

Troup County

# Sexual Assault Response Team Protocol

Protocol for Responding to Victims of Sexual Assault

## **Introduction**

The trauma of a sexual assault is devastating. Reaching out for help should not result in added trauma. Such was the case for a LaGrange College student. The student had confided to Dr. Linda Buchanan, then LaGrange College Vice President and Dean for Student Life and Retention. She had been the victim of sexual abuse. In the process of trying to assist the student, Dr. Buchanan discovered there was no coordinated means to respond to the situation especially in the area of the examination. Dr. Buchanan shared the experience with Troup County Board of Commissioners Chairman, Richard Wolfe. The Troup County Rape Response Protocol Task Force was established at his request. This protocol would not have been possible without the commitment of the many professionals in Troup County:

Troup County Sheriff's Department  
Hogansville Police Department  
LaGrange Police Department  
West Point Police Department  
Troup County District Attorney  
Harmony House Domestic Violence Shelter  
Twin Cedars Youth Services  
Child Advocacy Center  
Troup County E911  
West Georgia Health  
Troup County Health Department  
Troup County Center for Strategic Planning, Inc.

### **I. Purpose of the Protocol**

- Facilitate the provision of consistent, comprehensive, sensitive and non-judgmental treatment of victims of sexual assault as they progress through victim services, health and criminal justice systems;
- Standardize the collection of evidence; and
- Develop a coordinated effort among allied professional to ensure that victims receive efficient and comprehensive medical care, evidentiary examination, emotional support and referral information.

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

### **II. Organization of the Protocol**

The protocol is organized into six sections: (1) Introduction; (2) Victim Support Services; (3) Law Enforcement Response; (4) Sexual Assault Examination and Evidence Collection; (5) Prosecution; (6) the Appendices.

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## **Chapter 1**

### **Victim Support Services**

Services to victims can be provided by rape crisis centers, victim assistance programs or other agencies. These programs can be non-profit or governmental. For Troup County, victim support services will be provided through trained volunteers of Harmony House Domestic Violence Shelter and additional court appointed Victim Advocate services.

(1) **The Crisis Line** through the Harmony House Domestic Violence Shelter, will provide a 24-hour crisis line, counseling and support to the victim, accompaniment at the time of the sexual assault exam and follow-up as needed.

(2) **Court appointed Victim Advocate** services will provide support throughout the criminal justice system, and assistance with applying for financial compensation.

#### **I. Initial Report of Sexual Assault**

The initial complaint could be by the victim to 911 or through a friend, family member or rape crisis volunteer. All complaints should be made through 911 to law enforcement.

Victim service programs, at the outset, often play dual roles of providing crisis intervention and acting as liaisons with other agencies.

If the source of the contact with 911 is not through the crisis line, the Victim Support volunteer will be contacted by Law Enforcement through the Crisis Line and advised where to make contact with the victim.

#### **II. Initial Response**

Whoever is contacted first by the victim and/or non-offending care giver should be concerned for the safety and well-being of the victim. The roll of the victim support service provider is to:

- With the consent of the victim and/or non-offending care giver, help identify and address the immediate concerns of the victims, e.g., are they in a safe place, are there family members or friends whom the victim and/or non-offending care giver wishes contacted, are medical care or transportation to needed, is clothing needed to wear home;
- Provide information to victims and/or non-offending care giver regarding the effects of destroying evidence, taking a bath, washing clothes;
- Provide emotional support and crisis intervention to victims and/or non-offending care giver and their families;

- Be present during medical exam and police questioning if the victim and/or non-offending care giver wishes; and
- Help arrange transportation to and from required place of examination and information gathering.

For their own safety, and to avoid interfering with the investigation, victim advocates do **not** go to the crime unless accompanied by law enforcement. Victim advocates are not investigators or attorneys and do not investigate cases or give legal advice. The role of the victim advocate should be explained to the victim and/or non-offending care giver, and the advocate should make sure the victim and/or non-offending care giver is comfortable with the advocate continuing to provide services.

### **III. Coordination of Services**

Although several different agencies come in contact with victims and/or non-offending care givers at various stages after the assault is reported, the victim service organization is often considered the “hub of the wheel” for victims and/or non-offending care givers, providing consistent support and advocacy throughout.

Victim service providers need to achieve an effective balance between advocating for victims and/or non-offending care givers and working within the parameters of the criminal justice system. Toward that end, victim service providers may offer some or all of the following services:

- Maintaining frequent communication with victims and/or non-offending care givers regarding the status of the criminal investigation and court proceedings;
- Advising victims and/or non-offending care givers of procedures for payment of forensic portion of medical examination by the Georgia Crime Victims Compensation Program;
- Helping victims and/or non-offending care givers complete compensation applications for non-reimbursed expenses caused by the crime (such as medical, counseling, prescriptions, lost wages);
- Notifying victims and/or non-offending care givers of all available services such as support groups, counseling, education;
- Explaining the Victims’ Bill of Rights, OCGA 17-17-1, and how to request the various notifications (e.g., notices of bond hearing, release of defendant from incarceration, case status), and how to provide input during the case proceedings;
- Helping prevent additional trauma or injury to the victim and/or non-offending care giver;

- Encouraging and supporting victims and/or non-offending care givers to become active participants in their own case;
- Offering support and assistance to the families of victims and/or non-offending care givers;
- Protecting and ensuring the victim's and/or non-offending care giver's privacy; and
- Helping victims and/or non-offending care givers deal with any problems encountered during the aftermath of the crime.

The victim service provider needs the cooperation of many other agencies to provide information and support; thus, networking and maintaining effective lines of communication with law enforcement, medical, prosecutorial, criminal justice and other social service organizations are essential for the victim service organization to be the actual hub of the wheel for victims.

#### **IV. HIV and other STD Testing**

**Testing the victim** when working with a victim who expresses concern about possible exposure to HIV during the assault, victim service providers with a trained public health staff member should discuss HIV testing with the victim. The victim service provider should review the victim's risk of infection and motivation to be tested, explain the testing process and the limitations of the test, and discuss the victim's and/or non-offending care giver's possible reactions to the test results. The victim service provider can assist the victim and/or non-offending care giver in reaching a decision about being tested for HIV. The Victim support volunteer will provide resource information regarding further testing.

**Testing the offender.** In cases where the victim wants the offender tested for HIV, the victim service provider should review the issues involved. The victim should be informed that testing the offender will not negate the need for the victim to be tested for HIV. Regardless of the offender's HIV status, if the victim is concerned about exposure to the virus, the only way to determine this is for the victim to be tested. The victim should be aware that additional court appearances outside the criminal case may be needed for the court to order the testing. After explaining the intricacies of HIV transmission and the testing process, if the victim and/wants to pursue testing the offender, then the victim service provider may assist the victim in this request. Testing of the offender should occur at the earliest stage possible during the criminal justice process to provide for early medical intervention for the victim. Early testing of the offender could have a significant impact on the mental health of the victim and successful reintegration into a productive life. However, it should be noted that disclosing the results to a victim of an assailant who has not been determined guilty has not been addressed in legislation or in case law.

## **Chapter 2**

### **Law Enforcement Response**

#### **I. Complaint Reporting Procedures**

The first report of a sexual assault is usually made by the victim to a dispatch or communications center of a law enforcement agency. (The case number will be assigned at this point and will be the common number on all documentation, including the SANE examination report.) Dispatch or communications staffers are critical in aiding the victim to regain control and composure after an assault. The staffers should remain calm, understanding, and non-judgmental while speaking with any victim.

##### **A. If the victim is the caller, the dispatcher should:**

- Obtain the victim's name and location *immediately*;
- Determine if the victim is currently safe and whether or not the victim needs immediate medical attention;
- Dispatch the appropriate law enforcement units and, if necessary, emergency medical help.
- If medical attention is not being sought by the victim, the initial contact with the local rape crisis center will be the responsibility of the investigating officer;
- Maintain an open line with the victim in order to assure the victim that help is coming, to instruct the victim not to wash, change clothes, or disturb any potential evidence, and to determine where and when the attack occurred, the name or description of the assailant, the means used by the assailant to leave the scene, and the direction of flight.

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

##### **B. If the victim is not the caller:**

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

##### **C. Emergency Communications**

A record of calls, radio traffic, and other communications pertaining to a sexual assault case may be preserved by the law enforcement agency receiving the complaint. The

dispatcher may assist investigating detectives by making a copy of the calls, radio traffic, and other communications immediately after the assault. (recording only available in the protocol.)

## II. The Responding Law Enforcement Officer

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

### A. Immediate Response

1. The responding officer should first address the victim's *physical and medical* needs. Emergency first aid should be offered, if necessary, while awaiting an emergency medical response unit. If immediate medical care is not required, the uniformed officer should stay on scene with the victim until the detective arrives.
2. The responding officer must also address the emotional needs of the victim by remaining calm, sympathetic, and understanding. The needs of the victim always precede the demands of the investigation.
3. To increase the victim's emotional comfort and security prior to a transfer to the examination facility, the officer should explain to the victim the actions anticipated on the victim's behalf, including a physical examination.
4. A friend or family member of the victim may be requested to bring a change of clothing to the medical facility for the victim's use after the medical examination. However, in some medical facilities the local rape crisis center will have provided the necessary clothing.
5. The case detective should arrange for or provide transportation of the victim to the appropriate examination facility. The victim should never be transported in a "caged" marked police vehicle.
6. The officer should also ask the victim to refrain from washing, showering, brushing teeth, using mouthwash, smoking, eating, drinking, douching, urinating, or defecating to prevent the loss of valuable physical evidence. The evidentiary importance of preserving personal clothing and articles of the crime scene should also be explained.
7. The responding officer, if time permits, may also ask the victim some questions about the sexual assault. Questioning should be conducted by a single officer, in greatest privacy available, and questioning **should be limited in scope** to crucial information immediately needed by law enforcement:
  - The incident location



- Name or physical description of assailant;
  - Unusual physical characteristics of assailant;
  - Clothing of assailant;
  - Method of flight (car, truck, on foot, etc.), and
  - Direction of flight.
8. If the crime scene is somewhere other than where the victim is located at the time of the report the scene should be secured by an assisting officer. The scene will be processed by a trained crime scene detective for evidence of the crime.
9. If the responding officer proceeds to the examination facility where the victim is the officer should:
- Ask the victim the following questions: (questions should be asked by a single officer in a private area without other medical or law enforcement personnel)
    - Incident Location
    - Name or physical description of assailant;
    - Unusual physical characteristics of assailant;
    - Clothing of assailant;
    - Method of flight (car, truck, on foot, etc.), and
    - Direction of flight.
  - Remain at the facility until police detectives have arrived; and
  - Thoroughly brief the detectives on any information about the victim, the assault, the assailant, and the crime scene which the officer has obtained. These briefings should take place in a private setting where confidential information cannot be overheard by other patients or hospital personnel.
  - Unless the victim's condition requires medical attention, all examinations should be conducted at the CAC.
  - If medically cleared at the emergency room, the victim may be transported or she may proceed to the CAC for the sexual assault exam.
10. The Detective should forward pertinent information gained during the initial interview and investigation to the SANE nurse so that she may properly examine and search for and secure evidence on the victim.

## **B. Delayed Reporting**

If more than 72 hours have elapsed since the incident of sexual assault and a victim contacts law enforcement, there is a possibility that some forensic evidence may remain up to five days in the victim's body or there may be evidence of tearing or other internal

abrasions. For this reason, the victim may be encouraged to seek medical care and to complete the medical evidence collection.

### C. The Crime Scene

1. The case detective should ensure that a written consent or search warrant is obtained before a crime scene investigation is conducted if required based on the incident location.
2. No one, including the responding officer, should touch physical articles, including weapons, blood, or any other potential item of evidence at the scene.
3. The victim's clothing and personal effects should be protected from all handling and contamination until crime scene detective reach the crime scene.
4. The responding officer, with the assistance of other officers, should guard the scene from any intrusion until the arrival of forensic officers.
5. A crime scene log should be maintained which lists the full name of every person, police and medical personnel, who enters the scene.
6. When the forensic officers arrive at the crime scene, the responding officer should give the forensic officers all information available on the investigation and then, if requested, assist the forensic officers at the scene.

### D. The Incident Report

It is imperative that the responding officer provide accurate and *complete supplemental* report detailing the officer's activity. The **initial** incident report should be brief and document only basic information about the incident (the victim's name and biographical information should not be provided to the media or other public sources). The detailed **supplemental** report should include:

1. The date and time of dispatch and arrival at the scene, the nature of the dispatch, the location, and a description of the scene.
2. The identity of the victim (or a description if the identity is unknown), the victim's personal information including phone numbers and addresses for home and work, and the names, phone numbers and addresses of other persons who know the victim and who could be contacted if the victim could not be contacted.
3. A description of any injuries to the victim, of the clothing of the victim, and any damage to the victim's clothing or personal possessions.
4. A careful description of the victim's *emotional* state.
5. Actions taken on behalf of the victim.
6. Actions taken to preserve the crime scene.
7. Information learned about the sexual assault, including:
  - The exact location of the assault;
  - The approximate time of the assault;
  - Whether a weapon was used, and if so what kind;
  - How the victim and the assailant came to the scene;

- A description of the sexual assault;
- The identity, if known, and complete description, including a clothing descriptions and any other information obtained about the assailant from the victim or witnesses;
- The means by which the assailant left the scene;
- The assailants direction of flight;
- Any other information obtained from the victim;
- The names, addresses, and phone numbers of any witnesses identified by the victim or located by the police;
- The statements of any witnesses interviewed at the scene;
- The names of any law enforcement officers; including supervisors, detectives, and forensic officers who came to the crime scene (assess log) or medical facility;
- Any other actions taken in the case; and
- The time the officer left the crime scene and if applicable, the medical facility.

#### **IV. The Medical Examination and Law Enforcement**

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

#### **V. The Detective's Role in Sexual Assault Cases**

The detective in a sexual assault case has the critical role in the successful prosecution of the case. The importance of obtaining an eventual criminal conviction, however, must be balanced against the necessity of protecting the victim's physical and emotional health. The detective must provide information relating to the incident to the SANE nurse prior to the exam so the evidence can be properly searched for.

##### **A. The Detective's Response**

The Detective will usually be summoned to the medical facility where the victim has been taken or he may respond to the incident scene.

1. If the detective should respond immediately to the facility he should obtain a thorough briefing from the initial responding officer(s). This briefing, as in all discussions of the case, should be conducted quietly and discretely. The detective should attempt not to ask the same questions that were asked by the initial responding officer unless absolutely necessary. The victim shouldn't have to explain the incident multiple times to different individuals.
2. Each officer who responded to the crime scene, had contact with the victim, or who came to the medical facility should be directed to file a detailed, written report on the case.

3. The detective should conduct a thorough interview with the victim and the interview should be videotaped. During the initial contact, the investigator should:

- Clearly identify himself/herself to the victim;
- Verify the information obtained by the dispatcher and/or responding officer which may help the police to locate the suspect;
- Make certain that the victim understand what is being done on the victim's behalf;
- Carefully note the emotional status and physical injuries of the victim for later inclusion in the case report; and
- Inform the victim that a more detailed, thorough interview will be conducted at a later time.

The detective should confirm that:

- Action is being taken by other officers to locate and detain the suspect;
- The crime scene, if known, is being protected and thoroughly processed by the forensics unit;
- Known witnesses are separated for later videotaped interviews;
- Chain of custody is being maintained for any evidence already collected;
- All evidence available at the medical facility, including the clothing of the victim, is being held.

5. The detective should consult with the victim advocate and any family members or friends of the victim to explain the actions being taken by the police and to seek their cooperation and assistance in future contacts with the victim.
6. The detective should arrange transport home or to a safe location selected by the victim.
7. If appropriate, the investigator should assure that information about the suspect has been sent to other law enforcement agencies.
8. The detective should verify that all the evidence obtained at the medical facility is correctly inventoried and prepared for transfer to the crime lab.
9. The detective will notify the District Attorney's office of the incident within 24 hours of the report being made.

## **B. The Follow-Up Interview**

### **1. Preparation for the Interview**

After a sexual assault has occurred, an in-depth interview with the victim should be

conducted within 24 hours, though it may take place within a week. The victim's physical and emotional health must remain paramount, and the interview should be held when the victim is no longer in crisis.

- a. The interview should be held at the Troup County CAC.
- b. Accommodation should be made if the victim requests the presence of a victim advocate, relative, friend, or needs an interpreter.
- c. The interview should be tape recorded in order to:
  - Document the details of the interview;
  - Preserve the interview to permit other authorized persons to hear the victim's account without requiring additional interviews; and
  - Permit the presence of other persons, such as victim advocates to be present at the interview.

## **2. The Interview**

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

- f. The detective should let the victim narrate what happened, in the victim's own words. Then follow-up questions can be asked **with the investigator explaining to the victim why those questions need to be asked**. The interview should be as thorough as possible. Inquiry areas should include:
- The victim's prior relationship (if any) with the assailant;
  - Prior sexual history with the assailant, if any;
  - The details of the forced sexual act(s);
  - The assailants modus operandi;
  - The assailants clothing;
  - The assailants appearance to include marks, scars, tattoos, deformities, or unusual physical features or body odors;
  - The assailant's means of restraining the victim;
  - The victim's response to the attack, including any verbal or physical resistance;
  - The victim's state of mind during the attack;
  - The use of threat of weapons;
  - What the assailant said to the victim, including threats and instructions;
  - The names and descriptions of any other witnesses, participants, or accomplices.

### **3. Post Interview Follow Up**

- a. The detective should provide the victim with the information about the Victim's Bill of Rights and should encourage the victim to seek support from family, friends, and victim advocacy groups.
- b. After the interview has been concluded, the detective should obtain any additional physical evidence, such as photos, needed from the victim. The possible need of additional steps in the investigation, including composite drawings, photographic or live line ups, should be explained.

### **C. Victim Follow Up**

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

1. Informing the victim when an assailant has been arrested. Continue to have report with the victim and ensure that she has made contact with the victim/witness advocate with the Troup County DA's office.

### **D. The Case Report**

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

### **Chapter 3**

#### **Medical Examination**

Law enforcement will call the Troup CAC to arrange the forensic exam to be conducted by a Sexual Assault Nurse Examiner (SANE). In the event that a certified SANE is not available to meet protocol time restraints, or the victim has injuries requiring emergency room treatment, the hospital ER staff will be utilized. Exams will require the full consent of the victim. The law enforcement officer should contact the SANE or ER physician to whom the victim will be taken for this examination to explain the allegations, the status of the case, and type of information or evidence for which to look. This can be done by telephone or with a written request prior to the examination. At the request of law enforcement, DNA samples from the victim will be collected. A victim support volunteer will provide medical accompaniment during the SANE exam. All documentation and evidence regarding the exam is to be submitted to law enforcement within (48) hours or two business days. Documentation indicating reception of evidence should be placed in the victim's case file.

In accordance with OCGA 16-6-2, the costs for the SANE examination will be paid through the Georgia Crime Victims Emergency Fund as provided for in Chapter 15 of Title 17 to the extent the expense is incurred for the limited purpose of collecting evidence. The billing costs for all SANE exams whether conducted at the CAC or the ER shall be the reimbursable amounts set by the Victims Comp Forensic Medical Examination Fee Schedule (Appendix D) which reflects the maximum allowable cost for each service and/or procedure related to the forensic medical examination for sexual assault victims. Total billing per victim shall not exceed **two exams per year** with all bills per application not to exceed **\$1,000 per victim per state fiscal year**.

The respective agency (CAC or ER) which performed the exam will be the party responsible for filing reimbursement claims for SANE exams through Victims Comp. Moreover, it is expressly understood there will be no duplication through any other collateral source (i.e. insurance, Medicare or Medicaid). All bills must be submitted at one time within **30 days** of the examination.

Victims will be referred to either their primary healthcare provider or, if they are not attached to a healthcare provider, to the local Health Department for STD, pregnancy and HIV testing.

#### **Therapeutic Intervention**

The victim advocate will provide the victim a list of available resources for longer term counseling and support.

## **Chapter 4 Prosecution**

### **I. Victim Expectation and the Role of the Prosecutor**

Sexual assault victims have been subjected to one of the most traumatic experiences possible. They expect that the prosecutor will represent *their* interests in what they perceive to be *their* case. Prosecutors, on the other hand, do not have the primary responsibility to represent the personal interests of a victim. Their constitutional duty requires that they represent society as a whole in the State's cases. Because sexual assault victims see themselves as the aggrieved parties they also expect to participate in the decisions made concerning the processing of their cases. This dissonance caused by the tension between victim expectation and prosecutorial duty has been a source of conflict and concern.

This protocol does not advocate altering the level of discretion entrusted to the prosecutor. It does endorse consideration of victims' needs in the exercise of prosecutorial discretion. Sexual assault victims deserve to be informed about the reasons for decisions that may appear to be adverse to their interests. It is likewise important that they be allowed some means of communicating their opinions and concerns within the criminal justice system. The following recommendations are made in an attempt to address these concerns.

### **II. Recommendations for Prosecutors in Working With Sexual Assault Victims**

- A. The District Attorney's Office should assume ultimate responsibility for informing victims of the status of a case in accordance with the Crime Victims' Bill of Rights (OCGA §17-17-1 *et. seq.*). This responsibility includes the following specific statutory requirements:
- Upon initial contact with a victim, a member of the District Attorney's Office will give prompt notification of the following:
    - The procedural steps in processing a criminal case;
    - The rights and procedures of victims under the Victims' Bill of Rights;
    - Suggested procedures if the victim is subjected to threats or intimidation;
    - The names and telephone numbers of contact persons at both the office of the custodial authority and in the District Attorney's Office. (OCGA §17-17-8 (a)(4)). A custodial authority is a warden, sheriff, jailer, correctional officer, employee at the Department of Corrections, or any other law enforcement officer having actual custody of the accused.
  - A member of the District Attorney's Office shall notify the victim prior to any proceeding in which the release of the accused will be considered. (OCGA §17-17-5 (a)(3)).
  - A member of the District Attorney's Office shall offer the victim the opportunity to express an opinion on the release of the accused pending judicial proceedings. (OCGA §17-17-7 (d)) .



- If requested in writing by the victim and to the extent possible, a member of the District Attorney's Office shall give prompt advance notification of any scheduled court proceedings and notice of any changes to that schedule. Court proceedings shall include, but not be limited to, pretrial commitment hearings, arraignment, motion hearings, trial, sentencing, appellate review, and post-conviction relief. A member of the District Attorney's Office shall notify all victims of the requirement to make such requests in writing (OCGA §17-17-8 (b)).
  - A member of the District Attorney's Office shall offer the victim the opportunity to express an opinion on the disposition of an accused's case, including the views of the victim regarding plea or sentence negotiations and the perpetrator's participation in pretrial or post-conviction diversion programs (OCGA §17-17-11).
  - Upon the written request of the victim, a member of the District Attorney's Office shall notify the victim of the following:
    - That the accused has filed a motion for new trial or an appeal of the conviction;
    - Whether the accused has been released on bail or other recognizance pending the disposition of the motion or appeal;
    - The result of the motion or appeal. (OCGA §17-17-12 (a)).
  - In the event the accused is granted a new trial or the conviction is reversed or remanded and the case is returned to the trial court for further proceedings, the victim shall be entitled to request the rights and privileges provided by the Victims' Bill of Rights (OCGA §17-17-12 (c)).
- B. Procedures compatible with a particular jurisdiction should be established by each assistant district attorney to ensure that the above statutory requirements are satisfied.
- C. Assistant District Attorneys charge and pursue to the fullest extent of the law defendants who harass, threaten, injure, or otherwise attempt to intimidate or retaliate against victims or witnesses.
- D. Assistant District Attorneys should discourage case continuances once the State has completed its trial preparation. The new court date, as well as the reason for the continuance, should be explained to the victim.
- E. A member of the District Attorney's Office should establish and maintain direct liaison with victims and victim service agencies.
- F. Whether following statutory requirements, complying with office procedures or making personal contacts, assistant district attorneys must continuously be cognizant of the profound impact that the crimes of sexual violence have on both child and adult victims and their families.

## **II. Suggested Criteria In Deciding Whether or Not to Prosecute**

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

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

## **III. General Procedures for Handling Sexual Assault Cases**

### **A. Assignment of Cases**

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

### **B. Initial Screening**

After assignment, sexual assault cases should be reviewed by the assistant district attorney as soon as possible. The purpose of this initial screening is to determine the priority to be given the case and what additional investigation needs to be done in preparing the case for disposition. In conducting this initial screening, the assistant district attorney should consider the facts of the case and the following variables:

- The extent or seriousness of the injuries;
- Use of gun or other weapon;
- Defendant’s prior criminal history;
- Status of defendant’s arrest;
- Victim cooperation; and,
- Presence and amount of information and evidence of the assault.

As part of the initial screening, a member of the District Attorney’s Office should make a diligent effort to contact the victim as quickly as possible. The following should be reviewed with the victim:

- It is the State, not the victim, which must determine what disposition is to be made of the case. This is particularly important in cases in which the victim’s attacker is a family member or close friend;

- The victim's sole responsibility is to testify truthfully in court regarding the incident;
- The parties in the action are the State of Georgia and the defendant;
- Where the victim knows the attacker, determine if the defendant and victim have talked since the incident and what was said;
- Convey that the victim is not responsible for the defendant's behavior; the defendant bears that responsibility;
- Encourage and support the victim;
- Determine whether or not the victim has received the statutorily required notices and information;
- Refer victim to those agencies which may be operating in the community to assist victims; and,
- Never assume that defendant will use the most likely defense. Analyze the case and be prepared to meet unlikely defenses.

If a victim relays information to the assistant district attorney about the incident, it should be recorded or reduced to writing, signed and dated by the victim. In the event that the victim is hostile or is otherwise unwilling or unable to cooperate with the attorney in the prosecution of the case, then it will be necessary for assistant district attorney to determine if there exists sufficient independent evidence to prove the elements of the assault. Such independent evidence may include, but is not limited to, the following:

- Injuries observed by someone other than the victim;
- Medical reports/evidence of the assault;
- Eyewitnesses to the crime;
- A 911 tape or other recording of a prior statement of the victim concerning the assault;
- The presence/availability of physical evidence indicating the crime occurred, e.g., semen, blood, etc.;
- Admissions by the defendant; and,
- Any and all photographic evidence gathered at the scene or subsequently.

If a victim is unwilling or unable to cooperate in the prosecution of the case, but sufficient independent evidence exists, then the case should be pursued by the assistant district attorney. If such independent evidence does not exist, then the assistant district attorney should dismiss all charges and immediately notify the victim of this action.

### **C. HIV Testing**

Any HIV testing required by the District Attorney's office will be handled through a warrant and incurred costs funded through the District Attorney's office.

## **D. Trial**

### **1. General Considerations**

In sexual assault cases there are several factors which, if not unique to these offenses, are more likely to influence the court trial. One factor is the extreme embarrassment or humiliation of a victim may suffer in having to testify about the assault in open court. Efforts should be made to prepare the victim for these emotions and to “shield” the victim as much as possible while giving testimony. Another factor to assess in the trial to these crimes is the prejudice and preconceived notions people often have of someone who has been sexually assaulted. For example, jurors may scrutinize the clothing and conduct of a victim and the victim’s choices made prior to the assault. Similarly, jurors are likely to pay closer attention to the clothing and conduct of the victim in court than would be the case with a burglary charge. The assistant district attorney should be sensitive to this in presenting the case to the jury. Depending on the type of assault, there may be other factors that will have a special impact on the case because it is a sexual assault crime. The assistant district attorney should be sensitive to the presence of these factors in preparing for and conducting the trial.

## Section A: Glossary

SANE	Sexual Assault Nurse Examiner
CAC	Child Advocacy Center, 701 Lincoln Street, LaGrange, GA. 30240
DA	District Attorney
HIV	Human immunodeficiency virus
STD	Sexually transmitted disease

**Section B : SANE Examination Form**

## Section C: Georgia Crime Victims Compliance Program Forms

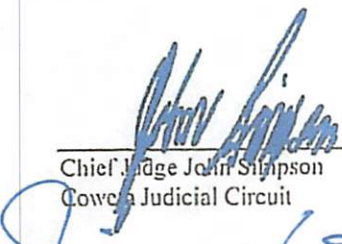
## Section D: Follow-Up After Exam Resource




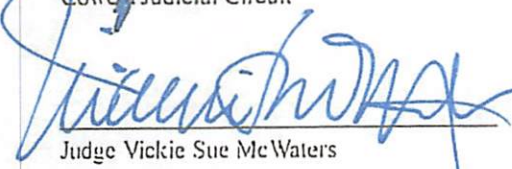
Memo of Understanding  
Troup County Sexual Assault Response Team Protocol

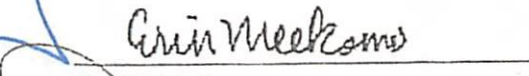
We, the undersigned, partner agencies do endorse the Troup County Sexual Assault Response Team Protocol and agree to work in cooperation with partner agencies to protect the integrity of sexual assault investigations and will work within the parameters set forth in the Troup County Sexual Assault Response Protocol.

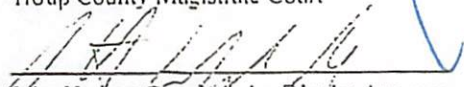
Signed this \_\_\_\_ day of December, 2022.

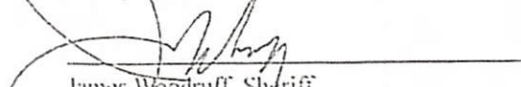
  
Chief Judge John Simpson  
Coweta Judicial Circuit

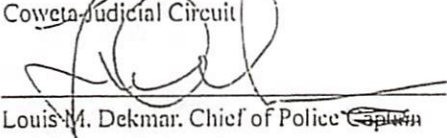
  
Judge Markette Baker  
Coweta Judicial Circuit

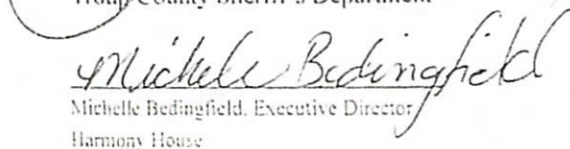
  
Judge Vickie Sue McWaters  
Troup County Magistrate Court

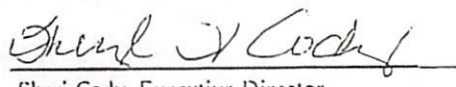
  
Dr. Erin Meeks  
Chairperson, Troup County Board of Health

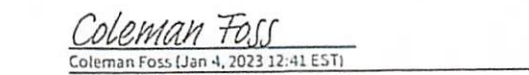
  
John Herbert Cranford, Jr. District Attorney  
Coweta Judicial Circuit


  
James Woodruff, Sheriff  
Troup County Sheriff's Department

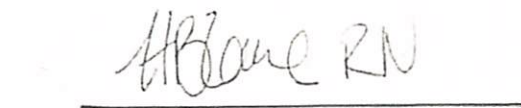
  
Louis M. Dekmar, Chief of Police  
LaGrange Police Department

  
Michelle Bedingsfield, Executive Director  
Harmony House

  
Sheri Cody, Executive Director  
Twin Cedars Youth Services, Inc

  
Coleman Foss (Jan 4, 2023 12:41 EST)  
Coleman Foss, CEO  
Wellstar Health System

  
Jackie W. Taylor, Citizen  
Clerk of Court, Troup County

  
H. Blane RN  
Person who performs exams