.SOP.5050, "Cyber Crimes"

APD.SOP.5060, "Fugitive Operations"

Commission on Accreditation of Law Enforcement Agencies (CALEA 6TH Edition Standards 55.2.1, 55.2.3, and 55.2.4)

8. SIGNIFICANT CHANGES

1. Domestic violence removed from sections 1, 2, 3.5;

2. School Detectives removed from section 4.9.3;

3. Child Exploitation and Youth Squad have been merged into Crimes against children in section 3.5; and

4. The time frame for sexual assaults kits has been expanded from 72 hours to 10 days.

