

SEXUAL ASSAULT RESPONSE TEAM (SART) PROTOCOL  
COLUMBIA JUDICIAL CIRCUIT  
STATE OF GEORGIA

**ORDER**

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

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

WHEREAS, the Committee has met on November 12, 2025, and discussed the Protocol, which was approved by a majority vote, and which is attached hereto, as the protocol for cases of sexual assault in the Columbia Judicial Circuit, Tenth District of the State of Georgia.

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

SO ORDERED, this 25th day of November, 2025

**Disclaimer**

It is expressly understood that each core agency of the SART will work within its departmental mandates and policies. Nothing contained herein supersedes the statutes, rules and regulations governing each agency involved in the SART. To the extent that any provision of the agreement is inconsistent with any such statute, rule or regulation, the statute, rule, or regulation shall prevail.

The SART Protocol Committee, which convenes each year, consists of victim advocates, sexual assault nurse examiners, medical forensic examiners, law enforcement (LE) agencies, military, educators, and prosecutors. The SART Protocol Committee considers issues relating to trauma informed care, best practices for evidence collection, investigative mandates, state protocols, and policy guidelines. With the diversity of backgrounds and views, the SART protocol team reaches substantial agreement on a variety of complex issues.

The final recommendations contained in the Columbia Judicial Circuit SART Protocol are the result of a consensus process and do not necessarily represent the views or opinions of the individual SART committee members or their agencies and affiliations.

## **COLUMBIA JUDICIAL CIRCUIT SEXUAL ASSAULT PROTOCOL**

This Columbia Judicial Circuit Sexual Assault Protocol (“Protocol”) is adopted pursuant to O.C.G.A. § 15-24-2 for the purpose of outlining the procedures to be used in responding to, investigating and prosecuting cases of sexual assault.

The purpose of this Protocol is to ensure coordination and cooperation between all core agencies involved in sexual assault cases, thus increasing the efficiency and efficacy of all agencies managing these cases. Ultimately the protocol serves to minimize the secondary trauma created for the sexual assault victim by the legal and investigatory process<sup>1</sup> and to support the healing process for the victim during both the acute and chronic phases of the trauma.

For the SART protocol, those over the age of 13 are considered adolescents, and those over the age of 18 are considered adults. Every sexual assault case involving victims under the age of eighteen shall also refer to the Columbia Judicial Circuit Child Abuse Protocol and the Columbia Judicial Circuit Multi-Disciplinary Case Review Team’s Investigative Protocol in identifying appropriate services and resources. Per the state model Child Abuse Protocol, those services and resources should include the Sexual Assault Resource Center (SARC) and Child Enrichment, Inc. Child Advocacy Center (CAC) in providing services to victims under the age of eighteen.

### **Local SART Coordinated Response**

All members of the Columbia Judicial Circuit Sexual Assault Response Team will adhere to best practices as outlined in the *Georgia Sexual Assault Response Team Guide (2<sup>nd</sup> edition, 2021)*.

Members of the Columbia Judicial Circuit Sexual Assault Response Team agree to meet bi-monthly for case review, process discussion, and agency evaluation to assure the coordination and cooperation between all core agencies responding to sexual assault cases in the Columbia Judicial Circuit. All SART agencies involved in the handling of a sexual assault kit (SAK) will be registered and in full compliance with the use of the Criminal Justice Coordinating Council’s (CJCC) Sexual Assault Tracking System (SAKTS) in accordance with Georgia State House Bill 255 and the Sexual Assault Reform Act of 2021.

### **911 Response**

The first report of a sexual assault may be made by the victim to a dispatch or communications center of a LE agency. Dispatch or communications staffers are critical in aiding the victim to regain control and composure after an assault. The staffers should remain calm, understanding, and non-judgmental while speaking with the victim. *Priority ranking* should be applied to all sexual assaults regardless of when the assault occurred.

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<sup>1</sup> 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.

**If the victim is the caller**, then the dispatcher should:

- Obtain the victim's name and location.
- Determine if the victim is currently safe and whether the victim needs immediate medical attention.
- Determine where and when the assault occurred.
- Dispatch the appropriate LE units and, if necessary, emergency medical help.
- Instruct the victim not to wash, change clothes, douche, eat or drink, or disturb any potential evidence. If possible, the victim should not urinate until a responding officer arrives with a clean urine collection container. If the victim cannot wait for medical personnel or LE, the dispatcher can instruct the victim to urinate in a clean jar or other container with a lid.
- Assure the victim help is coming.
- Gather other pertinent information as defined by communications agency guidelines such as the name or description of the assailant(s), the means used by the assailant(s) to leave the scene, the direction of flight, whether the suspect is a known offender or stranger, any information about the suspect's history of violence and/or use or possession of a weapon, whether drugs or alcohol were used to facilitate the sexual assault.

If it is immediately apparent to the dispatcher that the victim is in a crisis, the dispatcher shall follow established protocol and remain on the phone until help arrives. The call may be discontinued if the victim is stable, and no current interventions are required from the dispatcher.

**If the victim is not the caller**, then the dispatcher should:

- Gather the same information previously described to assist the victim.
- Enlist the help of the caller to keep the victim safe and calm until additional help arrives.

A record of calls, radio traffic, and other communications pertaining to a sexual assault case may be preserved by the LE agency receiving the complaint. The dispatch center may be asked to assist the investigating officers by copying calls, radio traffic, and other communications received immediately after the assault.

### **Advocacy**

The role of the SARC, which provides community-based victim advocates and crisis specialists, is to provide services to the victims of sexual assault regardless of whether the victim chooses to participate in the criminal justice process. They play a very important role in providing a response that keeps the victim central in the process, allowing the investigation and prosecution to be offender focused. Advocacy also has a critical role in promoting the healing process for the victim. The SARC's victim advocates provide crisis intervention, support, family advocacy, information and referral, therapy, and other ancillary services to assist the victim through the criminal justice process. The support provided by the SARC 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 (2<sup>nd</sup> edition, 2021)* and *State Standards for Georgia Sexual Assault Centers as approved by the Criminal Justice Coordinating Council (February 2016)*.

**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 Sexual Assault Advocates.
- Providing services to victims that are sensitive to the unique barriers and special conditions that diverse victims encounter in reporting sexual assault crimes.
- Providing options to victims so that they may make informed decisions.
- Supporting victims who choose to report to LE by providing a link to eliminate barriers affecting the victim's participation in the criminal justice process.
- Maintaining victim confidentiality.
- Offering services to non-reporting victims and assisting when/if the victim decides to report.
- Collaborating with community agencies to assist victims of sexual assault/abuse, to include domestic violence and child advocacy centers.
- Assisting the victim with CJCC Victim's Compensation forms for personal reimbursement along with assisting the agency performing the medical forensic examination (MFE) to complete the CJCC's Victim's Compensation forms for facility and healthcare cost reimbursement.

Victims may also collaborate with victim advocates from the Office of the District Attorney, Columbia Judicial Circuit Victim Assistance Program if the case progresses through the criminal justice system to the point of prosecution.

**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, LE shall be responsible for the investigation of sexual assault crimes. Investigative responsibilities may include but are not limited to, in no certain order:

- Identification, apprehension, and interrogation of suspect(s).
- Interview of victims using a trauma informed approach which may include allowing an advocate to be present at the victim's request and consent.
- Interview with witnesses.
- Collection and preservation of evidence.
- Maintenance of chain of custody.
- Timely submitting sexual assault evidence collection kits to Georgia Bureau of Investigation (GBI), Federal Bureau of Investigation (FBI), or other crime laboratory (at LE discretion and based on the jurisdiction of the crime) regardless of whether a suspect has been identified; per GBI recommendations.
- Review of GBI Crime lab reports as soon as possible after being released to the investigating agency; per GBI recommendations.
- Keeping the victim informed of the status of the investigative process.
- 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 collaborate with victim advocates to ensure a victim centered response to the investigation and proper notification of case updates to victims. Additionally, LE officers will operate under the guidelines established by *The Georgia Crime Victim's Bill of Rights* (O.C.G.A. § 15-17-1) and adhere to best practices as outlined in the *Georgia Sexual Assault Response Team Guide (2<sup>nd</sup> edition, 2021)*.

The investigating LE agency may 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 assault, indefinitely after the report of the alleged sexual assault.

If the victim does not cooperate with LE in the investigation or prosecution of an alleged sexual assault, the investigating LE 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 (O.C.G.A. § 17-5-71).

### **Medical Forensic Examination Procedures and Conduct**

The role of the medical forensic personnel is to provide a timely, high-quality MFE 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.

MFEs and evidence collection shall be performed either at the SARC or in the emergency department (ED) of a licensed medical facility based on Memorandums of Understanding (MOUs) using the community-based model of sexual assault response. This model uses a risk-based approach to sexual assault and promotes the use of one centralized location for the sexual assault response that includes advocacy, medical and LE.

Every effort should be made for MFEs to be performed by a Sexual Assault Nurse Examiner – Adult and Adolescent (SANE-A), Sexual Assault Nurse Examiner – Pediatric (SANE-P), Sexual Assault Forensic examiner (SAFE), Sexual Assault Medical Forensic Examiner (SAMFE), physician, nurse practitioner, or physician's assistant who have been specially educated and completed clinical requirements to perform the exam. Victims affiliated with the military (Tricare beneficiaries) will be referred to Dwight D. Eisenhower Army Medical Center (DDEAMC), Fort Gordon, Georgia, for acute and historic sexual assault/abuse examinations. If a victim chooses to be seen at DDEAMC, they will be examined by a credentialed SAMFE, certified SANE-A/SANE-P or pediatrician trained in this specialty care.

MFEs should be made available if the adult victim chooses to report, chooses not to report, or chooses to make a restricted report. In cases of a restricted report the MFE should write on the GBI Sexual Assault Evidence Collection Kit “RESTRICTED.” LE is not required to speak with a victim in the case of a restricted report. In 2013, the Violence Against Women Act (VAWA) was reauthorized with changes affecting the response of LE agencies and health care facilities to victims of sexual assault. These provisions read as follows:

*Nothing in this section shall be construed to permit a State, Indian tribal government, or territorial government to require a victim of sexual assault to participate in the criminal justice system or cooperate with law enforcement in order to be provided with a medical forensic exam, reimbursement for charges incurred on account of such an exam or both (42 U.S.C.A. § 3796gg-4(d)(1)(2005)).*

Thus, there are two dictates associated with forensic compliance. VAWA legislation states that victims of sexual assault must be provided with access to a MFE:

1. *Free of charge, and*
2. *Without requiring them to cooperate with law enforcement or participate in the criminal justice system.*

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

A SANE/SAFE/SAMFE, physician, nurse practitioner or physician assistant will:

- Complete appropriate authorizations relating to the examination, documentation, and evidence collection (i.e., patients’ informed consent).
- Gather the medical forensic history.
- Perform the examination and assessment and coordinate treatment of injuries.
- Perform and complete the MFE and biologic evidence collection as quickly as possible after the patient presents for care.
- Photograph and document injuries and prepare a written report.
- Maintain and document the chain of custody of any evidence collected during the examination and assessment.
- Adhere to best practices as outlined in the *Georgia Sexual Assault Response Team Guide (2<sup>nd</sup> edition, 2021)* and *National Best Practices for Sexual Assault Kits: A Multidisciplinary Approach, 2017*.
- Conduct the MFE in accordance with GBI procedures using a GBI Sexual Assault Evidence Kit. It is also recommended that MFEs be conducted in accordance with (IAW) *A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents* and *A National Protocol for Sexual Assault Medical Forensic Examinations – Pediatrics*, U.S. Department of Justice Office on Violence Against Women.

- Provide information, treatment, and referrals for sexually transmitted infections and pregnancy.
- Follow-up as needed for additional treatment and/or collection of evidence.
- Provide testimony at trial.

### **Biologic Evidence Collection**

The examiner will collect biologic samples at the request of a patient, IAW currently accepted protocol (defined as *A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents* and *A National Protocol for Sexual Assault Medical Forensic Examinations - Pediatrics*), to obtain timely biologic reference samples for analysis at the GBI Crime Lab. At the conclusion of the MFE, 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.

Biologic evidence will be collected for adolescent/adult victims up to a maximum of 120 hours after the assault based on case presentation. In addition, cases should be evaluated on an individual basis as the MFE may be completed beyond 120 hours.

<b><u>Recommended Time Frame for Evidence Collection</u></b>	
<b><u>Type of Assault</u></b>	<b><u>Collection Time</u></b>
<b>Vaginal</b>	<b>Up to 120 hours (5 days)</b>
<b>Anal</b>	<b>Up to 72 hours (3 days)</b>
<b>Oral</b>	<b>Up to 24 hours (1 day)</b>
<b>Bite marks/saliva on skin</b>	<b>Up to 96 hours (4 days)</b>
<b>Unknown</b>	<b>Collective respective samples within the time frame listed above</b>

Reference: National Institute of Justice (2017) National Best Practices for Sexual Assault Kits: A Multidisciplinary Approach

All biologic samples, fluids, hairs, and other evidence acquired during the MFE requiring GBI analysis will be given directly to the LE investigator for processing using a proper chain of evidence (reported/unrestricted). Non-reporting/Restricted cases will have their sexual assault kit held at the SARC for no less than 12 months. Toxicology may be submitted to the GBI Crime Lab, using the Georgia Drug Facilitated Sexual Assault Kit (DFSA).

Collecting toxicology samples is recommended if there was either loss of memory or lapse of consciousness and should be obtained only with the patient’s consent. Toxicology samples should be collected within 120 hours (if collecting urine, which is preferred); within 24 hours if collecting blood, using the Georgia Drug Facilitated Sexual Assault Kit (DFSA). Specimens should be sealed and appropriate jurisdictional chain of custody completed, and DFSA kits may be submitted to the GBI Crime Lab. DFSA kits should be refrigerated after 24 hours and do not require freezing at any time. Reference: *A National Protocol for Sexual Assault Medical Forensic Examinations*

*Adults/Adolescents, 2024 and National Best Practices for Sexual Assault Kits: A Multidisciplinary Approach, 2017.*

All biologic evidence collected with the consent of an adult patient who chooses to initiate and participate in and/or cooperate with a LE investigation shall be picked up by LE within 96 hours from the SARC or local hospital and submitted to the GBI Crime Lab within thirty days of it being collected by the LE agency who took possession of the evidence pursuant Georgia Law.

All biologic evidence collected with the consent of an adult patient who chooses not to initiate and participate in and/or cooperate with a LE investigation shall be retained by the SARC in the locked evidence cabinet within a secure evidence room with a secondary lock and key for a minimum of one year. Such biologic evidence in a non-reporting/restricted report shall not be sent to the GBI.

All agencies involved in the ordering, collection, storing, or processing of sexual assault kits will abide by House Bill 255 and the Sexual Assault Reform Act of 2021, using the sexual assault kit tracking system (SAKTS) for the state of Georgia.

Certified medical personnel may collect biological samples from a suspect at the request of a LE agency or the District Attorney's office. The SARC or ED staff will obtain a copy of any search warrant or consent form authorizing the collection of biological samples from a suspect and retain it for the medical record/MFE record.

### **Requests for Medical Forensic Examination**

MFEs can be performed at the request of (1) a LE 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 (6) at a victim's request pursuant to O.C.G.A. 17-5-72.

MFEs are available 24 hours a day, 7 days a week either at the SARC or local ED per the following procedure (see APPENDIX A for algorithm):

- If the victim presents to the local ED, they should be medically cleared per the hospital ED triage protocols prior to proceeding with the MFE or transfer to the SARC. Suspected sexual assaults should be a priority in the ED.
- LE may contact the SARC via the 24-hour crisis line at 706-774-5200.
- The victim can access the SARC via the 24-hour crisis line at 706-774-5200.

LE will receive all evidence (evidence collection kit, clothing, etc.) directly from the SANE or medical staff that performed the MFE. If LE is unavailable at the time collection is complete, hospital public safety will place the evidence in a secured location with a chain of custody form or the SARC will hold within a locked evidence cabinet within a secure evidence room with a secondary lock and key.

- LE will facilitate pick-up of the sexual assault forensic evidence from designated hospital public safety or the SARC.

For acute cases involving children under the age of 13 and reported within 72 hours, LE should take the victim to a hospital ED where a healthcare provider

(SANE/SAMFE/SAFE/physician/nurse practitioner/physician's assistant) trained in performing MFEs is available. In the case of a delayed disclosure (> 72 hours) involving children, officers may contact the SARC crisis hotline at 706-774-5200 and request to speak with an advocate to assist the victim and contact appropriate agencies to facilitate the forensic interview and historical MFE. Refer to the Columbia Judicial Circuit Child Abuse Protocol and/or the Multi-Disciplinary Case Review Team's Investigative Protocol.

### **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.

### **Procedures for Hospitals/Healthcare Facilities Receiving Walk-In Reports of Sexual Assaults**

- Hospitals or Healthcare facilities and providers receiving patients reporting incidents of sexual assault shall immediately contact LE IAW O.C.G.A § 31-7-9 mandating all non-accidental injuries be reported. Adult patients will retain the right not to initiate, participate in, and/or cooperate with any LE investigation of such assault.
  - Mandated reports to LE and social services are required for those under the age of 18, vulnerable adults, and the elderly over age 65 presenting with a sexual assault. MANDATED REPORTER LAW- O.C.G.A. §19-7-5 (2016)
- Hospital ED should notify the SARC at 706-774-5200 of the presenting case as soon as possible, including which LE agency is responding (if applicable).
- The victim advocate will facilitate the pathway for care to assist the victim and be available for the victim throughout the interview and MFE if requested by the victim.

*The following criteria are offered as guidelines, not requirements, for optimal, expeditious, and reliable responses to report sexual assault. Depending on the circumstances, there may be both a responding officer and an investigating officer, or there may only be an investigating officer. Accordingly, an investigating officer may vary the allocation of the actions described in this section.*

## The Responding Law Enforcement Officer

The first LE officer to reach a sexual assault victim is usually a uniformed patrol 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. The responding officer in sexual assault plays a vital role in the outcome of the investigation. The responding officer can encourage the victim's participation in the criminal justice process by reassuring the victim that she/he is not being judged and that the case is taken seriously. Remembering the principles of victim centered approach, responding officers can investigate in a manner that helps restore a victim's sense of control. This approach builds trust and the victim's confidence in cooperating with the investigation through prosecution.

As for the immediate response, the responding officer should:

- Address the victim's physical, emotional, and medical needs, using a non-judgmental, unbiased, professional victim-centered approach.
- Request an ambulance if immediate medical attention is needed and an ambulance has not already been dispatched.
- Explain that an advocate from the SARC will be contacted to assist the victim.
- Explain to the victim that a physical examination may be needed for medical care and forensic evidence collection if chosen, and arrange for the transportation of the victim to the SARC or local ED based on established criteria (see Appendix A)
- Ask the victim to refrain from washing, bathing, showering, douching, brushing teeth, using mouthwash, smoking, eating, drinking, urinating, or defecating to prevent the loss of valuable evidence.
- Responding officer should **not** leave a victim unattended unless handling a critical threat.

The responding officer, if time permits, may also ask the victim the following questions about the sexual assault. If the victim is present at the hospital first, questioning should be conducted by a single officer with an advocate present (if victim chooses), in the greatest privacy available at the hospital. If the officer facilitates transfer to the SARC, questioning can be conducted in the LE room at the SARC. Questioning should be limited in scope to crucial information immediately needed by LE. Officers should explain that the initial interview is preliminary in nature, and a follow-up interview will be necessary. The follow-up interview may be conducted by the same officer or by an investigator if the agency has an investigative unit. It is preferable that investigators utilize the Forensic Experiential Trauma Interview and frame questions in a trauma informed manner. Information that may be collected with the initial interview:

- Nature and description of the assault.
- Exact location and approximate time of assault.
- Name of physical description of assailant(s).
- Unusual physical characteristics of assailant(s).
- Clothing of assailant(s).
- Method of flight (car, truck, on foot, etc.).
- Description of vehicle(s).

- Direction of flight.
- Name and contact information of any witnesses.
- Other pertinent information as dictated by LE agency.
- Any weapons used in the assault or any knowledge the victim has of the suspect's history of violence or weapons possession.

If the crime scene is known, an officer should be notified as soon as possible to preserve the scene.

\*\* If a case has a military connection, whether through the victim or subject, Fort Gordon Criminal Investigative Division (CID) can also be notified for case collaboration.

### **Reporting Options**

Many sexual assault victims report the crime immediately to LE. Reporting cases (unrestricted) provides the Columbia Judicial Circuit criminal justice system with the opportunity to offer immediate protection to the victim, collect evidence from all crime scenes, prosecute if there is sufficient evidence, and hold the offender accountable for the crimes committed. Equally important, reporting gives LE the chance to identify patterns of sexual violence in our judicial circuit.

Some victims, however, are unsure, unwilling, or unable to make an immediate decision about whether to participate in the criminal justice system in the traumatic aftermath of an assault. Any real or perceived pressure put on these victims to report immediately may in fact discourage future or continued involvement in the judicial system.

The Columbia Judicial Circuit Sexual Assault Protocol provides an option for Non-Reporting/Restricted that allows for the collection, documentation and maintenance of time-sensitive evidence while allowing the victim **18 years of age and older**, time to recover, consider their options, or even arrange for safe accommodations and economic provisions in the case of intimate partner sexual violence/domestic violence. Victims who receive compassionate support and appropriate care at the time of the exam are more likely to engage fully with LE and prosecution in the future.

Recognizing the importance of victim-centered response, this protocol establishes clear procedures to collect, document, maintain, and track evidence from an adult victim of sexual assault who is unwilling or unable to participate in the criminal justice system at the time of disclosure. If a victim decides to convert to a standard reporting method, this crucial evidence may then be used in prosecution.

- In the event the patient/victim chooses the **Non-Reporting/Restricted Report**, the SARC will provide information on evidence holding period and timeline and method for future contact. A **Restricted Report Consent for Collection, Documentation and Release of Evidence and Information** will be signed by the victim/patient and witnessed by a healthcare professional. (See APPENDIX B for Restricted Reporting Consent Form)
- With restricted reporting, the patient does not speak with LE. The agency with jurisdiction in the case will be notified for a case number on a restricted sexual assault case and will retrieve the kit under the Sexual Assault Kit Tracking System (SAKTS) number and the

identified case number. No identifying information will be present on the outside of the SAK.

- In the case of **Non-Reporting/Restricted Reporting**, four (4) weeks prior to the end of the one (1) year evidence-holding period, the SARC staff designee will contact the victim, if consent was given, to remind the victim of the evidence holding period and timeline.
- A victim who has made a **Non-Reporting/Restricted Report** can choose to convert to an unrestricted report by contacting LE or SARC at any time.
- The SARC staff designee will contact the LE agency where the assault occurred to relay the case number information, turn over the collected evidence and the agency will proceed with the investigation as an unrestricted report.

### **Prosecution/Judicial Proceedings**

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 LE, MFEs, 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.
- Proceedings free from unreasonable delay.
- Reasonable, accurate and timely notice of any court proceedings where the release of the accused will be considered.
- Reasonable, accurate and timely notice of any court proceedings or any changes to such proceedings, including restitution hearings.
- Be provided reasonable, accurate and timely notice of the accused release and/or monitoring program.
- Be present at all criminal proceedings in which the accused has a right to be present.
- NOT be excluded from any scheduled court proceedings, except as provided in O.C.G.A. § 17-17-1 or otherwise provided by law.
- A waiting area, during judicial proceedings, separate from the accused and his or her relatives, friends, and witnesses.
- Be reasonably heard at any scheduled court proceedings involving the release, plea or sentencing of the accused.
- 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).
- Refuse to submit to an interview by the accused, accused's attorney, or agent of the accused.
- 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 either the SARC and/or the Columbia Judicial Circuit District Attorney's Victim Assistance Program will accompany the victim.

Prosecutors and prosecution-based advocates will adhere to best practices as outlined in the *Georgia Sexual Assault Response Team Guide (2<sup>nd</sup> edition, 2021)*.

## **CONCLUSION**

The Columbia Judicial Circuit Sexual Assault Protocol Committee shall continue in existence and shall meet at least annually for the purpose of evaluating the effectiveness of the protocol and appropriately modifying and updating the document.

The foregoing Columbia Judicial Circuit Sexual Assault Protocol is hereby adopted and replaces any previously adopted protocol and remains in effect until such time as said protocol is amended and adopted.

This 25th day of November, 2025

APPROVED BY:

*Sheryl Jolly*

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Sheryl B. Jolly  
Chief Judge Superior Court  
Columbia Judicial Circuit

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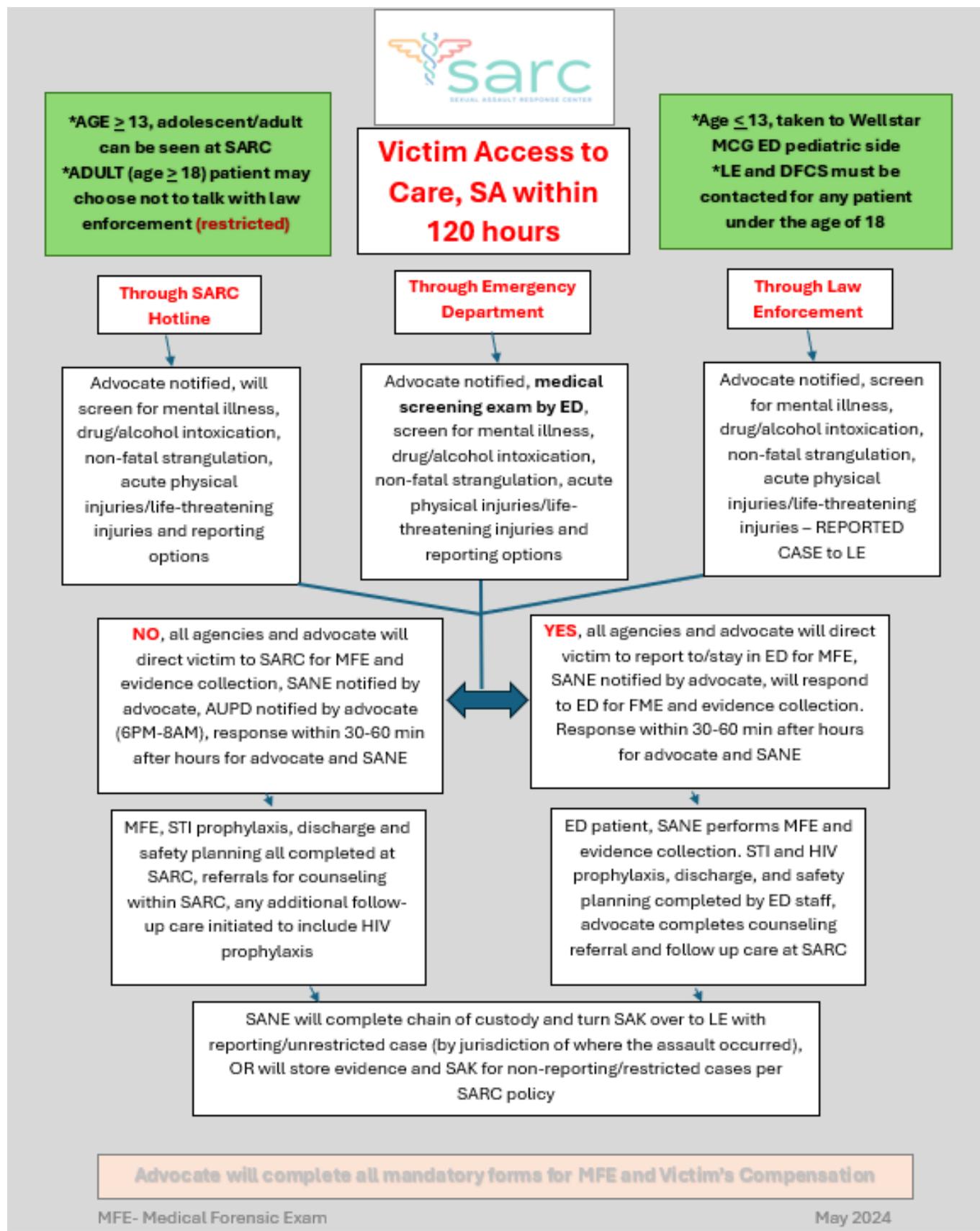
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Carla Hamann  
Member-at-Large

Columbia Judicial Circuit SART Protocol 2025

The Office of the District Attorney, Columbia Judicial Circuit would like to express appreciation to the SART team and protocol committee for their dedication, support, and guidance demonstrated in updating the Columbia Judicial Circuit Sexual Assault Response Protocol.

**APPENDIX A: Algorithm for SART access to MFE**



**APPENDIX B: Restricted Reporting Form**

LABEL  
CAREFULLY HERE



**Consent for Collection, Documentation, Release of Evidence, and Information for a Restricted Report following the Augusta and Columbia Judicial Circuits SART protocol.**

**\*\*\*To be completed at the SARC or Hospital by the Advocate**

I, \_\_\_\_\_, request a sexual assault medical forensic examination to assess and document injuries and collect evidence, but currently I do not want to speak with law enforcement. I understand that a Restricted Report means that I may have evidence collected without having to speak with law enforcement or participate in the criminal justice system until I am ready to do so. I understand that while my case is restricted, the Sexual Assault kit will not be tested for DNA.

**Patient Consent: I have read and have had the following explained to me and I understand:**

**Cost**

I will not be billed for the medical forensic examination.

**Speaking with Law Enforcement**

By not talking with law enforcement now, I understand that the opportunity to collect evidence from the suspect and other crime scenes may be permanently lost. I understand that this may make it more difficult to prosecute a case if I do decide to report later.

**My Medical Records**

In accordance with HIPAA, the SARC/hospital will keep information from the medical forensic examination as part of my medical record. My medical records remain private in accordance with the law and the SARC/hospital privacy practices.

**Evidence Storage**

Evidence collected today will be stored at the SARC for one (1) year. I understand that some information will be kept by the SARC for identification purposes.

**Contacting Law Enforcement or the SARC:**

If I decide to change my report at a later date, I need to call the SARC at (706) 774-5200 and ask for staff. Tell them I had evidence collected as a **Restricted Report** and wish to change it to a Standard Report. The staff will help match my information to the evidence stored at the SARC as a Restricted Report.

**Contact Information:**

If I choose **not** to speak with law enforcement, the evidence will be destroyed after one (1) year. If I provide contact information, a staff person from the SARC will try and reach me four (4) weeks before the evidence is destroyed. If I cannot be reached after three attempts, the evidence will be destroyed without further notification. **CASE NUMBER:** \_\_\_\_\_

Would you like a SARC staff person to contact you before your evidence is destroyed?

\_\_\_ YES \_\_\_ NO

Cell Phone \_\_\_\_\_ May we leave a message? \_\_\_ YES \_\_\_ NO

Landline Phone \_\_\_\_\_ May we leave a message? \_\_\_ YES \_\_\_ NO

Email Address \_\_\_\_\_ May we send a message? \_\_\_ YES \_\_\_ NO

I understand that if I do not report the crime to Law Enforcement within one (1) year the evidence will be destroyed.

Printed Name of Patient \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Signature of Patient \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Printed Name of Advocate \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Signature of Advocate \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

9/1/2024

Page 1 of 1

1. Original- SARC 2. Copy-Patient 3. Copy-SARC

**APPENDIX C: PROCEDURES for CORRECTIONAL FACILITIES IN COLUMBIA  
JUDICIAL CIRCUIT RECEIVING REPORTS OF SEXUAL ASSAULTS**

- Any time that an incident or allegation of sexual assault/abuse is discovered or reported at a state correctional facility, the Georgia Department of Corrections (GDC) policies and procedures will be initiated in accordance with the standards set forth in the Prison Rape Elimination Act (PREA). <https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea>
- GDC has a contract in place for a SANE to be contacted, who will then report to the correctional facility to conduct the MFE and sexual assault evidence collection kit. (SAK). The SAK is then turned over to a GDC criminal investigator.
- GDC facilities are required to have an MOU with an outside agency or have a qualified in-house advocate available, if an inmate should request advocacy services related to sexual assault/abuse.

**APPENDIX D: PROCEDURES for PUBLIC SCHOOLS RECEIVING REPORTS OF SEXUAL ASSAULTS**

Child Abuse or Sexual Assault

- It is the duty of all employees and volunteers to promptly report any sexual abuse to the person in charge of the school or the designated delegate, and the person so notified shall report or cause a report to be made pursuant to O.C.G.A § 19-7-5.
- Upon receipt of this information, the person in charge of the school or the designated delegate shall notify the Division of Family and Children Services of the Department of Human Services (DFCS), to appropriate law enforcement authority or district attorney and the Superintendent **immediately**; but in no case later than twenty-four (24) hours from the time of the receipt of the information.
- Under no circumstances shall any person in charge of the school, or the designated delegate to whom such notification has been made exercise any control, restraint, or modification or make any other change to the information provided by the reporter, although “each of the aforementioned” persons may be consulted prior to the making of the report and may provide any additional, relevant, and necessary information when making the report.
- Any time that an incident or allegation of sexual abuse is discovered or reported within 120 hours of the incident, Columbia County Public Schools will contact law enforcement. The SARC may be contacted to facilitate arrangements for the victim of sexual abuse to be seen at the center or local hospital ED based on acuity and criteria for a MFE.
- Refer to the Columbia Judicial Circuit Child Abuse Protocol and/or the Multi-Disciplinary Case Review Team’s Investigative Protocol, along with the Columbia County Board of Education (<https://www.ccboe.net/>) for further resources.

**APPENDIX E: PROCEDURES for EMPLOYEES OF DEPARTMENT OF PUBLIC HEALTH: EAST CENTRAL HEALTH DISTRICT RECEIVING REPORTS OF SEXUAL ASSAULT**

East Central Health District recognizes that sexual assault is a serious epidemic in our country. By virtue of our role in the community, Public Health staff are in a position that allows clients, whether children or adults, to disclose this serious offense. When a report of sexual assault is received, the Public Health staff must provide appropriate care to the victim.

- In the event a Public Health Department employee or volunteer receives a report of a sexual assault incident, law enforcement (LE) shall be contacted immediately, either by the receiving staff directly or through the District Health Director, in accordance with O.C.G.A § 31-7-9 mandating all non-accidental injuries be reported.
  - Adult patients will retain the right not to initiate, participate in, and/or cooperate with any law enforcement investigation of such assault; this does not negate your duty to notify LE.
- It is the duty of all employees and volunteers to promptly communicate any reported incidents of sexual assault to the District Health Director, no later than twenty-four (24) hours from the receipt of the information.
- With client consent, contact the SARC 24-hour crisis hotline at 706-774-5200 to speak with a staff member.

## **APPENDIX F: PROCEDURES FOR WORKING WITH CLIENTS WHO IDENTIFY AS MILITARY PERSONNEL, MILITARY DEPENDENTS AND DOD CIVILIAN PERSONNEL**

### **1. SEXUAL ASSAULT PREVENTION AND RESPONSE (SAPR) PROGRAM**

The Department of Defense (DoD) SAPR program strives towards a culture free of sexual assault, through an environment of prevention, education and training, response capability, victim support, reporting procedures, and appropriate accountability that enhances the safety and well-being of persons.

SAPR Program Eligibility:

- Services Members.
- Dependent Family Members who are 18 years or older.
- DoD Civilians\*
  - \* May be eligible to request an unrestricted report and utilize advocacy services, both CONUS or OCONUS, dependent on Component-specific policy; only afforded medical entitlements already authorized by law or policy.
- Service members who were victims of sexual assault PRIOR to enlistment or commissioning.

*The SAPR Program may assist victims in a dating relationship with the offender. The program cannot support victims of an assault between intimate partners, defined as those who (past or present) are married, maintain a joint domicile, or have a child in common. These cases, as well as those involving minors, will be referred to the Family Advocacy Program (FAP). SAPR*

Program Tenants:

- Victim-focused, gender-responsive, culturally competent, and recovery-oriented.
- Offers standardized requirements, terminology, guidelines, protocols, and training.
- Focus on awareness, prevention, and response.
- Safety assessments and High-Risk Response Team capabilities.

Sexual Assault Reporting Options:

- **Restricted Reporting**: Eligible individual may confidentially disclose details of his/her sexual assault without triggering a law enforcement investigation or notification to Command.
  - A military Sexual Assault Response Coordinator (SARC), a military Victim Advocate, or on-post healthcare personnel **only** can take a restricted report.
  - Victims are eligible for timely access to comprehensive medical and psychological treatment, including emergency care treatment and services, as well as advocacy services.
  - A victim maintains their right to a restricted report even if they informed their Command of the assault or a third party has informed law enforcement. A victim forfeits their right to a restricted report only when they notify law enforcement of the assault themselves.
  - A victim may convert their report to unrestricted at any time.

- Unrestricted Reporting: Eligible individual may report his/her sexual assault and initiate an official investigation.
  - Personnel listed above, with the addition of law enforcement, legal office, and chain of command, can take this report.
  - Victims are eligible for timely access to comprehensive medical and psychological treatment, including emergency care treatment and services, as well as advocacy services.
  - A victim may receive a military protective order or exercise their right to request an expedited transfer, which provides a transfer at the current installation, at any requested echelon, or a move to another duty station.
  - These cases are reviewed at a monthly board.
- Notes:
  - Any victim who files either report type may be eligible to utilize the CATCH program. This program gives those making a sexual assault report, where the name of the suspect is not known by law enforcement, an opportunity to anonymously submit suspect information to help the Department of Defense identify serial offenders. For more information, visit <https://www.sapr.mil/catch>.
  - Any victim may be eligible to consult a lawyer assigned only to sexual assault victims, known as a Special Victims' Counsel, regardless of report type filed.
  - A victim who files either report type will receive documentation for a post-military disability claim.
  - Situations where the vulva, penis, scrotum, anus, groin, breast, inner thigh, or buttocks are touched without consent constitute a subcategory of sexual assault, not harassment, per standards outlined in the Uniform Code of Military Conduct

#### Military Advocacy Roles:

- Sexual Assault Response Coordinator (SARC):
  - Single point of contact for coordinating appropriate and responsive care for sexual assault victims.
  - Tracks victim services from initial report through final disposition and resolution.
  - Supervises Victim Advocates; may perform victim advocacy duties.
  - Credentialed and bound by code of ethics.
- Victim Advocate (VA):
  - Non-clinical crisis intervention and ongoing support.
  - Referrals for available resources and liaison assistance to other organizations/agencies.
  - Reports directly to the SARC when performing advocacy duties.
  - Credentialed and bound by code of ethics.

Victims of sexual assault shall be protected from coercion, retaliation, and reprisal. Retaliation may include reprisal, ostracism, or cruelty/maltreatment. All incidents of retaliation should be reported to the SARC, Command, DoD Inspector General Office, or law enforcement respectively, depending on the nature of the retaliation.

24/7 Response Capability: All military stations have a 24/7 Hotline capability to receive sexual assault reports and/or provide support from a trained and credentialed victim advocate.

Points of Contact:

- Fort Gordon 24/7 SHARP Hotline: 706-791-6297
- Fort Gordon Installation SHARP Office: 706-524-1687 / 706-910-9880
- DoD Safe Helpline: 877-995-5247

**2. FAMILY ADVOCACY PROGRAM –**

The Army Community Service (ACS), FAP, has Victim Advocates that respond to physical, emotional, and sexual abuse between intimate partners that are 18 years old or older. Intimate partners are considered to be a current or former spouse, person with whom the abuser shares a child in common, a current or former intimate partner with whom the abuser shares or has shared a common domicile, or individuals who are in a dating relationship (boyfriend or girlfriend status). The Victim Advocates are trained professionals who provide non-clinical advocacy services and support to Service Members and their Family Members experiencing domestic abuse. Victim Advocates are on-call 24 hours a day/7 day a week to provide safety planning, non-judgmental support, information on legal rights and proceedings, and referrals to military and civilian resources. The on-call Victim Advocate will empower clients to make informed and independent decisions to support their recovery process. The FAP DAVA can be reached at 706-791-STOP (7867).

The Medical Command (MEDCOM), FAP Clinicians provide clinical support to victims of domestic abuse, child abuse, and child neglect. They should be notified for reports of child abuse (physical or sexual) or neglect when the child is a dependent of a military sponsor. FAP clinical can be reached at 706-305-7104. This notification is in addition to, not in lieu of, routine mandatory reporting to child protective services/ DFACS.

**Reporting Options:**

Service Members and Family Members who experience domestic abuse are encouraged to report the incident to a Victim Advocate to access the full range of supportive services, including:

Restricted Reporting – Allows victims the option of receiving medical treatment, advocacy, and counseling without triggering the official investigation or Command involvement.

Unrestricted Reporting – Victims receive medical treatment, advocacy, counseling, and an official investigation of the allegation. This option allows the widest range of rights and protections to the victim.

**Problematic Sexual Behavior in Children and Youth (PSB CY)**

Behaviors initiated by children and youth under the age of 18 that involve sexual body parts (genitals, anus, buttocks, or breasts) that are not typical sexual behavior and are developmentally inappropriate, or potentially harmful to the individual initiating the behavior, the individual(s) impacted by the behavior or others. The ACS FAP Manager is the Reporting Point of Contact for all allegations of PSB CY involving military affiliated children.

**Contact Information:**

- ACS FAP: (706) 791-3579
- MEDCOM, FAP Clinical: (706) 787-3656, (office) 706- 305-7104 (on call 24/7)

- Domestic Violence Hotline: (706) 791-STOP (7867)

### **3. MEDICAL MANAGEMENT –**

Dwight D. Eisenhower Army Medical Center (DDEAMC) is the Military Treatment Facility (MTF) located on Fort Gordon, GA. DDEAMC provides the medical response IAW the DOD and congressional mandates for victims of sexual assault, intimate partner, and other forms of violence within the military and to those affiliated with the military services and TRICARE beneficiaries. DDEAMC has a full-service Emergency Department (ED) staffed 24/7/365 days a year and offers Forensic Healthcare Examinations (FHEX) for sexual and physical abuse by trained and certified personnel to all beneficiaries and Tricare eligible patients regardless of occurrence of abuse/assault (on post/off post etc.) either directly or through MOA with the SARC. This includes:

- Active-duty service members from all service components (Army, Air Force, Navy, Space Force, and Coast Guard).
- Active-duty adult and child dependents.
- Retirees, and their adult and child dependents.
- Reservists and National Guard Members on orders.
- Civilian emergencies (if abuse occurs on Ft Gordon).
- Exams provided for all ages and sexes
  - The Forensic Healthcare Examination (FHEX) for sexual abuse for adults (18 years and older) and adolescents (12-17 years old) is offered to patients with a disclosure of sexual abuse up to 168 hours (7 days) after an assault. The adolescent exam includes the consent (when applicable) of the parent/guardian & assent of patient.
  - The Forensic Healthcare Examination for Acute Pediatric Sexual Assault (FHEX-APSA) is provided for pediatric patients (ages 0-12) with a disclosure or suspicion of sexual abuse up to 72 hours (3 days) after an assault. The Historic Forensic Healthcare Examination for Pediatric Sexual Assault (FHEX-HPSA) is provided at any time to a pediatric patient (ages 0-12 and ages 12-17) with a disclosure or suspicion of historical sexual abuse.
  - The Forensic Healthcare Examination for Intimate Partner Violence (FHEX-IPV) is offered to patients with a disclosure of abuse within an intimate relationship.
  - The Forensic Healthcare Examination for Child Physical Abuse is offered to patients with a disclosure or suspicion of child physical abuse. The exam includes the consent (when applicable) of the parent/guardian & assent of patient.

Any Tricare eligible (military beneficiary) patient should be referred to DDEAMC ED for an acute medical screening exam and forensic examination if the patient desires (contact either the on call FHE/SAMFE or the ED MD). Patients who have been medically screened and cleared may opt to have forensic exam at the SARC or may be deferred to the SARC if resources are not immediately available at DDEAMC.

To request a FHEX-IPV, historic pediatric sexual assault or child abuse examination, or follow up care after medical services in the community, contact the Examiner (FHE) on call or Medical Director to schedule/coordinate.

For immediate assistance with medication procurement (HIV PEP/Emergency Contraception), contact the on-call FHE/SAMFE or the DDEAMC ED physician. For follow-up appointments, repeat photography, military work excuses (quarters), or convalescent leave to maintain confidentiality, contact the on-call FHE/SAMFE (after hours) or the FHE Medical Director (during normal duty hours).

The Forensic Healthcare Medical Management hours are M-F 0700-1530. After hours, the on-call FHE/SAMFE is available 24/7 via (cell) 706-830-6666. The DDEAMC Forensic Healthcare Team coordinates closely with the SART community partners and can be reached at the following numbers:

Forensic Healthcare Medical Director/FHE/SAMFE Program Manager: (office) 706-787-2921, (cell) 706-831-4934; On call FHE/SAMFE 706-830-6666.  
DDEAMC Emergency Department (ED): 706-787-9285

## **APPENDIX G: TITLE IX for Institutions of Higher Education**

In accordance with federal and state law, including Title IX of the Education Amendments of 1972 (“Title IX”) and Title VII of the Civil Rights Act of 1964 (Title VII), Augusta University (AU) prohibits discrimination on the basis of sex in any of its education programs or activities or in employment. AU is committed to ensuring the highest ethical conduct of the members of its community by promoting a safe learning and working environment. To that end, [University System of Georgia Board of Regents](#) Policy which prohibits Sexual Misconduct, a form of sex discrimination.

AU is committed to reducing incidents of Sexual Misconduct, providing prevention tools, conducting ongoing awareness and prevention programming, and training the campus community in accordance with [The Jeanne Clery Campus Safety Act](#) and the Violence Against Women Act (“VAWA”). Prevention programming and training will promote positive and healthy behaviors and educate the campus community on consent, sexual assault, sexual harassment, dating violence, domestic violence, stalking, bystander intervention, and reporting.

The Title IX website offers information about the university’s sexual misconduct prevention and education efforts, as well as campus resources for those who’ve been the victim of, or witness to sexual misconduct including sexual assault. <https://www.augusta.edu/prevention/>

### **Title IX Process Overview**

For all students and employees, reports can be made by:

- Contacting AUPD at 706-721-2911
- Calling the Title IX Coordinator at 706-721-5144
- Emailing the Title IX Coordinator at [title\\_ix@augusta.edu](mailto:title_ix@augusta.edu)
- Visiting in person at the Compliance and Risk Management Department, [Annex I](#), suite 3000
- [Submitting an online report form](#)

Once a report is received, the Title IX Coordinator meets with the reporter, complainant, and the respondent to gather information, offer support services, options for a formal complaint, review interim measures (as appropriate) and a determination is made whether a Title IX investigation will occur. A trained Title IX investigator will gather information, facts, relevant documents, conduct interviews, analyze, and write a report to indicate whether or not there’s sufficient evidence for a sexual misconduct policy charge. Throughout the process, both the complainant and respondent have the same rights and responsibilities. Both parties have a right to review the information, the right to an advisor, the right to provide witnesses, documents, and appeal procedures.

Through standards set forth in the Sexual Misconduct policy, Student Code of Conduct and the Anti-Harassment and Non-Discrimination policy and protocol; a fair, unbiased, and fact-finding

investigation will provide a report for subsequent decision making through to a Hearing process. A Hearing Officer or Hearing Panel will make a decision based upon the standard of evidence “more likely than not.” If the respondent is found responsible for a policy violation, based upon the evidence and facts, sanctions are outlined in a decision letter to both parties. As outlined in the Sexual Misconduct Policy, both parties may appeal a final decision.

*Rights of all Parties*

- The complainant and respondent have the right to address any allegations or threats with the Title IX Coordinator, free from retaliation.
- Both the complainant and respondent have the right to an advisor for support and guidance throughout the process.
- Both the complainant and respondent are treated fairly, without bias, free from judgment and with due process protections.
- Both parties are encouraged to seek support services, resources and interim measures as deemed necessary for a safe and secure environment.
- Both parties are offered options for resolution to include Informal Resolution, Sexual Misconduct Policy investigation and reporting to AUPD or local law enforcement.
- Through the Sexual Misconduct policy, the complainant and respondent may request an Informal Resolution and when agreeable to both parties and the university, this may occur instead of a Title IX/Sexual Misconduct investigation.

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