South Ga. Judicial Circuit

Sexual Assault Response Protocol

2025

"Our mission is to coordinate an effective interagency and community response to sexual assault, serving all victims and seeking justice".

South Ga. Judicial Circuit (SGJC) Adult S.A.R.T. Protocol
(Sexual Assault Response Team)

Introduction:

There are two primary objectives of the SART model.

- To improve the provision of services to victims of sexual assault in SGJC by providing sensitive, efficient, interdisciplinary services and
- To ensure accurate evidence collection to promote the apprehension and prosecution of perpetrators

The Victim-Focused SART model:

The SART Model improves services offered to victims of sexual assault by providing:

Shortened time from victim report to medical and legal examination

- Regional system for cases reported by law enforcement
- Designated site for care instead of Emergency Departments

Privacy

- Separate setting from the Emergency Department for the medical and legal examinations
- Waiting room separate and at a distance from the interview room

Emotional Care

- Officers, Detectives, Nurses, and Advocates trained in techniques to affirm and support victims. These techniques help the victim rebuild self-respect, limit self-blame and pursue prosecution.
- A trained advocate on site to provide support and crisis intervention.
- There will be an advocate at the home-based crisis center where the patient will be referred for follow up professional counseling.
- An expert Sexual Assault Nurse Examiner (SANE) will be available to integrate emotional care and crisis intervention during the medical and legal examination.

A Sexual Assault Response Team

- Quality Assessment
- Recommendations from the SART Program to the SART community
- Track SART facility, law enforcement, and advocate agency participation
- Track demographic victim information and medical /legal examination findings
- Track and evaluate judicial outcome
- An interdisciplinary think tank, decision making body

Expert Forensic Nurse Examiners

- SANE's are specifically educated and experienced in care of victims and suspects
- Demonstrate a willingness to work with sexual assault victims, law enforcement and attorneys in prosecuting the cases and testifying in court

- Provide optimal use of colposcopy magnification for evidentiary purposes
- Strict attention to principles of evidence collection and to chain of custody
- Thorough, consistent written and photographic documentation
- Up to date skills through monthly SANE training, annual competency, in addition to the basic education needed to provide specialized care
- Objectivity in the medical and legal examinations of victims and suspects
- Strict attention to the preservation of evidence, based on changing guidelines
- Follow up examination as needed, with the same SANE
- Referral for general medical follow up

Improved Communication

- An interdisciplinary team consensus, in which members facilitate each other in their roles with the goal of timely, efficient service to the victim
- Open networking with detectives and prosecutors on the documentation that is needed in order to clarify the case
- Input from biologist at the crime lab on evidence collection
- Expert witness for court, detectives, and prosecutors
- Risk reduction education
- Willingness to conduct community education

Policy Statement - General

It shall be a policy of SGJC Law Enforcement Departments and the Oak House CAC & SANE to provide a coordinated, efficient, and supportive response to victims, and provide continuity of care for the adult/adolescent (17year old/+) sexual assault victim and to obtain an adequate history, perform the appropriate physical exam, and render medical care as necessary.

Purpose Statement:

This protocol is intended to facilitate the provision of consistent, comprehensive, sensitive, and non-judgmental treatment to victims of sexual assault as they progress through the health and criminal justice system. It is also intended to standardize the collection of evidence in order to aid in the prosecution of cases. A further purpose is to develop a coordinated effort among health providers, law enforcement, prosecution, and victim advocates ensuring that victims receive efficient and comprehensive medical care, evidentiary examination, emotional support and referral information. Health care providers, care providers, (including hospitals), all branches of law enforcement, (including prosecution and programs), which assist victims, should use this protocol.

SART Meetings

The purpose of SART meetings is to create a structure that provides for initial and ongoing management of the response team. This serves as the structure for addressing any concerns that may arise and for monitoring quality control. SART meetings will include representatives from local law enforcement agencies, SANE's, a representative of the District Attorney's Office, and other agencies directly involved in the sexual assault investigations. Additional meetings may be called to discuss cases.

Team Structure and Roles:

Law Enforcement

- The Law Enforcement officer is responsible for ensuring that The Oak House SANE nurse, The Rape Crisis Volunteer, and the detective on call are notified if law enforcement is involved in case. (Applies to 17-year-old victims and older)
- The police official is responsible for the gathering of all **non-medical evidence**. After exams, law enforcement is responsible for collecting SEXUAL ASSAULT KITS and other medical evidence, from the SANE nurse for processing/storage.
- In accordance with O.C.G.A. 17-5-72, a victim shall have the right to have a forensic medical exam regardless of whether the victim participates in criminal justice system or cooperates with law enforcement in pursuing prosecution of the underlying crime. A victim shall not be required to pay directly or indirectly, for the cost of a forensic medical examination. The cost of the forensic medical exam shall be billed, processed, and paid through Crime Victims Services, effective July 1, 2011. (Assaults occurring prior to this date are billed to law enforcement)

Prosecutor: District Attorney's Office

- The prosecutors utilize a vertical prosecution model in order to reduce the trauma to the victim and evaluate cases submitted by law enforcement. They consult with law enforcement, health care personnel, and rape crisis advocate.

Sexual Assault Nurse Examiners

- The Oak House SANE nurse is responsible for the collection of all medical/physical evidence, obtaining any pertinent history, taking photographs, maintaining the chain of custody, and documenting the findings on the medical record. SANE is to ensure any and all evidence is safe guarded and turned over to law enforcement for processing and storing.

Advocate

- The Rape Crisis Volunteer/Advocate is responsible for staying with the victim from arrival through any follow up investigation conducted, if the victim desires such support.

Objectives:

1. To establish a Sexual Assault Response Team (SART) composed of a law enforcement official, Prosecutor, Sexual Assault Nurse Examiner (SANE), and a Victim Advocate.

2. To coordinate medical, legal, and advocacy responses

3. To ensure appropriate medical intervention
   A. The Oak House SANE nurse will initially triage the victim for any physical trauma.
   B. If medical treatment should be required prior to the forensic exam, The Oak House SANE will request the victim be transferred to the Emergency Center of choice, or if at EC, and victim has a life sustaining issue, that shall be resolved, then patient will be transported to The Oak House if stable and being dismissed.

4. To obtain legal evidence
   A. The Oak House SANE will obtain the evidence through an interview/assessment and a forensic exam.
   B. The Oak House SANE will follow the guidelines of the sexual assault evidence collection kit.
   C. The Oak House SANE will follow the chain of custody.
   D. The Oak House SANE will work in conjunction with the legal authorities.

5. To provide emotional support to the victim

A. The Oak House SANE will maintain the victim's confidentiality.
B. The Oak House SANE will ensure the Rape Crisis Volunteer/Advocate is present, if desired by the victim.
C. The Oak House SANE will encourage the appropriate family/significant other's participation in the victim's plan of care, if victim desires.

Agencies acknowledged in the SGJC Sexual Assault Response Task Force

The Oak House CAC & SANE Center
District Attorney's Office
SGJC Police Agencies
SGJC County Sheriff's Department's
SGJC County Department of Family and Children's Services
SCJC Hospital's and Affiliates

Reporting Victim Sexual Assault Protocol

- This protocol is in effect as of January 1, 2022. This protocol will be updated as needed based on changes in statutes and best practices.
- This protocol is implementing several Georgia State Statutes. The Official Code of Georgia (O.C.G.A. § 17-5-72) states that: A victim shall have the right to have a free forensic medical examination regardless of whether the victim participates in the criminal justice system or cooperates with law enforcement in pursuing prosecution of the underlying crime.
- The sexual assault forensic examiner is required by law to initiate a report to law enforcement and/or Department of Family and Children Services (DFCS) when the alleged sexual assault victim is 17 years of age or less.

Procedure:

1. Sexual assault victim (patient), family, or friend contacts the sexual assault center, hospital, or law enforcement to report a sexual assault.

2. Victim (patient) is provided a sexual assault victim advocate from the local sexual assault center for support.

3. Victim (patient) wants to report sexual assault to law enforcement and desires to have a sexual assault forensic medical examination completed.

4. Sexual assault center or hospital contacts the sexual assault forensic examiner or other appropriate medical staff (Physician, Physician's Assistant, or Nurse Practitioner) to conduct the sexual assault forensic medical exam. (It is highly recommended and best practice that the medical staff performing the sexual assault forensic medical exam is trained in doing these specific exams.)

5. The national guideline from the International Association of Forensic Nurses (IAFN) recommends collection of forensic evidence within 120 hours/5 days. This time frame may be longer depending on the circumstances of the crime.

6. The sexual assault forensic examiner will conduct an exam to include the completion of a Sexual Assault Forensic Medical Evidence Collection Kit, photographic documentation of any physical findings, and completion of a forensic medical record. (*The victim/patient can refuse at any point prior to or during any portion of the exam.)*

7. A victim (patient) "shall not be required to pay, directly or indirectly, for the cost of a forensic medical examination. The cost of a forensic medical examination shall be paid for by the Criminal Justice Coordinating Council, Crime Victims Compensation program". (O.C.G.A. 17-5-72) https://cjcc.georgia.gov/victims-compensation

8. The Sexual Assault Forensic Examiner shall maintain chain of custody of all forensic evidence until all evidence is turned over to the receiving law enforcement agency, unless other arrangements are made based on a community's protocol or procedure.

9. A victim (patient) choosing to report to law enforcement has the right to have evidence collected by law enforcement in a timely manner.

10. Once the victim (patient) request that law enforcement officials be notified, the forensic medical examiner or her/his designee shall notify the appropriate law enforcement agency that evidence has been collected.

11. Law enforcement must take possession of the evidence no later than 96 hours after being notified.

12. Within 30 days of taking possession of the evidence, the law enforcement agency must submit to the Georgia Bureau of Investigation.

13. Law enforcement is responsible for the retrieval and storage of forensic evidence, for not less than 12 months from the date of the forensic medical examination, unless other arrangements are made based on a community's protocol and procedure.

(O.C.G.A. 17-5-71)

- Preservation of evidence

(a) Except as otherwise provided in subsection (b) of this Code section or Code Section 17-5-55 or 17-5-56, on or after May 12, 2008, the investigating law enforcement agency shall maintain any physical evidence collected as a result of an alleged sexual assault that contains biological material, including, but not limited to, stains, fluids, or hair samples that relate to the identity of the perpetrator of an alleged sexual assault, for ten years after the report of the alleged sexual assault.

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

14. The sexual assault forensic examiner provides the following information to the reporting victim (patient) that includes:

A. "The person performing a forensic medical examination, or his rights that are guaranteed to him or her under the Crime Victims' Bill of Rights," as provided by the Criminal Justice Coordinating Council. O.C.G.A 17-17-1-17-17-16
B. The Case Record Number
C. Date and Time of the Forensic Medical Examination
D. The Law Enforcement Agency who will be the receiving the forensic evidence collected for storage purposes (unless other arrangements were made)
E. The name and location of the center/facility where the medical forensic examination was conducted.

*Note: (O.C.G.A. 35-1-2), Georgia's new statute link is:

http://www.legis.ga.gov/legislation/en-US/Display/20152016/SB304

Non- Reporting Victim Sexual Assault Protocol

Statements:

This protocol is in effect as of January 1, 2025. This protocol will be updated as needed based on changes in statutes and best practices.

This protocol is implementing several Georgia State Statutes. The Official Code of Georgia (O.C.G.A. 17-5-72) states that "A victim shall have the right to have a free forensic medical examination regardless of whether the victim participates in the criminal justice system or cooperates with law enforcement in pursuing prosecution of the underlying crime."

This law provides a medical forensic examiner to a victim(s) (patient) of sexual assault without reporting to law enforcement.

The sexual assault forensic examiner is required by law to initiate a report to law enforcement and/or Department of Family and Children Services (DFCS) when the alleged sexual assault victim is 17 years of age or less.

Procedure:

1. Sexual assault victim/patient, family, or friend contacts the sexual assault center, hospital, or law enforcement to report a sexual assault.

2. Victim/patient is provided a sexual assault victim advocate from the local sexual assault center for support.

3. Victim/patient does not want to report sexual assault to law enforcement but desires to have a sexual assault forensic medical examination completed.

4. Sexual assault center or hospital contacts the sexual assault forensic examiner or other appropriate medical staff (physician, Physician's Assistant, Nurse Practitioner) to conduct the sexual assault forensic medical exam. It is highly recommended and best practice that the medical staff performing the sexual assault forensic medical exam is trained in doing these specific exams.

5. The National guideline from the International Association of Forensic Nurses (IAFN) recommends collection of forensic evidence within 120 hours/5 days. This time frame may be longer depending on the circumstances of the crime.

6. The sexual assault forensic examiner will conduct an exam to include the completion of a Sexual Assault Medical Evidence Collection Kit (Rape Kit), photographic documentation of any physical findings, and completion of a forensic medical record. (The victim/patient can refuse at any point prior to or during the exam, any portion of the exam.

7. A victim/patient "shall not be required to pay, directly or indirectly, for the cost of a forensic medical examination. The cost of a forensic medical examination shall be paid for by the Criminal Justice Coordinating Council, Crime Victims' Compensation program." (O.C.G.A. 17-5-72) https://cjcc.georgia.gov/victims-compensation

8. The Sexual Assault Forensic Examiner shall maintain chain of custody of all forensic evidence until all evidence is turned over to the receiving law enforcement agency (unless other arrangements are made based on a community's protocols or procedures).

9. Law enforcement is responsible for the retrieval and storage of forensic evidence, for not less than 12 months from the date of the forensic medical examination (unless other arrangements are made based on a community's protocols or procedures).

(O.C.G.A. 17-5-71) Preservation of evidence (a) Except as otherwise provided in subsection of this Code section or Code section 17-5-55 or 17-5-56, on or after May 12, 2008, (b) If the victim does not cooperate with law enforcement in the investigation or prosecution of an alleged sexual assault, the investigating law enforcement agency shall maintain any physical evidence collected as a result of such alleged sexual assault that contains biological material, including, but not limited to stains, fluids, or hair samples that relate to the identity of the perpetrator of the alleged sexual assault, for not less than 12 months from the date any such physical evidence is collected.

10. A Non-Reporting Consent form must be signed by the victim/patient stating that the forensic medical records, clothing, and forensic evidence will be turned over to the appropriate law enforcement and held for 12 months.

11. The sexual assault forensic examiner provides the following information to the non-reporting victim/patient that includes:
    A. "The person performing a forensic medical examination, or her or his designee, shall provide the victim with a written summary of all rights that are guaranteed to him or her under the Crime Victims' Bill of Rights", as provided by the Criminal Justice Coordinating Council. O.C.G.A 35-1-2, O.C.G.A 17-17-1-17-17-16
    B. The Case Record Number
    C. Date and Time of the Forensic Medical Examination
    D. The Law Enforcement Agency who will be receiving the forensic evidence collected for storage purposes (unless other arrangements were made)
    E. The name and location of the center/facility where the medical forensic examination was conducted

12. The victim/patient is made aware at the time of the exam that the evidence will remain in the storage until either the victim/patient wants to proceed with the case, or 12 months has expired and the evidence may be destroyed. The evidence /kit shall not be sent to the state crime lab without the victim's consent and their prior approval.

13. If a victim/patient decides that she/he would like to report the crime to law enforcement and have their kit sent to the state crime lab, the victim/patient must notify the sexual assault center or law enforcement agency that is storing the kit that she/he would like to report the crime to the law enforcement and have their evidence including the sexual assault forensic evidence collection kit sent to the state crime lab.

It is recommended that the victim/patient be contacted every two to three months regarding the time frame remaining to file a report.

NON-REPORTING SEXUAL ASSAULT VICTIM'S CONSENT FOR A FORENSIC MEDICAL EXAMINATION

Name: _____ Date of Birth: _____

Date: _____ Time: _____ CRN: _____ H: _____

Agency Exam Completed:

_____

Law Enforcement Agency:

_____

Investigator/Detective: _____

Department/Cell: _____

I, _____, sign this document stating that I desire a forensic medical examination by a forensic examiner; the collection of all forensic evidence including, but not limited to, biological materials such as stains, fluids, or hair samples, and clothing; and the completion of a forensic medical record including photographs. The forensic examiner will maintain the chain of custody of the forensic evidence and will transfer the forensic evidence to the appropriate law enforcement agency.

By signing this document/consent form, I, _____, state that I understand that I have until _____ (12 months from today's date) to file a complaint to the appropriate law enforcement agency. According to Georgia law (O.C.G.A. Section 17-5-71, the law enforcement agency shall maintain any physical evidence collected…. for "not less than 12 months from the date any such physical evidence is collected." I have had everything explained to me in detail and verify that I understand the process.

_____	_____	_____	_____
Patient's Name	Date/Time	Witness	Date/Time

_____	_____
Guardian	Date/Time

SENSITIVITY TO VICTIMS' NEEDS

Some sexual assault victims suffer severe physical injuries, contract a sexually transmitted disease or other communicable disease, or become pregnant as a result of the attack; many others do not. In each situation, however, victims will experience varying degrees of psychological trauma, although the effects of this trauma may be more difficult to recognize than physical trauma. An individual's perception of how sexual assault victims should look, dress, or act and the way those perceptions are conveyed can have a major effect upon the victim's recovery process in the weeks and months following the crime. Each person has his or her own method of coping with sudden stress. When severely traumatized, victims can appear to be calm, indifferent, submissive, jocular, angry, or even uncooperative and hostile toward those who are trying to help. All these responses are within the normal range of anticipated reactions. An inappropriate response to information concerning the circumstances surrounding the assault or a misinterpretation of a victim's reaction to the assault may lead to further traumatization and hinder the interview or evidence gathering process. For some victims, the problems of poverty and discrimination already have resulted in a high incidence of victimization, as well as inadequate access to quality hospital treatment. There may be a mistrust of medical and law enforcement personnel who play a vital role in the aftermath of sexual assault, particularly if there has been a history of unpleasant or disappointing experiences with these professionals. It is recommended, therefore, that hospitals serving specific populations seek the assistance of reliable community consultants to help develop procedures and counseling resources which will reflect the special needs of those populations. For example, in certain cultures, the loss of virginity is an issue of paramount importance which may render the victim unacceptable for an honorable marriage; in other cultures, the loss of virginity may not be as great an issue as that of the assault itself. Also, religious doctrines may prohibit a female from being disrobed in the presence of a male who is not her husband or forbid a genital examination by a male physician. Such practices are considered a further violation. In such instances, a female physician or nurse examiner should be made available for patients who request them. Age is an important factor to consider when responding to any victim of a sexual assault and when determining the proper method of administering an interview, conducting a medical examination, and providing psychological support.

THE ELDERLY VICTIM

The individual of the sixty-plus generation came from a time when you didn't lock your doors, you answered a call for help, and "bad things" never happened to good people. Sex was (is) rarely discussed openly. Many people do not report rape because of shame, humiliation, and fear of their children's reaction to the assault. They feel their children will interpret the sexual assault as not being able to "take care of themselves." Their independence is about all they have. To be forced to leave their home is far more terrifying than to wait for the rapist to return. All dealing with this group must realize the elderly will talk waist up, never below. They will say they were beaten or robbed, never raped. These people are in shock. Medical staff must make themselves aware of the victim's age, so that every possible consideration is given for a speedy professional exam. These elderly people are embarrassed; try to make them less so. As with most other victims, the elderly victim experiences extreme humiliation, shock, disbelief, and denial. However, the full emotional impact of the assault may not be, felt until after initial contact with physicians, police, legal, and advocacy groups, or later, when the victim is alone. It is at this time that older victims must deal with having been violated and possibly diseased, and they become aware of their physical vulnerability, reduced resilience, and mortality. Fear, anger, or depression can be especially severe in older victims, who many times are isolated, have no confidence and live on meager incomes. In general, the elderly is physically more

fragile than the young, and injuries from an assault are more likely to be life threatening. In addition to possible pelvic injury and sexually transmitted diseases, the older victim may be more at risk for other tissue or skeletal damage and exacerbation of existing illnesses and vulnerabilities. The recovery process for elderly victims also tends to be lengthier than for younger victims. Hearing impairment and other physical conditions attendant to advancing age, coupled with the initial reaction to the crime, often render the elderly victim unable to make his or her needs known, which may result in prolonged or inappropriate treatment. It also is not unusual for responders to mistake this confusion and distress for senility. Medical and social follow-up services must be made easily accessible to older victims, or they may not be willing or able to seek or receive assistance. Without encouragement and assistance in locating services, many older victims may be reluctant to proceed with the prosecution of their offenders.

THE DISABLED VICTIM

Criminal and sexual acts committed against the disabled (physically, mentally, or communicatively) generally are unreported and seldom are successfully prosecuted. Offenders often are family members, caretakers, or friends who repeat their abuse because their victims are not able to report the crimes against them. The difficulty of providing adequate responses to the sexual assault victim are compounded when the victim is disabled. Some have limited mobility, cognitive defects which impair perceptual abilities, impaired and/or reduced mental capacity to comprehend questions, or limited language/communication skills to tell what happened. They may be confused or frightened, unsure of what has occurred, or they may not even understand that they have been exploited and are victims of a crime. Disabled victims and their families should be given the highest priority. Additional time should be allotted for evaluation, medical examination, and the collection of evidence. The physically disabled victim may be more vulnerable to a brutalizing assault and may need special assistance to assume the positions necessary for a complete examination and collection of evidence. Improvisation from normal protocol may be indicated in some instances. Any deviation from protocol should be documented and the reason(s) noted. In sexual assault cases involving the communicatively disabled victim, the use of anatomical dolls has proved to be a successful method of communication. Also, under Section 504 of the Federal Rehabilitation Act of 1973, any agency (including hospitals and police departments) that directly or indirectly receives federal assistance benefits must be prepared to offer a full variety of communication options in order to ensure that learning-impaired persons are provided effective health care services. This variety of options, which must be provided at no cost to the victim, also includes an arrangement to provide interpreters who can accurately and fluently communicate information in sign language. Finally, referrals to specialized support services and reports to law enforcement agencies are particularly necessary for the developmentally and physically disabled who may need protection, physical assistance, and transportation for follow-up treatment and counseling.

THE MALE VICTIM

It is believed that the number of adult male victims of sexual assault who report the crime or seek medical care or counseling represents only a very small percentage of those actually victimized. Although many adult males do not seek medical care unless they also have been seriously injured, male child victims are now being seen at exam sites increasing numbers in large measure as a direct result of public education and more stringent child abuse reporting laws throughout the nation. There has been significant progress in educating the public toward understanding the concept of sexual assault of both sexes as being an act of violence; however, there still remains a great reluctance on the part of most male victims to report a sexual assault. Present societal and cultural values can make the trauma of the reporting experience by the male victim much harsher than that of the female

victim. The male victim may have serious problems concerning his inability to resist the assault or confusion about the nature of his role as victim/participant because of a possible involuntary physiological response to the assault, such as stimulation to ejaculation. It is just as important for males as it is for females to be reassured that they were victims of a violent crime which was not their fault, and that other sexually assaulted males survive to function normally in every way. Clinicians should also be prepared for AIDS related questions being posed by the victim. Address this issue and suggest follow-up counseling. Referral to available therapists or advocacy groups with expertise in the area of sexual assault of males is vital to assist in the recovery process.

HUMAN TRAFFICKING

The Oak House provides an assessment of the current needs of the individual to create a plan for services which may include counseling, legal advocacy, court advocacy, housing and employment services to assist in their recovery. Immigration referrals and services are available to victims of human trafficking who are foreign born.

Human Trafficking victims may access all services available through the Oak House Center. Staff collaborates with local law enforcement, Georgia Bureau of Investigation, Federal Bureau of Investigation, and the District Attorney's office to ensure confidentiality and improve service delivery, investigation, arrest and prosecution of the case.

Attorney General's Office Human Trafficking Special Prosecutor

Camilla Wright has been appointed special prosecutor dedicated to the prosecution of human trafficking including the Commercial Sexual Exploitation of Children. Ms. Wright can provide law enforcement and prosecution assistance on these complex cases. In addition to handling prosecutions, Ms. Write is available to conduct both law enforcement and prosecution trainings and will oversee the Attorney General's policy agenda on human trafficking. Ms. Wright may be contacted at 404-656-3336 or via email cwright@law.ga.gov.

INMATE VICTIM

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

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

INMATE VICTIM PROCEDURE

Law Enforcement

1. The Initial report is made via inmate, 3rd party, staff member or hotline – the report can be verbal or written.

2. The Security Director or designee takes the report, gathers additional information and contacts the PREA Director.

3. Law enforcement official will Determine and secure the crime scene.

4. If it is determined that a forensic sexual assault exam is needed, the Oak House SANE nurse will be notified by Law Enforcement, Central Communications, or the answering service. Law enforcement will arrange transportation to the Oak House for SANE exam or Memorial Hospital for medical treatment if appropriate.

SANE

The Oak House SANE nurse will provide the SANE exam as outlined in SANE protocol. The SANE will communicate with local Law Enforcement to provide victim centered care while ensuring safety requirements are met.

INITIAL LAW ENFORCEMENT RESPONSE

Many adult victims of sexual assault will have their first contact with a law enforcement officer following the assault. The primary responsibilities of this officer are to ensure the immediate safety and security of the victim, to obtain some basic information about the assault in order to apprehend the assailant and to transport the victim to a designated facility for examination and treatment. The responding officer should convey the following information to the sexual assault victim:

1. If there is a medical emergency, victim should be taken to a hospital emergency room per police department protocols already established. (Emergency medical staff is not responsible for forensic sexual assault exam, merely urgent care/stabilization) Please call the on-call SANE and Rape Crisis representatives as soon as possible.

2. The importance of preserving potentially valuable physical evidence prior to the hospital examination. The officer should explain to the victim that such evidence can inadvertently be destroyed by activities such as washing/showering, brushing teeth/using a mouthwash, and douching.

3. The importance of preserving potentially valuable evidence which may be present on clothing worn during the assault as well as on bedding or other materials involved at the crime scene. The officer should recommend that a change of clothes be brought along to the exam site in the event clothing is collected for evidentiary purposes.

4. The need for identification of any corroborative evidence which may exist such as clothing the defendant wore, unusual marks or scars, etc. Although intimate details of the sexual assault itself are not needed at this point in the investigation, a preliminary interview with the victim is necessary so that the responding officer can relay information that may be vital

to the apprehension of the assailant. The preliminary interview should include the following questions:

A. The extent of injuries, if any, to the victim
B. A brief description of what happened
C. Where the assault took place
D. The identity or description of the assailants, if known
E. Where the assailant(s) lives and/or works, if known
F. The direction in which the assailant(s) left and by what means
G. Whether or not a weapon was involved

5. At the sexual exam site, the responding officer should provide the sexual assault examiner with any available information about the assault, which may assist in the examination and evidence collection procedures.

EXAMINATION PLAN

TREATMENT FOR MEDICAL INJURIES CAUSED BY SEXUAL ASSAULT

As sexual assaults are reported, each complaint must be investigated in a consistent manner in order to provide effectively for the well-being and safety of the victim. Each victim presenting to the hospital will be triaged as any other patient. If the client is determined emergent, treatment should be rendered immediately in the emergency setting to be followed by the forensic exam in an area convenient to the client's medical status. If the triage category is urgent (requiring treatment but minimally delayed 2-3 hrs.), non-urgent (delayed> 4 hrs.), or the client does not need emergency medical treatment. The client will be transported to Oak House SANE Center then the S.A.N.E. representative will complete a forensic exam.

FACILITY

It is advantageous for all victims of sexual assault to seek evidence collection in a rape crisis center. The atmosphere of the Oak House SANE Center, Inc. gives the victim a sense of security and stability.
***As of July 1, 2011 – Crimes Victims Services (part of Governor's Grant) states:**
No victim will incur any costs of exams and medical treatment. All bills are sent to and processed by Crime Victims Services

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 Victims' Compensation Fund, and payment will be made directly to the hospital or other medical provider, including Sexual Assault Nurse Examiner (SANE).

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. 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, so many sexual assault victims are never told how to access this resource. The difficulties faced by a traumatized, transient, or illiterate victim often

preclude the victim from using this much needed resource. S.A.N.E., law enforcement, victim advocates, and prosecuting attorneys' offices should inform victims at sexual assault that they are eligible to receive up to $ 10,000 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.

REPORTING

REPORTING OF SEXUAL ASSAULT AND/OR SEXUAL ABUSE

O.C.G.A. § 31-7-9 Physicians and certain other persons employed by a medical facility are required to report to the administrator of the facility "non-accidental injuries." The administrator must then notify the local law enforcement agency. O.C.G.A. § 30-5-4 requires the reporting of the need for protective services for the 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 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.

ADULT VICTIM PROCEDURE:

1. The process is activated by the Law Enforcement officer after it is determined that a sexual assault medical exam is to be completed. The Oak House SANE nurse will be notified by Law Enforcement, Central Communications (911Center), or Answering Service. The SANE NURSE will then contact/arrange for Advocate to arrive.

   ***In accordance with O.C.G.A. § 17-5-72, a victim shall have the right to have a forensic medical exam regardless of whether the victim participates in criminal justice system or cooperates with law enforcement in pursuing prosecution of the underlying crime.

2. The police official will transport the victim to the Oak House SANE Center (502 W. Shotwell St.) - unless medical emergencies are present. In this case, please proceed to nearest emergency room.

3. The law enforcement officer may interview the victim while waiting for the Oak House SANE nurse to arrive.

4. The Oak House SANE nurse will get a brief report from the Detective concerning the circumstances of the case.

5. The Oak House SANE nurse will introduce herself to the victim and family if present.

6. Consents and procedures will be explained by the Oak House SANE nurse and signed by the victim.

7. The sexual assault interview (audio)/assessment and exam will be completed by the Oak House SANE nurse and/or the rape crisis volunteer will be present if the victim requests.

8. If the victim presents to the Emergency Center (EC) the following should occur:
   A. The victim will be assessed for the need of medical care, and it will be rendered, if necessary.
   B. The EC will notify law enforcement of the situation.
   C. After law enforcement meets/interviews victim and determines the need/desire of a sexual assault exam, SANE will be notified by Central Communications/Answering Service. The SANE will arrange time, and in turn advise Advocate. Arrangements should be coordinated with law enforcement to transport victim to the Oak House (1620 E Shotwell St.)
   D. Allow officer to escort the victim to the Oak House SANE Center.

9. Upon the completion of the exam, the Oak House SANE nurse will provide Medical/medication needs and give instructions for follow-up with the victim's private physician, the Public Health Department or Oak House Medical Provider if victim desires.

   Plans for follow-up care should consider the needs of the patient, family/significant other or friends after discussion with the appropriate staff members.

10. The victim is provided opportunity to shower and/or change of clean clothing, which will be provided by the Oak House SANE Center, if they desire.

11. The Oak House SANE nurse will complete her documentation, keeping ORIGINAL and providing a COPY to the investigating agency, (Law enforcement receives ORIGINAL chain of custody, nurse retains COPY) along with the evidence collection kit, clothing (if collected) and the photographs/CD-R (digital pictures).

12. The follow-up instructions will be reviewed with the victim prior to release. The victim will be released into a safe environment.

13. For victims under the age of 17, DFCS will be notified and involved as warranted.

EXAM PROTOCOL

It shall be the policy of the Oak House SANE Center to provide a consistent examination for the sexual assault victim by following an organized and formalized protocol.

SEXUAL ASSAULT PROTOCOL:

1. The victim will be interviewed and examined by a trained SANE (Sexual Assault Nurse Examiner). The victim may be assisted by a Rape Crisis Center staff member or trained

volunteer advocate if desired, who may accompany the alleged victim into the examining room. Police officers will not be present in the exam room during the examination.

2. Consent forms will be explained to the victim/parent and appropriate signatures obtained. The forms will include:
   A. consent for examination and photography
   B. consent to administer emergency treatment to prevent pregnancy and sexually transmitted diseases
   C. consent for release of information and evidence specimens

3. Gross General Examination
   A. Past medical history (to include contraceptive and menstrual history).
   B. Description of current assault
   C. Physical appearance general forensic exam - e.g., describe clothing (dirty or torn), mental status, physical appearance (bruises or lacerations). If the victim scratched or fought attacker, fingernail clippings/scrapings should be taken, placed in clean envelope, identified in detail as to hand(s) and finger(s), sealed and signed by nurse examiner and placed in evidence kit.
   D. Photographs - The nurse examiner will take one or more full body view with clothing on. Any and all injuries will be photographed as they are noted during the examination.
   E. The ACUTE victim (those victims of assault within 72 hours/same clothing/unbathed) should stand on a paper sheet to remove clothing (to ensure capture of any foreign body/objects i.e., grass/leaves/dirt etc.) Each article of clothing is placed in a separate paper bag and labeled while maintaining chain of custody. The victim is then placed in exam gown.

4. Forensic Genital, Anal and Oral Exam
   (Note: For specific details see rape kit instruction sheet)
   A. Look for fluoresced areas with Woods lamp/ALS and take swabs as indicated.
   B. Dried Semen on Body:
      1. Examine body of victim (thighs, abdomen, etc.) for crusted areas, which may be dried semen. If suspected areas are noted, obtain a sample and place in the appropriate container.
      2. When large, crusted areas are located, use spatula to carefully scrape material into the appropriate container.
      3. To collect thin smears from body, moisten gauze square/swab with sterile water, wipe area of suspected stain on alleged victim's body. Allow to air dry. Label **"SUSPECTED SEMEN FROM BODY"** and place in evidence envelope.
   C. Pubic Combings
      1. Obtain plastic comb and paper labeled **"PUBIC COMBINGS"** from rape evidence kit.
      2. Place paper under the edge of the buttocks.
      3. Use plastic comb to comb the pubic area to obtain any loose hairs which may be present.
      4. Fold paper along with the comb and place in the appropriate container.

   D. Pelvic Examination: use minimally **lubricated** speculum.
      1. Visualize external and internal genitalia including labia, clitoris, fourchette, vaginal vault and cervix with the colposcope. Take photos as evidence presents itself.
      2. Use Toluidine Blue Dye in pubertal Tanner Stages 4 & 5 and adults prior to speculum insertion per instructions (located inside white cabinet in exam room.)
      3. Collect swab of cervix and vagina as required by rape kit.

4. Obtain rectal and perianal swab if indicated.
5. Obtain oral swabs if indicated.
6. If oral sex alleged, buccal swabs taken for DNA of PERP
7. DNA for victim, buccal swabs obtained after oral swabs if indicated
8. If no oral sex indicated, oral swabs taken for victims DNA.
9. Crusty stains on face and hair should be collected as in 4B (Dried semen on body)

5. Maintain chain of custody by ascertaining that all items and the rape evidence envelope itself are properly labeled before enclosing evidence, sealing envelope, and initialing seal. Release rape kit to police following chain of custody procedures.

6. Obtain urine specimen for pregnancy test if indicated. Rape victims who are at risk of pregnancy (post pubertal, premenopausal women who have not had a hysterectomy) and the pregnancy test completed by the S.A.N.E. nurse is NEGATIVE may be offered Plan B.

7. Allow the victim to shower and dress in clean clothing. If the victim does not have clean clothing with her, it may be provided by the Oak House SANE Center.

8. Medication Administration is not offered at the Oak House SANE Center, but referrals are made to other locations.

9. The victim will be given aftercare instruction sheets. The information will be reviewed with the victim, signature obtained, and a copy of the forms retained for the victim's record.

10. If any deviation from this protocol is necessary, it will be approved on a case-by-case basis by the medical director of the Oak House SANE Center's sexual assault nurse examiners program. Upon completion of the physical exam, the Oak House SANE nurse will:
    A. Fill in the appropriate data on the instruction forms.
    B. Give the sexual assault victim the Aftercare Instruction form addressing the physical, medical, emotional, and legal contact information.
    C. Verbally review the handouts with the victim and support person, if applicable.
    D. Allow time for questions by the victim and/ or significant other.

TOLUDINE DYE USE

POLICY STATEMENT:

It shall be the policy of the Oak House SANE Center to incorporate the use of Toluidine Blue Dye (TBD) in the course of the forensic examination of Tanner Stages 4 & 5 and adults of acute sexual assault victims.

PURPOSE STATEMENT:

To aid in the detection and visualization of minor injury to the genital area otherwise not noted on inspection.

PROCEDUE:

1. Collect all external genital specimens prior to using Toluidine Blue dye (TBD) and prior to speculum use. Photo document the genital area prior to use of dye.

2. Apply TBD to the external genital area to be examined using the prefilled applicators avoiding inserting of dye into the vaginal area. Dye may be used on the labia majora and minora, posterior fourchette, perineal body and perineal area.
3. Allow to dry for approximately one minute
4. Photo document use of dye
5. Using spray bottle of 1% Acetic Acid, gently, with broad spray, flood the area until excess TBD is flushed away. Another method is to use a water-soluble lubricant to remove excess stain.
6. Gently blot the area with 4x4's DO NOT rub the area
7. Photo document area following TBD application
8. Instruct the victim to remove stain with soap and water

This SGJC 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 this Protocol shall be to ensure coordination and cooperation between all agencies involved in sexual assault cases so as to increase the efficiency of all agencies handling such cases and to minimize the stress created for the alleged sexual assault victim by the legal and investigatory process. [1]

The Mission of the SGJC Sexual Assault Response Team (SART) is to coordinate an effective interagency and community response to sexual assault, serving all victims and seeking justice.

For purposes of this Protocol, the term "victim" shall refer to victims aged 18 and older. Every sexual assault case involving victims under 18 shall refer to the SGJC Child Abuse Protocol in identifying appropriate services and resources. Additionally, an adolescent (defined as ages 12-17) may be served by this Protocol if the sexual assault is considered acute or requiring an immediate medical forensic examination for biologic evidence collection.

Every sexual assault case involving adolescent victims should be evaluated individually based on assault history, medical needs and evidentiary factors to determine the best resources available to the victim and the investigation, which may include a referral to The Oak House Children's Advocacy Center. Every Sexual Assault Response Team ("SART") member should consider their Child Abuse Protocol in identifying appropriate services and resources.

Advocacy

The role of the sexual assault victim advocate2 is to provide services to the victims of sexual assault regardless of whether the victim choses 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 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 cri

minal 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 and the Georgia Sexual Assault Certification Standards.

Responsibilities of the sexual assault victim advocate include:

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

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[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 advocate working with a Georgia certified sexual assault center

- Supporting victims who choose to report to law enforcement by providing a link to eliminate barriers effecting the victim's participation in the criminal justice process
- Maintaining victim confidentiality
- Offering services to non-reporting victims and assisting if and when the victim decides to report

Victims may also work with systems-based victim advocates if the case progresses through the criminal justice system to the point of prosecution.

The role of the community-based victim advocate is to provide services to the victims of sexual assault regardless of whether or not the victim chooses to participate in the criminal justice process. They play a very important role in providing a response that keeps the victim central in the process, allowing the investigation and prosecution to be offender focused. Advocacy also has a critical role in promoting the healing process for the victim. Community based advocates provide crisis intervention, support, information and referral and other ancillary services to assist the victim through the criminal justice 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. Advocates will operate under the guidelines established *by The Georgia Crime Victim's Bill of Rights* (O.C.G.A. § 15-17-1) and will adhere to best practices as outlined in the *Georgia Sexual Assault Response Team Guide.*

Responsibilities of the community-based advocate include:

- Being available to victims 24 hours a day, 7 days a week via a 24-hour crisis line staffed by trained community advocates
- Providing services to victims that are culturally competent and sensitive to the unique barriers some victims encounter in reporting sexual assault crimes
- Providing options to victims so that they may make informed decisions
- Supporting victims who choose to report to law enforcement by providing a link to eliminate barriers effecting the victim's participation in the criminal justice process
- Maintaining victim confidentiality
- Offering services to non-reporting victims and assisting if and when the victim decides to report

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
    - In the event that drugs or alcohol may be involved
        - Be clear about the circumstances in which toxicology testing may be indicated. Routine toxicology testing is not recommended. However, in any of the following situations, the collection of a urine and/or blood sample may be indicated
        - If a patient's medical condition appears to warrant toxicology screening for optimal care (e.g., the patient presents with drowsiness, fatigue, light-headedness, dizziness, psysiologic instability, memory loss, impaired motor skills, or severe intoxication).
        - If a patient or accompanying persons states, the patient was or may have been drugged.
        - If a patient suspects drug involvement because of a lack of recollection of event(s).
- Maintenance of chain of custody
- Timely submitting sexual assault evidence collections kits to GBI crime laboratory 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

Investigating officers will work with victim advocates to ensure a victim centered response to the investigation and proper notification of case updates to victims. Additionally, law enforcement officers will operate under 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 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 collected will aid in criminal case investigation, resulting in perpetrators being held accountable and further sexual violence prevented.

Medical forensic examinations shall be performed at the Oak House SANE Center, Inc. Medical forensic exams should be made available if 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 in performing such exams.

Medical forensic responsibilities include:

- Obtaining informed consent from the patient for the medical forensic examination, documentation and evidence collection
- Gathering the medical forensic history
- Conducting a physical examination
- Coordinating treatment of injuries
- Documentation of biologic and physical finding
- Collection of evidence from the patient
- Documentation of findings
- Providing information, treatment, and referrals for STI's and/or pregnancy
- Follow-up as needed for additional treatment and/or collection of evidence
- Provide testimony at trial

Biologic evidence collection

The SANE, physician, nurse practitioner or PA will collect biologic samples at the request of a patient, in accordance with currently accepted protocol (defined as 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 minimum of 120 hours after assault. In addition, cases should be evaluated on an individual basis, 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 a proper chain of evidence.

Pursuant to SB 304/O.C.G.A. § 35-1-2, it shall be the duty of every law enforcement officer who takes possession of the evidence collected during the sexual assault forensic medical examination to ensure that such evidence submitted to the division within 30 days of it being collected.

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 other private lab for toxicology drug screen.

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 afforded a free forensic medical exam and per House Bill 282 any evidence collected shall remain in locked storage at Oak House SANE Center. Should the patient decide to further an investigation, law enforcement will be contacted to collect evidence and maintain proper chain of custody. Law Enforcement officials shall take possession of such evidence no later than 96 hours of being notified. It shall be the duty of every law enforcement officer who takes possession of the evidence to ensure that it is submitted to the division within 30 days of it being collected.

Requests 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 Crisis Hotline 24 hours a day 7 days a week at 229-435-0074.

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

- A SANE, physician, nurse practitioner or PA will perform the examination and assessment.
- Medical forensic examinations and biologic evidence collection should be completed as quickly as possible after a report is received.
- 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, physician, nurse practitioner or PA will complete appropriate authorizations relating to the examination.
- The SANE, physician, nurse practitioner or PA will photograph and document injuries and prepare a report.
- The SANE, physician, nurse practitioner or PA will maintain and document the chain of custody of any evidence collected during the examination and assessment.
- The SANE, 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-reports of sexual assault

- 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 not to initiate, participate in, and/or cooperate with any law enforcement investigation of such assault.
- Hospital emergency department personnel shall timely notify The Oak House SANE 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 forensic 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 court proceedings or 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 or otherwise provided by law
- To a waiting area, during judicial proceedings, that is separate from the accused and his or her relatives, friends and witnesses
- To be reasonably heard at any scheduled court proceedings involving the release, plea or sentencing of the accused.
- To complete a Victim Impact Statement and have it presented to the court prior to the trial or plea of the accused (O.C.G.A. § 17-10-11)
- To refuse to submit to an interview by the accused, accused's attorney or agent of the accused.
- To a requirement by the court that defense counsel not disclose victim information to the accused (O.C.G.A. § 17-17-10)

If a victim attends any court proceeding, a victim advocate from The Oak House SANE Center will accompany the victim upon their request.

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

Local SART coordinated response

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

Members of the SGJC 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 SGJC (Decatur, Grady, Mitchell, Baker, & Calhoun Counties).

(Local Sexual Assault Response Team Protocol Committees should meet to discuss local protocol and the following categories

1. *New Cases: Cases in which a forensic medical exam had been performed since the last SART meeting will be presented in their entirety by the investigating teams.*
2. *Ongoing Cases: Cases in which patients have received a forensic medical exam and have previously been reviewed at SART will be reviewed for progress by involved team members.*

Suggested topics for inclusion in local protocol are:

- *Identification of local resources*
- *911 response and procedure*
- *SART team notification, call out*
- *Local investigative response and procedure*
  - *Responding officer procedure; crime scene, incident report*
- *EMS transport*
- *Advocate response time*
- *Drug facilitated sexual assaults*
- *Victim interview*
- *False reporting and recantation*
- *Medical forensic response*
- *Child and adult protective services*
- *Response to victims of human trafficking*
- *Use of interpreters*
- *College response (as needed)*
- *Local response for correctional facilities*

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

The foregoing SGJC Sexual Assault Protocol is hereby adopted and replaces any previous adopted protocol and remains in effect until such time as said protocol is amended and adopted.

This _____ day of _____, 2023

Appendices

Georgia Sexual Offences

(a) A **16-6-1. Rape**
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.

(b) A person convicted of the offense of rape shall be punished by death, by imprisonment for life without parole, by imprisonment for life, or by a split sentence that is a term of imprisonment for not less than 25 years and not exceeding life imprisonment, followed by probation for life. Any person convicted under this Code section shall, in addition, be subject to the sentencing and punishment provisions of Code Sections 17-10-6.1 and 17-10-7.

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

16-6-2. Sodomy; aggravated sodomy
(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.

(b)(1) Except as provided in subsection (d) of this Code section, a person convicted of the offense of sodomy shall be punished by imprisonment for not less than one nor more than 20 years and shall be subject to the sentencing and punishment provisions of Code Section 17-10-6.2.

(2) A person convicted of the offense of aggravated sodomy shall be punished by imprisonment for life or by a split sentence that is a term of imprisonment for not less than 25 years and not exceeding life imprisonment, followed by probation for life. Any person convicted under this Code section of the offense of aggravated sodomy shall, in addition, be subject to the sentencing and punishment provisions of Code Sections 17-10-6.1 and 17-10-7.

(c) When evidence relating to an allegation of aggravated sodomy is collected in the course of a medical examination of the person who is the victim of the alleged crime, the Georgia Crime Victims Emergency Fund, as provided for in Chapter 15 of Title 17, shall be financially responsible for the cost of the medical examination to the extent that expense is incurred for the limited purpose of

collecting evidence.

(d) If the victim is at least 13 but less than 16 years of age and the person convicted of sodomy is 18 years of age or younger and is no more than four years older than the victim, such person shall be guilty of a misdemeanor and shall not be subject to the sentencing and punishment provisions of Code Section 17-10-6.2.

16-6-3. Statutory rape

(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.

(b) Except as provided in subsection (c) of this Code section, a person convicted of the offense of statutory rape shall be punished by imprisonment for not less than one nor more than 20 years; provided, however, that if the person so convicted is 21 years of age or older, such person shall be punished by imprisonment for not less than ten nor more than 20 years. Any person convicted under this subsection of the offense of statutory rape shall, in addition, be subject to the sentencing and punishment provisions of Code Section 17-10-6.2.

(c) If the victim is at least 14 but less than 16 years of age and the person convicted of statutory rape is 18 years of age or younger and is no more than four years older than the victim, such person shall be guilty of a misdemeanor.

16-6-5.1. Sexual assault

(a) As used in this Code section, the term:

(1) "Agent" means an individual authorized to act on behalf of another, with or without compensation.

(2) "Child welfare and youth services" shall have the same meaning as set forth in *Code Section 49-5-3*.

(3) "Disability" shall have the same meaning as set forth in *Code Section 37-1-1*.

(4) "Employee" means an individual who works for salary, wages, or other remuneration for an employer.

(5) "Intimate parts" means the genital area, groin, inner thighs, buttocks, or breasts of a person.

(6) "Psychotherapy" means the professional treatment or counseling of a mental or emotional illness, symptom, or condition.

(7) "School" means any educational institution, public or private, providing elementary or secondary education to children at any level, kindergarten through twelfth grade, or the equivalent thereof if grade divisions are not used, including extracurricular programs of such institution.

(8) "Sensitive care facility" means any facility licensed or required to be licensed under *Code Section 31-7-3*, *31-7-12*, or *31-7-12.2* or who is required to be licensed pursuant to *Code Section 31-7-151* or *31-7-173*.

(9) "Sexual contact" means any contact involving the intimate parts of either person for the purpose of sexual gratification of either person.

(10) "Sexually explicit conduct" shall have the same meaning as set forth in *Code Section 16-12-100*.

(b) An employee or agent commits the offense of improper sexual contact by employee or agent in the first degree when such employee or agent knowingly engages in sexually explicit conduct with another person whom such employee or agent knows or reasonably should have known is contemporaneously:

(1) Enrolled as a student at a school of which he or she is an employee or agent.

(2) Under probation, parole, accountability court, or pretrial diversion supervision of the office or court of which he or she is an employee or agent.

(3) Being detained by or is in the custody of any law enforcement agency of which he or she is an employee or agent.

(4) A patient in or at a hospital of which he or she is an employee or agent.

(5) In the custody of a correctional facility, juvenile detention facility, facility providing services to a person with a disability, or a facility providing child welfare and youth services of which he or she is an employee or agent.

(6) The subject of such employee or agent's actual or purported psychotherapy treatment or counseling; or

(7) Admitted for care at a sensitive care facility of which he or she is an employee or agent.

(c) A person commits the offense of improper sexual contact by employee or agent in the second degree when such employee or agent knowingly engages in sexual contact, excluding sexually explicit conduct, with another person whom such employee or agent knows or reasonably should have known is contemporaneously:

(1) Enrolled as a student at a school of which he or she is an employee or agent.

(2) Under probation, parole, accountability court, or pretrial diversion supervision of the office or court of which he or she is an employee or agent.

(3) Being detained by or is in the custody of a law enforcement agency of which he or she is an employee or agent.

(4) A patient in or at a hospital of which he or she is an employee or agent.

(5) In the custody of a correctional facility, juvenile detention facility, facility providing services to a person with a disability, or facility providing child welfare and youth services of which he or she is an employee or agent.

(6) The subject of such employee or agent's actual or purported psychotherapy treatment or counseling; or

(7) Admitted for care at a sensitive care facility of which he or she is an employee or agent.

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

(e)

(1) This Code section shall not apply to sexually explicit conduct or sexual contact between individuals lawfully married to each other.

(2) This Code section shall not apply to a student who is enrolled at the same school as the victim.

(f) A person convicted of improper sexual contact by employee or agent in the first degree shall be punished by imprisonment for not less than one nor more than 25 years or by a fine not to exceed $100,000.00, or both; provided, however, that:

(1) Except as provided in paragraph (2) of this subsection, any person convicted of the offense of improper sexual contact by employee or agent with a child under the age of 16 years shall be punished by imprisonment for not less than 25 nor more than 50 years or a fine not to exceed $100,000.00, or both, and shall, in addition, be subject to the sentencing and punishment provisions of *Code Section 17-10-6.2*; and

(2) If at the time of the offense the victim of the offense is at least 14 years of age but less than 21 years of age and the person is 21 years of age or younger and is no more than 48 months older than the victim, such person shall be guilty of a misdemeanor and shall not be subject to the sentencing and punishment provisions of *Code Section 17-10-6.2*.

(g) A person convicted of improper sexual contact by employee or agent in the second degree shall be punished as for a misdemeanor of a high and aggravated nature and shall not be subject to the sentencing and punishment provisions of *Code Section 17-10-6.2*; provided, however, that:

(1) Except as provided in paragraphs (2) and (3) of this subsection, any person convicted of the offense of improper sexual contact by employee or agent in the second degree with a child under the age of 16 years shall be punished by imprisonment for not less than five nor more than 25 years or by a fine not to exceed

$25,000.00, or both, and shall, in addition, be subject to the sentencing and punishment provisions of *Code Section 17-10-6.2*;

(2) If at the time of the offense the victim of the offense is at least 14 years of age but less than 21 years of age and the person is 21 years of age or younger and is no more than 48 months older than the victim, such person shall be guilty of a misdemeanor and shall not be subject to the sentencing and punishment provisions of *Code Section 17-10-6.2*; and

(3) Except as provided in paragraph (2) of this subsection, upon a second or subsequent conviction of the offense of improper sexual contact by employee or agent in the second degree, the person shall be guilty of a felony and shall be punished by imprisonment for not less than one year nor more than five years and shall be subject to the sentencing and punishment provisions of *Code Section 17-10-6.2*.

16-6-22.1. Sexual battery

(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.

(c) Except as otherwise provided in this Code section, a person convicted of the offense of sexual battery shall be punished as for a misdemeanor of a high and aggravated nature.

(d) A person convicted of the offense of sexual battery against any child under the age of 16 years shall be guilty of a felony and, upon conviction thereof, shall be punished by imprisonment for not less than one nor more than five years.

(e) Upon a second or subsequent conviction under subsection (b) of this Code section, a person shall be guilty of a felony and, upon conviction thereof, shall be imprisoned for not less than one nor more than five years and, in addition, shall be subject to the sentencing and punishment provisions of Code Section 17-10-6.2.

16-6-22.2. Aggravated sexual battery

(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.

(c) A person convicted of the offense of aggravated sexual battery shall be punished by imprisonment for life or by a split sentence that is a term of imprisonment for not less than 25 years and not exceeding life imprisonment, followed by probation for life, and shall be subject to the sentencing and punishment provisions of Code Sections 17-10-6.1 and 17-10-7.

SCJC County S.A.R.T. Protocol

Signature Page Date: November 17, 2024

X E.P. "Bubba" Lamb

Judge E.P. "Bubba" Lamb
Chief Magistrate Judge, Mitchell County

X Angela Hendricks

Angela Hendricks
Chief Magistrate Judge, Baker County

X Meredith Dunaway

Meredith Dunaway
Juvenile Justice

X

Judge Annie Doris Holder
Chief Magistrate Calhoun County

X

Judge Pat Pollock
Chief Magistrate Grady County

X

Judge Anne Marie Emmons
Chief Magistrate Decatur County

X

~~John Mark (Johnny) Hendricks~~
Camilla Police Chief Assistant
Robert Castellaw

X

Austin Stuckey
Public Health, Director

X

Aubrey Suggs
Newton Police Chief

X

Josh Hilton
Sheriff Calhoun County

X

Wiley Griffin
sheriff@decatursd.com

X

Dana Meade
Sheriff Baker County

SCJC County S.A.R.T. Protocol

Signature Page Date: November 17, 2024

X

Harry Young
Sheriff Grady County CAPT.
per G.I. JAMES A. BUSH

X

W.E. Bozeman
Sheriff Mitchell County

X

Frank Greene
Bainbridge Public Safety Director

X

Giovannie Santos
Cairo Police Chief

X

Nealle McCormick
Pelham Police Chief

X

Maurice Gaines
Decatur County School Police

X

Gary Hines
Grady County School Police

X Cheri N. Comer LPC CCS

Cheri Nicole Comer
Georgia Pines, Director

X

Judge Joshua Bell
Juvenile Court, Decatur and Grady

X

Judge Richard Waters
Juvenile Court, Mitchell, Baker & Calhoun

X

Kenneth Hollis
Coroner Decatur County

X

Rusty Powe
Coroner Grady County

SCJC County S.A.R.T. Protocol

Signature Page Date: November 17, 2024

X

Darien Brown
Coroner Calhoun County

X

~~Steddrick Thomas~~ Robby Willis
Coroner Mitchell County

X

Alvin Lofton
Coroner Baker County

X

Ginger Weathersby
Patuala Center for Children Director

X listed twice

~~Judge Anne Marie Emmons~~
~~Magistrate Decatur County~~

X

Judge Heather H. Lanier
Chief Superior Court

X

Amy Eakin
Executive Director, Oak House CAC & SANE ...

X

Joseph K. Mullholland
District Attorney

X

Jennifer Lord, BSN, RN, SANE-A, SANE-P
Clinical Director, Oak House