

Brunswick Judicial Circuit
Sexual Assault Protocol Committee
Annual Meeting
Agenda
December 10, 2024
1:00 pm

- I. Introductions- Roll Call
- II. Review of the Sexual Assault Protocol- Requested Changes
- III. Discussion of Compliance
 - a. What are your recommendations to improve compliance with the current protocol?
- IV. Prevention Coordinator Role
- V. Signers will sign the 2024-2025 Brunswick Judicial Circuit Sexual Assault Response Team Protocol
- VI. Partner Agency Updates and Announcements
- VII. Adjourned until December 2025

SEXUAL ASSAULT PROTOCOL
IN THE SUPERIOR COURT OF GLYNN COUNTY
STATE OF GEORGIA

ORDER

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

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

WHEREAS, the Committee has met on November 1, 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 the Brunswick Judicial Circuit, First District of the State of Georgia.

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

BRUNSWICK JUDICIAL CIRCUIT SEXUAL ASSAULT PROTOCOL

This Brunswick Judicial Circuit Sexual Assault Protocol is adopted pursuant to O.C.G.A. 15-24-2 for the purpose of outlining the procedures to be used in responding to, investigating and prosecuting cases of sexual assault. The purpose of the protocol shall be to ensure coordination and cooperation between all agencies involved in sexual assault cases to increase the efficiency of all agencies handling such cases and to minimize the stress created for the alleged sexual assault victim by the legal and investigatory process¹.

The mission of the Brunswick Sexual Assault Response Team is to provide a comprehensive, standardized, nonjudgmental and equitable treatment of victims of sexual assault.

For purposes of this Protocol, “*victim*” should refer to victims 18 years and older. Every assault case involving victims under 18 years of age should refer to the Brunswick Judicial Circuit Child Abuse Protocol in identifying appropriate services and resources.

SEXUAL ASSAULT

The State of Georgia does not have a single “Sexual Assault” definition but rather defines the following sexual crimes:

Rape (*O.C.G.A. § 16-6-1*)

(a) A person commits the offense of rape when he has carnal knowledge of:

- (1) A female forcibly and against her will; or
- (2) A female who is less than ten years of age.

Carnal knowledge in rape occurs when there is any penetration of the female sex organ by the male sex organ. The fact that the person allegedly raped is the wife of the defendant shall not be a defense to a charge of rape.”

Statutory Rape (*O.C.G.A. § 16-6-3*)

“(a) A person commits the offense of statutory rape when he or she engages in sexual intercourse with any person under the age of 16 years and not his or her spouse, provided that no conviction shall be had for this offense on the unsupported testimony of the victim.”

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

Sodomy; Aggravated Sodomy (*O.C.G.A. § 16-6-2*)

“(a) (1) A person commits the offense of sodomy when he or she performs or submits to any sexual act involving the sex organs of one person and the mouth or anus of another.

(2) A person commits the offense of aggravated sodomy when he or she commits sodomy with force and against the will of the other person or when he or she commits sodomy with a person who is less than ten years of age. The fact that the person allegedly sodomized is the spouse of a defendant shall not be a defense to a charge of aggravated sodomy.”

Sexual assault by persons with supervisory or disciplinary authority (*O.C.G.A. § 16-6-5.1(b) & (e)*)

“(b) A person who has supervisory or disciplinary authority over another individual commits sexual assault when that person:

(1) Is a teacher, principal, assistant principal, or other administrator of any school [defined below as pre-kindergarten through 12th grade] and engages in sexual contact with such other individual who the actor knew or should have known is enrolled at the same school; provided, however, that such contact shall not be prohibited when the actor is married to such other individual.

(2) Is an employee or agent of any community supervision office, county juvenile probation office, Department of Justice juvenile probation office, or probation office under Article 6 of Chapter 8 of Title 42 and engages in sexual contact with such other individual who the actor knew or should have known is a probationer or parolee under the supervision of such office.

(3) Is an employee or agent of a law enforcement agency and engages in sexual contact with such other individual who the actor knew or should have known is being detained by or is in the custody of any law enforcement agency.

(4) Is an employee or agent of a hospital and engages in sexual contact with such other individual who the actor knew or should have known is a patient or is being detained in the same hospital; or

(5) Is an employee or agent of a correctional facility, juvenile detention facility, facility providing services to a person with a disability, as such term is defined in Code Section 37-1-1, or a facility providing child welfare and youth services, as such term is defined in Code Section 49-5-3, who engages in sexual contact with such other individual who the actor knew or should have known is in the custody of such facility.”

(e) Consent of the victim shall not be a defense to a prosecution under this Code section.”

*The words underlined above are defined as: (*O.C.G.A. § 16-6-5.1(a)*)

- (1) “Actor” means a person accused of sexual assault.
- (2) “Intimate parts” means the genital area, groin, inner thighs, buttocks, or breasts of a person.
- (3) “Sexual contact” means any contact between the actor and a person not married to the actor involving the intimate parts of either person for the purpose of sexual gratification of the actor.

Sexual battery (*O.C.G.A. § 16-6-22.1*)

- (a) For the purposes of this Code section, the term ‘intimate parts’ means the primary genital area, anus, groin, inner thighs, or buttocks of a male or female and the breasts of a female.
- (b) A person commits the offense of sexual battery when he or she intentionally makes physical contact with the intimate parts of the body of another person without the consent of that person.”

Aggravated sexual battery (*O.C.G.A. § 16-6-22.2*)

- (a) For the purposes of this Code section, the term ‘foreign object’ means any article or instrument other than the sexual organ of a person.
- (b) A person commits the offense of aggravated sexual battery when he or she intentionally penetrates with a foreign object the sexual organ or anus of another person without the consent of that person.”

ADVOCACY

The role of the victim advocate² is to provide services to the victims of sexual assault regardless of whether the victim chooses to participate in the criminal justice process. They play a very important role in providing a response that keeps the victim central in the process, allowing the investigation and prosecution to be offender focused. Advocacy also has a critical role in promoting the healing process for the victim. Sexual Assault Victim Advocates provide crisis intervention, support, family advocacy, information and referral, victim’s compensation and other ancillary services to assist the victim through the criminal justice process. The support provided by the sexual assault victim advocate also benefits the criminal justice process, because supported, well-informed victims are more likely to continue through the process. Advocates will operate under the guidelines established by *The Georgia Crime Victim’s Bill of Rights* (*O.C.G.A. 17-17-1*) and will adhere to best practices as outlined in the *Georgia Sexual Assault Response Team Guide, Version 2* and the *Georgia Sexual Assault Certification Standards*.

Responsibilities of the Advocate include:

- Be available to victims and families 24 hours a day, 7 days a week via a 24-hour crisis line staffed by trained volunteer advocate

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

² Defined as a trained sexual assault victim advocate working with a Georgia certified sexual assault center.

- Providing services to victims and families that are sensitive to the unique barriers and special considerations that diverse victims encounter in reporting sexual assault crimes
- Providing options to victims so that they may make informed decisions
- Supporting victims who choose to report to law enforcement by providing a link to eliminate barriers affecting the victim's participation in the criminal justice process.
- Maintaining victim confidentiality
- Offering services to non-reporting victims and assisting when the victim decides to report
- District Attorney's Office Advocates provide information on court proceedings as well as court accompaniment when requested

LAW ENFORCEMENT

The role of the investigating officer is to ensure the safety of the victim and the community and to ascertain if the report of sexual assault meets the elements of a crime under Georgia law. Within their jurisdictions, law enforcement will investigate sexual assault crimes. Investigative responsibilities include:

- Identification, apprehension and interrogation of suspect(s)
- Interview of victim with an offender focused and trauma informed approach, which includes allowing an advocate to be present
- Interview of witnesses
- Collection and preservation of evidence according to *O.C.G.A. § 17-5-71*
- Maintenance of chain of custody
- Timely submitting sexual assault evidence collection kits to GBI crime laboratory according to *O.C.G.A. § 17-5-71* 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 the case
- Testimony and presentation of evidence in court

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

MEDICAL FORENSIC EXAMINATION PROCEDURES

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

Connie Smith Rape Crisis Center shall be the primary location where Medical forensic examinations are performed. If the victim presents at a medical facility, examinations can be completed pursuant to active memorandum of understandings between Connie Smith Rape Crisis Center and the medical facility. However, the best interest of the victim and preservation of evidence should be considered a priority. Medical forensic examinations should be made available if a patient chooses to report, chooses not to report, or chooses to report anonymously.

Medical forensic examinations shall be performed by a Sexual Assault Nurse Examiner (SANE), physician, nurse practitioner or physician's assistant (PA) trained according to the International Association of Forensic Nursing in performing such exams.

Medical forensic responsibilities include:

-Obtaining informed consent from the patient for the medical forensic examination, documentation, evidence collection, and sharing of information obtained during the exam with the investigating agency. This should include all documentation of biologic and physical findings

- Gathering the medical forensic history
- Conducting a physical examination
- Coordinating treatment of injuries
- Collection of evidence from patient
- Documentation of biologic and physical findings
- -Providing information, treatment, and referrals for Sexually transmitted Infection (STI's), prophylaxis, and emergency contraception.
- Follow-up as needed for additional treatment and/or collection of evidence
- Providing testimony at trial
- Chain of custody

BIOLOGIC EVIDENCE COLLECTION

The SANE, SAFE, physician, nurse practitioner or PA will collect biologic samples at the request of a patient, 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 assault. In addition, cases should be evaluated on an individual basis as the medical forensic examination may be completed within 120 hours.

All biologic samples, fluids, hairs and other evidence requiring GBI analysis will be given directly to the case investigator for processing using a proper chain of evidence.

All biologic evidence collected at the request of a patient who chooses TO initiate and participate in and/or cooperate with a law enforcement investigation shall be submitted to the GBI Crime Lab within 30 days of it being collected by the law enforcement agency who took possession of the evidence pursuant to SB 304/ O.C.G.A. § 35-1-2.

All biologic evidence collected at the request of a patient who chooses NOT to initiate and participate in and/or cooperate with a law enforcement investigation shall be processed and stored according to O.C.G. A. § 17-5-71.

Urine collected for analysis can be collected up to 120 hours and may be submitted to the Georgia Bureau of Investigations Crime Lab, the Federal Bureau of Investigations Crime Lab or another private lab for toxicology drug screen.

REQUEST FOR MEDICAL FORENSIC EXAMINATION

With the consent of the patient, medical forensic examinations can be performed at the request of (1) a law enforcement agency, (2) the District Attorney's Office, (3) the medical examiner or coroner's office, (4) a hospital, (5) pursuant to a court order, or at the patient's request pursuant to O.C.G.A. §17-5-72.

Medical forensic examinations may be requested 24 hours a day by contacting the RAPE CRISIS HOTLINE 1-800-205-7037.

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.

CONDUCT OF THE MEDICAL FORENSIC EXAMINATION

The SANE or SAFE (physician, nurse practitioner or PA) will perform the examination and assessment.

Medical forensic examinations and biologic evidence collection shall be conducted in accordance with Georgia Bureau of Investigation (GBI) procedures using a GBI Sexual Assault Evidence Kit. It is also recommended that medical forensic exams be conducted in accordance with the *National Protocol for Sexual Assault Medical Forensic Examinations*.

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

The SANE/SAFE, physician, nurse practitioner or PA will complete appropriate authorizations relating to the examinations.

The SANE/SAFE, physician, nurse practitioner or PA will photograph and document injuries and prepare a report.

The SANE/SAFE, physician, nurse practitioner or PA will maintain and document the chain of custody of any evidence collected during the examination and assessment.

The SANE/SAFE, physician, nurse practitioner or PA will adhere to best practices as outlined in the *Georgia Sexual Assault Response Team Guide*.

PROCEDURES for HOSPITALS RECEIVING WALK-IN REPORTS OF SEXUAL ASSAULTS

Hospitals receiving patients reporting incidents of sexual assault shall immediately contact law enforcement in accordance with O.C.G.A. § 31-7-9 mandating all non-accidental injuries be reported. Patients will retain the right to initiate participate in, and/or cooperate with any law enforcement investigation of such assault.

Hospital emergency department personnel shall timely notify the Connie Smith Rape Crisis Center via the RAPE Crisis Line of the incident including which law enforcement agency is responding.

PROSECUTION

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

- To be treated fairly and with dignity by all criminal justice agencies involved in the case
- To proceedings free from unreasonable delay
- To reasonable, accurate and timely notice of a court proceeding where the release of the accused will be considered
- To reasonable, accurate and timely notice of a court proceeding of any changes to such proceedings, including restitution hearings
- To reasonable, accurate and timely notice of the accused release and/or monitoring program
- To be present at all criminal proceedings in which the accused has a right to be present
- To NOT be excluded from any scheduled court proceedings, except as provided in O.C.G.A. § 17-17-1
- To a waiting area, during judicial proceedings, that is separate from the accused and his or her relatives, friends and witnesses
- To be reasonably heard at any scheduled court proceedings involving the release, plea, or sentencing of the accused

- To complete a Victim Impact Statement and have it presented to the court prior to the trial or plea of the accused (O.C.G.A. § 17-10-11)
- To refuse to submit to an interview by the accused, accused attorney or agent of the accused
- To a requirement by the court that defense counsel not disclose victim information to the accused (O.C.G.A. § 17-17-10)

If a victim attends any court proceeding, a victim advocate from the Connie Smith Rape Crisis Center (CSRCC) of District Attorney's Office will accompany the victim. Prosecutors' and prosecution-based advocates will adhere to best practices as outline in the *Georgia Sexual Assault Response Team Guide, Version 2*.

LOCAL SART COORDINATED RESPONSE

All members of the Brunswick Judicial Circuit Sexual Assault Team will adhere to the best practices as outlined in the *Georgia Sexual Assault Response Team Guide, Version 2*.

Members of the Brunswick Judicial Circuit SART agree to meet monthly for case review, discussion and evaluation to assure coordination and cooperation between all agencies responding to sexual assault cases in the Brunswick Judicial Circuit.

PROCEDURE

I. INITIAL RESPONSE

- A. A victim may report through any of the following points of contact:
 1. Self- Report to the hospital
 2. Connie Smith Rape Crisis (CSRCC) Hotline
 3. 911 Call/Report to Law Enforcement
- B. If a victim self-reports to the hospital without law enforcement **accompaniment**, but wishes law enforcement involvement:
 1. Hospital staff will contact law enforcement for the appropriate police jurisdiction response.
 2. Law Enforcement/Hospital shall respond and notify CSRCC for an Advocate
 3. CSRCC advocate will notify a SANE if needed
- C. When a victim makes a report though CSRCC Hotline:

1. CSRCC advocate should inform the victim of reporting options including:
 - a. Having Law Enforcement respond to their location.
 - b. Having the victim report to the hospital.
 - c. Having the advocate contact law enforcement on behalf of the victim.
 - d. Explaining the anonymous reporting procedure if necessary.
 - e. The advocate should attempt to obtain the following information for the victim: Name, location, where and when the attack occurred, name or possible description of the perpetrator(s), and possible location of said perpetrator(s).
 - f. Advise the victim not to change clothes, eat, drink, or shower to preserve potential evidence.
 - g. Advise the victim not to go to restroom, wash hands, brush their teeth or smoke.

D. When a victim makes a 911 call or otherwise reports incident to police:

1. An investigating officer from the appropriate police jurisdiction shall contact the CSRCC Hotline as needed.
2. CSRCC advocate will contact SANE to respond as needed.

E. The responding officer shall assess the victim's well-being and let the victim know they are there to help.

F. An officer shall:

1. Secure the scene of the assault and begin a Crime Scene Access Log, provided there is a crime scene located.
2. Locate and identify witnesses.
3. Conduct an area canvass.
4. Obtain suspect information and issue a "BOLO" if warranted.

G. The responding officer should explain to the victim each step of the investigation, including the forensic medical examination (FME exam).

1. The officer should explain the SANE examination is a free medical forensic procedure designed to assess and provide for the victim's wellbeing and medical concerns following the assault. At the same time, the exam may help identify, document, and collect evidence.

2. The officer should also explain that the victim may have an exam regardless of whether the victim wishes the case to be investigated.
 - a. O.C.G.A. § 17-5-72 states: A victim shall have the right to have a forensic medical examination regardless of whether the victim participates in the criminal justice system or cooperates with law enforcement in pursuing the underlying crime. A victim shall NOT be required to pay, directly or indirectly, for the cost of the forensic medical examination. The cost of the forensic medical examination shall be paid for by Georgia Crime Victims Compensation.

NOTE: A victim has the right to stop the SANE examination at any time for any reason. Law enforcement shall not encourage a victim to stop or force a victim to continue a SANE examination.

3. At no time should a victim be misled concerning the purpose of the SANE examination.
- H. The victim should arrive or be transported according to the victim's wishes to the location of their choosing (Hospital or CSRCC) to a quiet/examination room.
 1. Victims with life threatening or major trauma injuries will be taken to a medical facility to be treated.
 2. As a last resort, and no other means of transportation exists, victims may be transported via law enforcement.
 - I. Once at either a medical facility or CSRCC, the victim should never be left alone.
 - J. Officers should obtain a Case Report Number, provide the said number to the investigating officer, CSRCC advocate and SANE.
 - K. Officers should never discuss the investigation openly within hearing distance of the victims or others not associated with the investigation (i.e. other patients, hospital employees, etc.)

II. HOSPITAL RESPONSE

- A. CSRCC advocates and SANE/SAFE will arrive at the hospital (only applies to authorized medical facilities), within drive time from their residence and or CSRCC.

- B. If EMS is involved, they will assess the patient's condition and determine if any medical treatment is needed with care taken to preserve any evidence on the patient's body and clothing. EMS will transport the patient to the hospital of the patient's choosing for both treatment and forensic evidence collection as necessary.

- C. If the patient is seriously injured or needs emergency medical treatment, the patient will be treated by an ER Physician immediately upon arrival at the hospital with care taken to preserve any evidence on the patient's body or clothing.

- 1. In Order to preserve evidence, care should be taken not to bathe the patient, and the patient should not be allowed to eat or drink, smoke or brush their teeth
- 2. Should the clothing of the patient need to be removed, it should be stored in a paper bag and care should be taken when removing the clothing.
- 3. If the patient is admitted because of injury or emergency medical needs, the SANE will conduct the Forensic Medical Exam after the patient has received other needed medical services.
- 4. Should a SANE be unavailable to conduct the exam in the ER, the medical forensic exam should be conducted by a physician, PA, or NP.
- 5. If the patient presents with visible injuries and no SANE is available to document the injuries, the physician shall contact the appropriate investigating agency to have the injuries documented through photography.

- D. If the sexual assault victim is under the age of 17 and regardless of menses, law enforcement officers will be contacted. In this event, the Brunswick Judicial Child Abuse Protocol will be followed.

- E. The medical forensic examination will be conducted by a SANE/SAFE according to the medical protocol signed by the SANE Medical Director. The examination must always be conducted with an advocate in attendance, but the advocate will not directly participate in the examination. During the exam the SANE will:

- F. Provide physical and emotional care to meet the immediate needs of the patient, explaining procedures and discussing treatment options and allow the patient to choose what is best for them

- G. Obtain a medical history and history of the assault. Have the patient sign consent form(s) agreeing to participate in the forensic medical examination,

evidence collection and photography. The SANE will also have the patient sign a release-of-information consent allowing the SANE to release the forensic documentation and (reporting and non-reporting) evidence to the members of the SART. (In cases at SGHS, Law Enforcement will obtain patient consent for release of medical records and proceed to the medical record department for a copy of the patient chart. Ask for SANE chart to be included by hospital employee).

- H. Offer the client medication for the prevention of sexually transmitted diseases and emergency contraception if indicated by history.
 - 1. Provide aftercare instructions, follow-up, and referrals as necessary.
 - 2. Work in conjunction with the advocate and law enforcement to ensure the patient is released into a safe environment.
- I. Forensic evidence collected by the SANE will be given directly to law enforcement to maintain the chain of custody for such evidence.
- J. If at any time during the medical assessment of the forensic medical examination the SANE deems it necessary, a request for assistance from Emergency Room personnel for medical treatment will be made. In that event:
 - 1. The patient will be treated by an ER physician as soon as possible with care taken to preserve any evidence on the patient's body and clothing.
 - 2. If the patient is admitted because of injury or emergency medical needs, the SANE will conduct the exam in the ER.
- K. Pregnancy test will be administered to all female patients with their consent.
 - The advocate will assist in any way he/she can ensure that the victim understands the procedures and is informed of follow up services concerning their health, the legal system, available resources, and crisis intervention.
 - The advocate will provide clothing for the victim to wear at home if necessary.
 - The advocate can arrange transportation and other emergency services as needed.

- The advocate will provide the victim with information on Victim's Bill of Rights, Victim Compensation and contact information for CSRCC.
- CSRCC SANE will complete a written Forensic Medical Examination summary within 10 business days of the exam, providing a copy to the investigating Law Enforcement agent and a copy will be kept in a locked SANE file cabinet at CSRCC. The SANE/SAFE charts will be kept on file indefinitely at CSRCC. In cases where the FME exam is conducted by SGHS, Law Enforcement will obtain consent by the patient and proceed to the medical records department for a copy of the medical record. Ask to include SANE chart by hospital employee.
- CSRCC will complete and submit all documentation for reimbursement to Victim Compensation Program through CJCC within 30 days of exam.

III. NON-INVESTIGATIVE REPORTS (ANONYMOUS REPORTING)

- A. A victim may report a sexual assault without providing personal information of facts about the case to law enforcement. As much as possible, all other initial response procedures will be followed.
- B. Advocates will support the victim in this decision:
 1. If the victim wants an anonymous report made, the Advocate will inform the SANE and will ask the law enforcement agency with the jurisdiction to assign a Case Report Number.
 2. The victim may not want to report the sexual assault but may want to have a medical exam (not rape kit) to determine if there is injury, in this case, the CSRCC Advocate or SANE will provide the victim with all the options for follow-up care.
 3. At any time during the reporting period, if the victim changes their mind and wants to report to law enforcement, (determined by the location of the assault) standard reporting procedures would apply.
- C. In response to an anonymous report, the appropriate law enforcement agency will:
 1. Have a Case Report Number pulled, however no information pertaining to the complainant, or the facts of the case will be written in the report.
 2. The report will state the officer responded to the authorized medical facility or CSRCC in reference to an anonymous report of sexual assault, and that a sexual assault kit was collected and logged into the property/evidence room.

3. If law enforcement personally interacts with the victim before the victim states that they want to make an anonymous report, law enforcement should end contact with the victim following their agency's Standard Operating Procedures, issue a Case Report Number to the Advocate and SANE, and decide to retrieve the sexual assault kit. This information can be communicated by phone, email or in person.
 - Should the officer have been provided information pertaining to the complainant or the facts of the case prior to this time, this information shall be omitted from the anonymous report.
- D. A sexual assault kit will be completed by the SANE or authorized medical personnel (when a SANE is not available) with the consent of the victim. A Case Report Number will be assigned to the sexual assault kit, which will be logged in the property/evidence room.
 4. The SANE should be informed as soon as possible that the report is anonymous.
 5. The SANE will interview the victim to determine how to proceed with the examination. This information will be kept confidential; however, the SANE will complete the sexual assault forensic report and medical history to fully document the examination.
 6. The victim's information will not be put on the sexual assault kit. Instead, the kit will be identified as "Anonymous Reporting", and the law enforcement agency Case Report Number will be written on the kit for identification purposes.
- E. The Investigator from the appropriate agency will be notified upon the completion of the anonymous kit.
- F. The victim will be advised they may change their mind and add the relevant facts and personal information to the report.
- G. Forensic evidence for anonymously reported sexual assaults will be maintained for 50 years by the law enforcement agency with jurisdiction over the case.
- H. The CSRCC will be available for follow-up contact with the victim regarding information on how to pursue filing a report and other criminal proceedings.

IV. FOLLOW-UP INVESTIGATION

- g. When conducting sexual assault investigations, an investigating officer will:
 - 1. Ensure the victim understands the investigation process and who each person is that will be involved, as well as include the SANE, CSRCC and other partnering agencies assisting in the investigation.
 - 2. Ensure that evidence at the scene is collected.
 - 3. Ensure information about the perpetrator has been sent to nearby agencies, if appropriate.
 - 4. Explain the investigating officer's role and how the interview is conducted, explaining why certain sensitive questions must be asked, as well as the importance of the *modus operandi* and the necessity of providing details.
 - 5. Per victim's wishes, conduct the victim interview with the Advocate present.
 - 6. Allow the victim to first tell what happened in their own words with no interruptions prior to asking specific questions.
 - 7. Make notes of the victim's condition.
 - a. If there is any likelihood that a "date rape" drug was used or if alcohol and or drugs were involved in the assault, the investigating officer shall request the SANE to perform a Drug Facilitated Sexual Assault Kit (DFSAC), collecting blood and urine samples from the victim.
- H. Urine should be collected as soon as possible and up to 120 hours following the assault.
- I. Blood samples should be taken if the assault took place within the last 24 hours.
- J. The sample shall be logged into evidence and placed in a refrigerator until it can be transported to GBI Crime Lab for analysis.

7. Photographs of the victim's injuries should be taken by the SANE during the examination. In cases where the FME are conducted at SGHS by a SGHS SANE, photographs with patient consent form signed, subpoena or court order, Law Enforcement will proceed to the medical records department to request photographs.

H. If the examination is conducted by a physician or other authorized medical personnel, the investigating law enforcement officer will be requested to photograph the victim's injuries, if any.

I. Photographs may be taken the following day to show the extent of any bruising. The following day photographs will be taken by the investigating officer.

8. Ensure that medical evidence and the victim's clothing are obtained in a legal manner.

9. Ensure the victim has a means of transportation from CSRCC or medical facility.

10. Brief the victim on next contact, judicial process and other information.

11. The investigating officer will ensure the medical evidence is obtained from the SANE as soon as possible. Said evidence must be retrieved and handled in compliance of O.C.G.A. § 17-5-71.

a. Submit it to GBI Crime Lab

(1) All Sexual Assault Kits except cases that are unfounded or anonymously reported will be submitted to the GBI for processing.

b. Anonymously reported kits will only be sent to the GBI Crime Lab with the victim's approval and request.

12. Conduct a subsequent in-depth interview, including the showing of photo line ups, if appropriate.

13. The investigator shall notify the victim of the outcome of the investigation (i.e. type of closure and reason, whether the case will be presented for prosecution, Grand Jury no-bill or true-bill).

Members of the Brunswick Judicial Circuit SART agree to meet monthly for case review, discussion, and evaluation to assure the coordination and cooperation between all agencies responding to sexual assault cases in the Brunswick Judicial Circuit of Georgia.

Pursuant to O.C.G.A. § 15-24-2, members of the Brunswick Judicial Circuit Sexual Assault Protocol Committee agree to meet at least annually to review, update and evaluate this Sexual Assault Protocol.

V. SEXUAL ASSAULT TRACKING KIT

Pursuant to OCGA § 17-5-74, all law enforcement agencies, collection sites and other entities having custody of sexual assault kits shall register for and utilize the statewide Sexual Assault Kit Tracking System (SAKTS) no later than July 1, 2022.

1. Medical personnel conducting forensic medical exams shall access SAKTS to acknowledge receipt and collection of all reported and non-reported sexual assault kits. For reported cases, medical personnel shall use the tracking system to notify law enforcement that the kit is ready for pick-up. If the collection site/agency is a sexual assault center that has a memorandum of understanding (MOU) with local law enforcement to hold non-reported kits, center personnel shall utilize SAKTS to indicate any non-reported case that is being held onsite at their agency.
2. Law enforcement shall access SAKTS to acknowledge receipt of all sexual assault kits and to provide notification to the GBI crime lab in the tracking system of any reported case when their agency submits the physical kit for forensic analysis. Law enforcement shall also utilize SAKTS to indicate the receipt and retention of any non-reported case that is being held onsite at their agency.

APPENDIX A.

Connie Smith Rape Crisis Center Locations:

Glynn County:

3215 Shrine Rd Suite 1.; Brunswick, GA 31520

Office Phone 912-554-0609

Camden County:

104 Lakeshore Dr.; St. Mary's, GA 31558

Office Phone (912) 729-7620

Wayne County:

488 West Orange Street; Jesup, GA 31545

Office (912) 415-7101

Rape Crisis Hotline:

1-800-205-7037

1.INTRODUCTION

The mission of the Connie Smith Rape Crisis Center is to provide care for those impacted by sexual violence through 24hr rape crisis line, counseling, crime victim's compensation program, forensic medical exams and prevention education. The Connie Smith Rape Crisis Center is committed to collaborating as a SART (Sexual Assault Response Team) member agency to improve response to survivors of sexual assault throughout the Brunswick Judicial Circuit. The Connie Smith Rape Crisis Center, hereafter referred to as CSRCC, will provide unconditional support, information, and advocacy to survivors of sexual assault and their non-offending family members, friends, and significant others. CSRCC will also aid and support other professionals responding to sexual violence survivors. For both survivors and professionals, it is best that CSRCC be involved in the response as soon as possible. CSRCC Advocates provide 24-hour crisis and response services to the community.

CSRCC has a 24-hour crisis and response toll free line, registered with RAINN (1-800-205-7037), which connects survivors of sexual violence to a trained Advocate in a timely manner, within 15 minutes of the call.

Advocates are trained by completing 30 hours of in person sexual violence training. Twenty (20) hours of initial in-person training is completed before the Advocate has any client contact. The 10 additional hours of training are completed within twelve months of the initial training. All

Advocates are required to participate in an additional 10 hours of annual training thereafter to maintain service skills. These additional hours are done in person or online. The completion and ongoing training equip the Advocate with the ability to provide information, support, and crisis intervention over the telephone and/or in person. Advocates also provide accompaniment to medical services and/or to report to law enforcement, as well as accompaniment to court.

The CSRCC also has a language line available and is accessible through the crisis line.

There is also text telephone capacity for callers who may be hearing impaired or Limited English Proficient. CSRCC also offers support groups, referrals to long- and short-term counseling/therapy and community awareness.

Accessing the Connie Smith Rape Crisis Center

- Sexual assault survivors, or professionals who are working with them, may access the crisis line 24 hours a day and receive an immediate response from our on-call Advocates. The line remains available during normal offices hours (8 a.m. -5 p.m.) Survivors or callers may also seek assistance during normal office hours by contacting the local numbers for the CSRCC in their area.
- If the person accessing the 24-hour crisis line is an individual does not speak English, the Language Line (1-800- 506-3003) will be accessed by the advocate to communicate with the client. Texting is available for individuals who are deaf or hard of hearing. This option is determined after Advocate has been notified by the answering service.

ii. POLICIES AND PROCEDURES

1. When the survivor's first contact in the immediate aftermath of an assault is to an Advocate, the advocate will assist the survivor in assessing her/his safety and in developing a plan of action. The Advocate will provide the survivor with appropriate information regarding Rape Crisis services, medical treatment, the Sexual Assault Evidence Collection Kit, the possibility of obtaining a Civil No Contact Order, options for reporting to Law Enforcement, the Crime Victims Compensation Program.
2. The Advocate will provide services to the survivor in a manner that facilitates the survivor to feel supported, believed, and empowered. The advocate should never interact with a survivor in a negative manner, nor should the Advocate allow her/his personal thoughts, feelings, or beliefs to influence the way in which s/he provides services to the survivor.
3. The Advocate will assist the survivor in evaluating her/his medical and legal options and in developing a plan of action, including, when applicable, contacting other SART members for information and assistance.
4. If the survivor decides to have a medical examination and physical evidence collected, the Advocate will obtain the location of the survivor (if contacted directly by the survivor) and give the option for the survivor to be seen at the CSRCC or Southeast Georgia Health Systems. The Advocate will then notify the SANE (Sexual Assault Nurse Examiner) to respond to complete the examination.

Note: In the event Law Enforcement has contacted CSRCC, an advocate will respond to the requested location to assist the survivor with the above-mentioned services. Survivors may also

present directly to the hospital or a medical facility. In these instances, medical facilities are equipped with the CSRCC crisis line, for assistance for survivors.

5. The client's name will be kept confidential at this time. The Advocate may also help the survivor identify transportation. CSRCC in Glynn County can provide a client with transportation to the Emergency Room and or CSRCC if it is necessary or if Law Enforcement transport is not an option.
6. If the survivor is under the age of 18, the advocate will give her/him information about her/his rights to seek medical care and report to Law Enforcement.

Note: For survivors under the age of 18, procedures pursuant to the Child Abuse Protocol for the Brunswick Judicial Circuit will be followed.

7. Sexual assault examinations should not be used to determine whether sexual activity has occurred, as with a parent seeking to determine whether a teenage daughter has been sexually active. Furthermore, the presence or absence of physical injury should not be used to rule out the fact that an assault occurred; rather it is one factor to be considered.
8. If an advocate is to respond to the Emergency Department, the advocate will check in with medical personnel and will work with the medical personnel to facilitate a quick and discreet check-in procedure (if not already in a triage room). The Advocate will accompany the SANE throughout the exam and remain available for the survivor until initial services are completed.
9. Although it is the District Attorneys responsibility to explain prosecution procedures to the survivor, the Advocate will have a general understanding of the criminal justice system and will be prepared to help the survivor understand the process and what to expect in court. An Advocate will never give legal advice to a survivor. The Advocate can also act as a liaison between the District Attorney and the survivor and will accompany the survivor to meetings with the District Attorney as well as to the trial.
11. If the survivor needs an emergency shelter placement, the Advocate may refer to available services in the survivor's area.
12. Secondary survivors are friends, family members and partners of a sexual assault survivor. They also have been victimized by the assault and will go through a healing process that can be like the primary survivor. The responsibility of the Advocate is to provide support to the secondary survivor as well as the primary survivor, separate of one another's needs.

Connie Smith Rape Crisis Advocates and Law Enforcement

13. With the survivor's permission, or at her/his request, Advocates will meet with a survivor at the Law Enforcement agency to support the survivor while s/he is making a report, giving an interview, reviewing a photo lineup, creating a composite sketch, etc.

Advocates will also note any concerns that arise during the interview. It may, at times, be appropriate for the Advocate to speak on behalf of the survivor, but it is never appropriate for the

Advocate to speak for the survivor. Survivors or Law Enforcement can contact an Advocate to support the survivor by calling the 24-hour crisis and response line (1-800-205-7037)

14. Advocates will only go to the scene of the crime to support a survivor if the following conditions are met. a) Law Enforcement officials are present at the scene and have declared it safe and secure; b) there is NO potential for additional violence AND c) a CSRCC Program Manager or Director are aware and approves of the Advocates presence on scene.
15. If Law Enforcement is unable to file charges, e.g. the incident did not meet the elements of a crime, CSRCC is always available to provide crisis intervention and follow-up assistance to survivors of all types of sexual violence and can respond on-site if desired.
16. If the survivor does report the assault to law enforcement, it is up to her/him how much or how little information to give law enforcement about the assailant and the assault. The survivor may prefer to make what is called a "blind" report to protect her/his anonymity. A blind report notifies the police that a crime has occurred, but the survivor does not have to give her/his name to the police. In this way, the police get all the other important information about the assault and the assailant, and the survivor's identity is not disclosed. This information is to be used by the police to track criminal activity but will not start an investigation or lead to an arrest.
17. If a survivor is reluctant to report sexual assault to law enforcement, the Advocate will ensure that the survivor is aware of their rights and the services available for reports not made to law enforcement. The Advocate should remind the survivor that s/he can at any time later add her/his name and any other information to the blind report, especially if s/he later decides to prosecute.
18. Advocates will ensure that the survivor understands that to receive benefits under the Victims Compensation Program s/he must make a report to law enforcement.

Connie Smith Rape Crisis Advocates and the Hospital Emergency Department

19. When the survivor is present at the Emergency Department with the purpose of having evidence collected and receiving medical attention, the triage nurse will offer to contact CSRCC to have an Advocate accompany the survivor. If the survivor would like support, the Advocate will remain with the survivor. The Advocate will inform the survivor that s/he does not have to discuss any information about the assault that she does not feel comfortable sharing. The Advocate will explain her/his role as being available to meet the survivor's needs as the survivor determines them and remain with the survivor until s/he leaves the Emergency Department
20. The SANE will discuss in detail the steps of the evidence collection, medical examination and treatment options as well as obtaining appropriate medical history from the survivor. The SANE will ensure all consent forms are completed and explained to the survivor, prior to conducting the medical exam. Before the start of the Forensic Medical Exam, the SANE Nurse will ensure an Advocate is present during the exam. If the survivor declines to have an advocate present during the exam, this declination will be documented. The advocate will remain outside the exam room during the exam.

Note: If the survivor is not interested in receiving services at that time, nor do they want the accompaniment of an Advocate, this will be documented. The Advocate should offer to contact the survivor later to check-in with her/him. If the survivor would not like the Advocate to check-in, the Advocate can give the survivor a Connie Smith Rape Crisis Center business card and encourage her/him to call at any time in the future (even months or years from now), if assistance is needed.

21. Before the survivor is discharged from the hospital, the Advocate will provide her/him with information to contact the Advocate as well as CSRCC if other services are needed before the initial follow-up is completed.
22. Medical personnel will have provided information to the survivor on any prescriptions or follow-up medications and screening for HIV and STIs.
23. Law Enforcement may want to conduct an in-depth interview immediately following the exam. If the survivor prefers, the Advocate will be present for support during the interview. If the survivor doesn't feel ready to be interviewed at the present time, the Advocate will assist the survivor in exploring other options and will offer CSRCC Services for support at the arranged interview time.

iii. COUNSELING SERVICES

1. Therapy is provided by a licensed professional counselor. Any survivor of sexual assault interested in the service can contact the 24-hour crisis line or local CSRCC line and speak to a CSRCC advocate who will conduct an intake assessment to determine appropriate services. During this intake assessment options will be discussed for follow-up care including individual or group therapy at CSRCC or a referral to an outside counseling agency.
2. Connie Smith Rape Crisis Center offers a support group to primary and secondary survivors of sexual assault. Groups are free and confidential and are available every 1st and 3rd Tuesday of the month. The support group program can be accessed through the 24-hour crisis line or by calling the local office line.

iv. CONFIDENTIALITY

Connie Smith Rape Crisis Center Confidentiality Policy

1. CSRCC staff and volunteers learn intimate details of our clients' lives. We must protect the confidentiality of this information, no matter what the content or form of communication may be. When faced with inquiries from clients, professionals, or the public, we may neither confirm nor deny that the Center is working with a particular case.
2. During their association with the Center, staff and volunteers should be cautious in discussing the details of any local sexual assault case, even if the information we have comes from some source outside the Center (i.e. media reports, etc.). Others may assume this information came from the Center, and it could appear that the Center is not adequately protecting client confidentiality.

3. CSRCC staff and volunteers are free to discuss the general issues, such as the myths and facts surrounding sexual assault.
4. CSRCC staff and volunteers should take all reasonable precautions to protect confidentiality of written materials that pertain to a case. This includes phone messages, case notes, contact sheets, etc. Within the Center, all casework is kept in locked files.
5. Prior to communicating with other agencies or programs on a client's behalf, CSRCC staff and advocates should ask the client to identify what information may be released and obtain written consent. (Note: Consent is obtained during initial contact.) Clients may choose for you to disclose all, part, or none of the circumstances surrounding the assault. Staff and volunteers working with representatives of other community agencies are expected to always use discretion and maintain confidentiality.
6. Any breach of confidentiality by staff or volunteers is grounds for termination of employment or dismissal from volunteering with Connie Smith Rape Crisis Center.

v. PAYMENT FOR SEXUAL ASSAULT EXAMINATIONS

When a FME (Forensic Medical Examination) is conducted, the cost of such FME shall be paid for by the Georgia Crime Victim's Emergency fund in an amount not to exceed \$1,000.00. The fund shall be responsible for payment of such cost notwithstanding whether the person receiving such forensic medical examination has health insurance or any other source of health care coverage. (O.C.G.A.

Connie Smith Rape Crisis Center bills the Crimes Victims Compensation Program directly for all expenses relating to a forensic medical examination [i.e. lab work, emergency room fees, physician's fees, SANE nurse fees, and all clinical fees associated with the exam, sexually transmitted infections (STIs), etc.]

Note: A FME is defined as an examination provided to a person pursuant to O.C.G.A. 516-6-1(c) (rape) and O.C.G.A. 16-6-2(c) (sodomy & aggravated sodomy) by trained medical personnel to gather evidence.

Such examination shall include but not be limited to:

- An examination for physical trauma
- A determination of the nature and extent of the physical trauma.
- A patient interviews.
- Collection and evaluation of the evidence collected; and
- Any additional testing deemed necessary by the examiner to collect evidence and provide treatment. [O.C.G.A. 17-15-2]

vi. DOCUMENTATION

Connie Smith Rape Crisis Guidelines for Documentation

1. All CSRCC staff are required to complete contact sheets every time they speak with a client or speak with someone else on the client's behalf (i.e., detective on case, DA's office staff, Health Department, etc.).
2. The functions of case documentation are: (a.) to evaluate the appropriateness and effectiveness of the Center's services as provided by the staff/advocate (b.) to provide a history to refer to after an interval of no contact, (c.) to provide continuity of service if a different staff/advocate begins working with the client, and (d.) to identify any inappropriate or inadequate behaviors or policies of other community agencies or their staff. (e.) to collect no identifying data to provide statistical information to funders and the community.

NOTE: The purpose for documentation is NOT to diagnose our clients, to build a legal case, or to ventilate our opinions about the people involved in a case.

vi. CONNIE SMITH RAPE CRISIS SAFETY POLICY

Security Guidelines

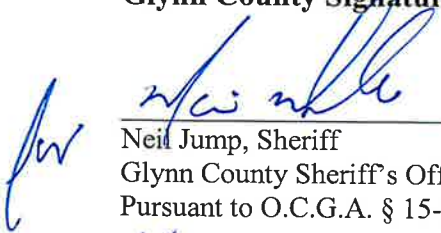
1. All staff and volunteers are to receive information about safety precautions they may take to reduce the risk of sexual assault in their own lives.
2. Advocates should protect their own privacy by not releasing their personal information to clients.
3. Staff and volunteers may not work for CSRCC while under the influence of drugs or alcohol. While we recognize the use of drugs and alcohol may make it less inhibiting to ask for help, we also recognize that substance abuse may also prevent a client from effectively working on her/his issues. If an Advocate feels that contact with the client is unproductive due to substance abuse, or if the client becomes abusive towards the staff/advocate, the staff/advocate should:
 - Encourage the client to call back when s/he is sober, or
 - Offer to call the client back later.
 - Terminate
4. CSRCC staff and advocates should decline to meet a client in person if doing so would place them at any risk of physical danger. Staff and Advocates should be particularly cautious if agreeing to meet a client:
 - Who is involved in a case of domestic violence.
 - Who has a history of violent behavior.
 - Who might otherwise place the Staff or Advocate at risk of violence, either intentionally or unintentionally or deliberately


5. Advocates and or staff may not go to the scene of an assault unless they are accompanied by a law enforcement official and have been given clearance to go to the scene by a Program Manager or Director.
6. Meetings with clients should take place in a public place, not in a home or any isolated setting.
7. CSRCC Staff and Advocates should not transport clients in their personal vehicles. If a client needs transportation, the CSRCC van may be used or the Staff/Advocate may explore all options for transportation with the client (i.e. public transportation, a taxi, friends, family, the police).


Pursuant to O.C.G.A. § 15-24-2, the statutorily required agencies, being represented on the Sexual Assault Protocol Committee by the designees below and having met this date together and with other members of the local law enforcement, medical, and advocacy communities, do hereby adopt the above stated Sexual Assault Protocol, and thereby replace any previously adopted sexual assault protocol, for this jurisdiction. This Sexual Assault Protocol adopted this date and shall henceforth remain in effect unless and until such time as said protocol is subsequently amended and adopted by this committee.

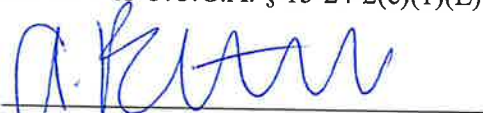
This 10th day of December, 2024.


Glynn County Signature Page


 Neil Jump, Sheriff
Glynn County Sheriff's Office
Pursuant to O.C.G.A. § 15-24-2(c)(1)(A)


 Steven Morgan, Chief Magistrate Judge
Magistrate Court of Glynn County
Pursuant to O.C.G.A. § 15-24-2(c)(1)(C)

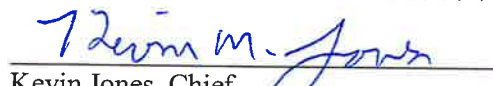
 Scott Ebner, Chief
Glynn County Police Department
Pursuant to O.C.G.A. § 15-24-2(c)(1)(E)

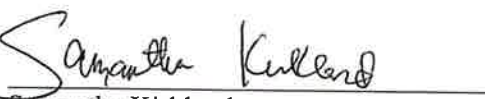
 Andrea Belton
Connie Smith Rape Crisis Center
Pursuant to O.C.G.A. § 15-24-2(c)(2)(B)


 Courtlyn Cook
Local Citizen, Brunswick Judicial Circuit
Pursuant to O.C.G.A. § 15-24-2(c)(2)(A)


 Larissa Barnes
Southeast Georgia Health System, SANE Coordinator
Pursuant to O.C.G.A. § 15-24-2(c)(2)(A)

 Keith Higgins
District Attorney's Brunswick Judicial Circuit
Pursuant to O.C.G.A. § 15-24-2(c)(1)(B)

 Kevin Jones, Chief
Brunswick Police Department
Pursuant to O.C.G.A. § 15-24-2(c)(1)(D)

 Samantha Kirkland
Glynn County Health Department
Pursuant to O.C.G.A. § 15-24-2(c)(1)(F)

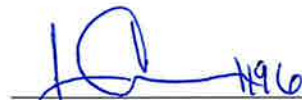
 Kathy Wilkerson
Sexual Assault Nurse Examiner Coordinator
Pursuant to O.C.G.A. § 15-24-2(c)(2)(C)

 Leslie Hartman
Chairperson, Sexual Assault Protocol Comm.
Pursuant to O.C.G.A. § 15-24-2(c)(2)(B)

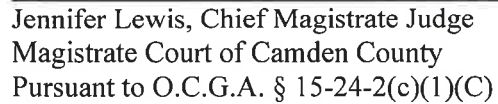
Pursuant to O.C.G.A. § 15-24-2, the statutorily required agencies, being represented on the Sexual Assault Protocol Committee by the designees below and having met this date together and with other members of the local law enforcement, medical, and advocacy communities, do hereby adopt the above stated Sexual Assault Protocol, and thereby replace any previously adopted sexual assault protocol, for this jurisdiction. This Sexual Assault Protocol adopted this date and shall henceforth remain in effect unless and until such time as said protocol is subsequently amended and adopted by this committee.

This 10th day of December, 2024.


Camden County Signature Page




Jim Proctor, Sheriff
Camden County Sheriff's Office
Pursuant to O.C.G.A. § 15-24-2(c)(1)(A)




Jennifer Lewis, Chief Magistrate Judge
Magistrate Court of Camden County
Pursuant to O.C.G.A. § 15-24-2(c)(1)(C)




Ricky Evans, Chief
Kingsland Police Department
Pursuant to O.C.G.A. § 15-24-2(c)(1)(E)




Leslie Hartman
Chairperson, Sexual Assault Protocol Comm.
Pursuant to O.C.G.A. § 15-24-2(c)(2)(B)



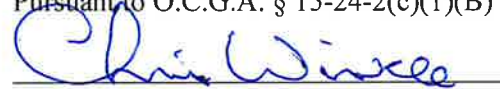
Courtlyn Cook
Local Citizen, Brunswick Judicial Circuit
Pursuant to O.C.G.A. § 15-24-2(c)(2)(A)



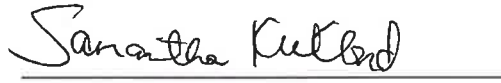
Larissa Barnes or Gina Copeland
SANE Coordinator, Southeast Georgia Health System
Pursuant to O.C.G.A. § 15-24-2(c)(2)(A)



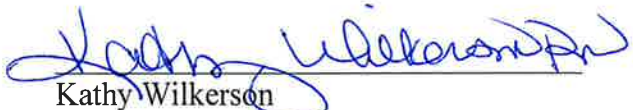
Keith Higgins
District Attorney's Brunswick Judicial Circuit
Pursuant to O.C.G.A. § 15-24-2(c)(1)(B)



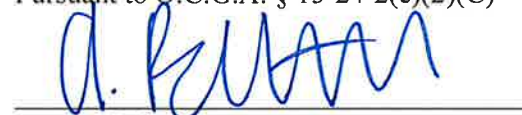
James Galloway, Chief
St. Marys Police Department
Pursuant to O.C.G.A. § 15-24-2(c)(1)(D)



Melissa Perkins
Camden County Health Department
Pursuant to O.C.G.A. § 15-24-2(c)(1)(F)



Kathy Wilkerson
Sexual Assault Nurse Examiner
Pursuant to O.C.G.A. § 15-24-2(c)(2)(C)



Andrea Belton
Director, Connie Smith Rape Crisis Center
Pursuant to O.C.G.A. § 15-24-2(c)(2)(B)

Pursuant to O.C.G.A. § 15-24-2, the statutorily required agencies, being represented on the Sexual Assault Protocol Committee by the designees below, and having met this date together and with other members of the local law enforcement, medical, and advocacy communities, do hereby adopt the above stated Sexual Assault Protocol, and thereby replace any previously adopted sexual assault protocol, for this jurisdiction. This Sexual Assault Protocol adopted this date and shall henceforth remain in effect unless and until such time as said protocol is subsequently amended and adopted by this committee.

This 10th day of December 2024



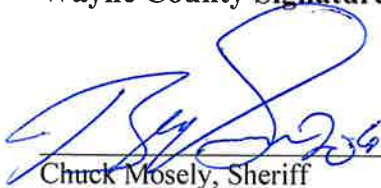
Jennifer Lewis, Chief Magistrate Judge
Magistrate Court of Camden County

Pursuant to O.C.G.A. § 15-24-2(c)(1)(C)

Pursuant to O.C.G.A. § 15-24-2, the statutorily required agencies, being represented on the Sexual Assault Protocol Committee by the designees below and having met this date together and with other members of the local law enforcement, medical, and advocacy communities, do hereby adopt the above stated Sexual Assault Protocol, and thereby replace any previously adopted sexual assault protocol, for this jurisdiction. This Sexual Assault Protocol adopted this date and shall henceforth remain in effect unless and until such time as said protocol is subsequently amended and adopted by this committee.

This 10th day of December, 2024.

Wayne County Signature Page



Chuck Mosely, Sheriff
Wayne County Sheriff's Office
Pursuant to O.C.G.A. § 15-24-2(c)(1)(A)



Gary D. Browning, Chief Magistrate Judge
Magistrate Court of Wayne County
Pursuant to O.C.G.A. § 15-24-2(c)(1)(C)



Donald Sloan, Chief
Screven Police Department
Pursuant to O.C.G.A. § 15-24-2(c)(2)(E)



Andrea Belton
Connie Smith Rape Crisis Center
Pursuant to O.C.G.A. § 15-24-2(c)(2)(B)



Courtlyn Cook
Local Citizen, Brunswick Judicial Circuit
Pursuant to O.C.G.A. § 15-24-2(c)(2)(A)



Keith Higgins
District Attorney's Brunswick Judicial Circuit
Pursuant to O.C.G.A. § 15-24-2(c)(1)(B)



Chris Hamilton, Chief
Jesup Police Department
Pursuant to O.C.G.A. § 15-24-2(c)(1)(D)



Victoria Heilig
Wayne County Health Department
Pursuant to O.C.G.A. § 15-24-2(c)(1)(F)



Kathy Wilkerson
Sexual Assault Nurse Examiner Coordinator
Pursuant to O.C.G.A. § 15-24-2(c)(2)(C)



Leslie Hartman
Chairperson, Sexual Assault Protocol
Pursuant to O.C.G.A. § 15-2-2(c)(2)(B)

Pursuant to O.C.G.A. § 15-24-2, the statutorily required agencies, being represented on the Sexual Assault Protocol Committee by the designees below, and having met this date together and with other members of the local law enforcement, medical, and advocacy communities, do hereby adopt the above stated Sexual Assault Protocol, and thereby replace any previously adopted sexual assault protocol, for this jurisdiction. This Sexual Assault Protocol adopted this date and shall henceforth remain in effect unless and until such time as said protocol is subsequently amended and adopted by this committee.

This 10th day of December 2024.


Jeff Davis County Signature Page



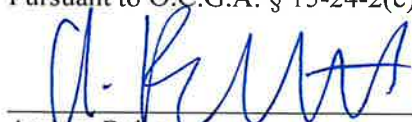
Preston Bohannon, Sheriff
Jeff Davis County Sheriff's Office
Pursuant to O.C.G.A. § 15-24-2(c)(1)(A)



Chris Davenport, Chief Magistrate Judge
Magistrate Court of Jeff Davis County
Pursuant to O.C.G.A. § 15-24-2(c)(1)(C)



Leslie Hartman
Chairperson, Sexual Assault Protocol Comm.
Pursuant to O.C.G.A. § 15-24-2(c)(2)(B)



Andrea Belton
Connie Smith Rape Crisis Center
Pursuant to O.C.G.A. § 15-24-2(c)(2)(B)



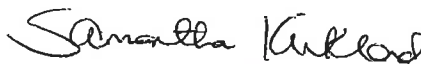
Courtlyn Cook
Local Citizen, Brunswick Judicial Circuit
Pursuant to O.C.G.A. § 15-24-2(c)(2)(A)



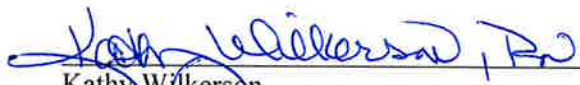
Keith Higgins
District Attorney's Brunswick Judicial Circuit
Pursuant to O.C.G.A. § 15-24-2(c)(1)(B)



Ken Williams, Chief
Hazlehurst Police Department
Pursuant to O.C.G.A. § 15-24-2(c)(1)(D)



Cara Taylor
Jeff Davis Health Department
Pursuant to O.C.G.A. § 15-24-2(c)(1)(F)

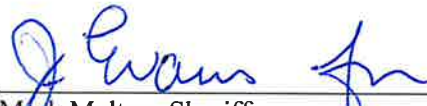


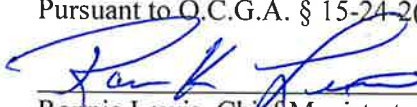
Kathy Wilkerson
Sexual Assault Nurse Examiner Coordinator
Pursuant to O.C.G.A. § 15-24-2(c)(2)(C)

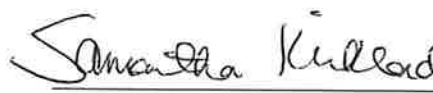
Pursuant to O.C.G.A. § 15-24-2, the statutorily required agencies, being represented on the Sexual Assault Protocol Committee by the designees below, and having met this date together and with other members of the local law enforcement, medical, and advocacy communities, do hereby adopt the above stated Sexual Assault Protocol, and thereby replace any previously adopted sexual assault protocol, for this jurisdiction. This Sexual Assault Protocol adopted this date and shall henceforth remain in effect unless and until such time as said protocol is subsequently amended and adopted by this committee.

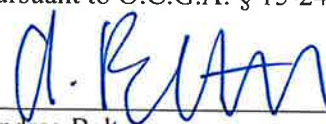
This 10th day of December 2024.


Appling County Signature Page

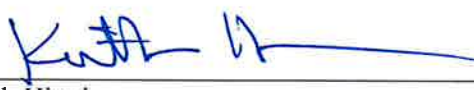

Mark Melton, Sheriff
Appling County Sheriff's Office
Pursuant to O.C.G.A. § 15-24-2(c)(1)(A)

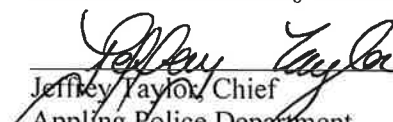

Ronnie Lewis, Chief Magistrate Judge
Magistrate Court of Appling County
Pursuant to O.C.G.A. § 15-24-2(c)(1)(C)



Angie Griffin
Appling County Health Department
Pursuant to O.C.G.A. § 15-24-2(c)(1)(F)



Andrea Belton
Connie Smith Rape Crisis Center
Pursuant to O.C.G.A. § 15-24-2(c)(2)(B)


Courtlyn Cook
Local Citizen, Brunswick Judicial Circuit
Pursuant to O.C.G.A. § 15-24-2(c)(2)(A)


Keith Higgins
District Attorney, Brunswick Judicial Circuit
Pursuant to O.C.G.A. § 15-24-2(c)(1)(B)


Jeffrey Taylor, Chief
Appling Police Department
Pursuant to O.C.G.A. § 15-24-2(c)(1)(D)


Leslie Hartman
Chairperson, Sexual Assault Protocol Comm.
Pursuant to O.C.G.A. § 15-24-2(c)(2)(B)


Kathy Wilkerson
Sexual Assault Nurse Examiner Coordinator
Pursuant to O.C.G.A. § 15-24-2(c)(2)(C)