

Dougherty County SART Protocol

*Multidisciplinary Investigation & Prosecution
of Adult Sexual Assault & Sexual Exploitation*

2026

Mary Martinez, Chairman

Dougherty County SART Protocol

Revised and Adopted January 1, 2026

All prior "Protocols" are hereby rescinded

Dougherty County Adult S.A.R.T. Protocol

(Sexual Assault Response Team)

This Dougherty County Sexual Assault Protocol is adopted pursuant to O.C.G.A § 15-24-2 for the purpose of outlining the procedures to be used in responding to, investigating and prosecuting cases of sexual assault. The purpose of this Protocol shall be to ensure coordination and cooperation between all agencies involved in sexual assault cases so as to increase the efficiency of all agencies handling such cases and to minimize the stress created for the alleged sexual assault victim by the legal and investigatory process.¹

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

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

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

¹O.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.

Introduction:

There are two primary objectives of the SART model.

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

The Victim-Focused SART model:

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

Shortened time from victim report to medical and legal examination

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

Privacy

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

Emotional Care

- Officers, Detectives, Nurses, and Advocates trained in techniques to affirm and support victims. These techniques help the victim rebuild self respect, limit self blame and pursue prosecution.

- A trained advocate on site to provide support and crisis intervention.
- There will be an advocate at the home based crisis center where the patient will be referred for follow up professional counseling.
- An expert Sexual Assault Nurse Examiner (SANE) will be available to integrate emotional care and crisis intervention during the medical and legal examination.

A Sexual Assault Response Team

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

Expert Forensic Nurse Examiners

- SANE's are specifically educated and experienced in care of victims and suspects
- Demonstrate a willingness to work with sexual assault victims, law enforcement and attorneys in prosecuting the cases and testifying in court
- Provide optimal use of colposcopic magnification for evidentiary purposes
- Strict attention to principles of evidence collection and to chain of custody
- Thorough, consistent written and photographic documentation
- Up to date skills through monthly SANE training, annual competency, in addition to the basic education needed to provide specialized care
- Objectivity in the medical and legal examinations of victims and suspects
- Strict attention to the preservation of evidence, based on changing guidelines
- Follow up examination as needed, with the same SANE
- Referral for general medical follow up

Improved Communication

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

Policy Statement - General

It shall be a policy of the Albany/Dougherty County Law Enforcement, Judicial Circuit and Lily Pad SANE Center, Inc. to provide a coordinated, efficient, and supportive response to victims, and provide continuity of care for the adult/adolescent (17year old/+) sexual assault victim and to obtain an adequate history, perform the appropriate physical exam, and render medical care as necessary.

Purpose Statement:

This protocol is intended to facilitate the provision of consistent, comprehensive, sensitive, and non-judgmental treatment to victims of sexual assault as they progress through the health and criminal justice system. It is also

intended to standardize the collection of evidence in order to aid in the prosecution of cases. A further purpose is to develop a coordinated effort among health providers, law enforcement, prosecution, and victim advocates ensuring that victims receive efficient and comprehensive medical care, evidentiary examination, emotional support and referral information. Health care providers, care providers, (including hospitals), all branches of law enforcement, (including prosecution and programs), which assist victims, should use this protocol.

SART Meetings:

The purpose of SART meetings is to create a structure that provides for initial and ongoing management of the response team. This serves as the structure for addressing any concerns that may arise and for monitoring quality control. SART meetings will include representatives from local law enforcement agencies, SANE's, a representative of the District Attorney's Office, and other agencies directly involved in the sexual assault investigations. Additional meetings may be called to discuss cases. The SART meeting will be co-facilitated by the Chief Assistant District Attorney and the Lily Pad SANE Center, who will lead the group through the agenda, encouraging joint decision making, information sharing, and timely case progression. When recommendations are made, all parties (investigative and non-investigative) will communicate and commit to their responsibilities. After each case is reviewed, the team will determine when, if needed, the case should be reviewed again. Collaborative case planning is critical to the multidisciplinary process and significant discussion is often required to reach case progress decisions. All members of the Dougherty County Sexual Response Team will adhere to best practices as outlined in the *Georgia Sexual Assault Response Team Guide*.

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

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

Team Structure and Roles:

Law Enforcement:

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

- Identification, apprehension and interrogation of suspect(s)
- Interview of victim with an offender focused and trauma informed approach, which includes allowing an advocate to be present
- Interview of witnesses
- Collection and preservation of evidence
 - In the event that drugs or alcohol may be involved
 - Be clear about the circumstances in which toxicology testing may be indicated. Routine toxicology testing is not recommended. However, in any of the following situations, the collection of a urine and/or blood sample may be indicated
 - If a patient's medical condition appears to warrant toxicology screening for optimal care (e.g., the patient presents with drowsiness, fatigue, light-headedness,

dizziness, physiologic instability, memory loss, impaired motor skills, or severe intoxication).

- If a patient or accompanying persons states the patient was or may have been drugged.
- If a patient suspects drug involvement because of a lack of recollection of event(s).
- Maintenance of chain of custody
- Timely submitting sexual assault evidence collections kits to GBI crime laboratory regardless of whether a suspect has been identified; per GBI recommendations
- Review of GBI Crime Lab reports as soon as possible after they are released to investigating agency; per GBI recommendations
- Determination of probable cause and arrest
- Preparation of case reports with investigative summaries
- Assistance to District Attorney's office in prosecution of case
- Testimony and presentation of evidence in court

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

The Law Enforcement officer is responsible for ensuring that The Lily Pad SANE nurse, The Rape Crisis Volunteer, and the detective (if necessary) are notified if law enforcement is involved in case. (Applies to 17 year old victims and older)

- The police official is responsible for the gathering of all **non medical evidence**. After exams, law enforcement is responsible for collecting SEXUAL ASSAULT KITS and other medical evidence, from the SANE nurse for processing/storage.
- In accordance with O.C.G.A. 17-5-72, a victim shall have the right to have a forensic medical exam regardless of whether the victim participates in criminal justice system or cooperates with law enforcement in pursuing prosecution of the underlying crime. A victim shall not be required to pay directly or indirectly, for the cost of a forensic medical examination. The cost of the forensic medical exam shall be billed, processed, and paid through Crime Victims Services, effective July 1, 2011. (Assaults occurring prior to this date are billed to law enforcement)
- In 2016, the Georgia legislature passed Senate Bill 304 (Compassionate Care for Victims of Sexual Assault Act) which amended Chapter 1 of Title 35 of the Official Code of Georgia Annotated, regulating the submission of sexual assault kits to the Georgia Bureau of Investigation's Department of Forensic Sciences (GBI Crime Lab). This law mandates that law enforcement take possession of Sexual Assault Kits (SAKs) within 96 hours of a medical forensic exam for a reported sexual assault. Additionally, the SAK must be submitted to the GBI Crime Lab within 30 days of collection, when the sexual assault has been reported to law enforcement.

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

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

- Law enforcement shall access SAKTS to acknowledge receipt of all sexual assault kits and to provide notification to the GBI crime lab in the tracking system of any reported case when their agency submits the physical kit for forensic analysis. Law enforcement shall also utilize SAKTS to indicate the receipt and retention of any non-reported case that is being held onsite at their agency.
- Sexual assault kits associated with sexual assaults that have not been reported to law enforcement should not be submitted to the GBI Crime Lab. The DNA profiles created by analysis of these kits are not eligible for upload in the Combined DNA Index System (CODIS). Only DNA profiles that are associated with a reported crime are eligible for upload into CODIS, per National DNA Index System Operational Procedures. Pursuant to O.C.G.A. § 17-5-71, SAKs associated with non-reported sexual assaults should be maintained for a minimum period of 12 months. When a non-reported or non-investigative SAK is converted to a reported or investigative SAK because the victim reported the sexual assault to law enforcement, the SAK should be submitted to the GBI Crime Lab, as any profile developed could be considered eligible for upload into CODIS.

BEST PRACTICES FOR LAW ENFORCEMENT

The primary responsibility of law enforcement in the investigation of a sexual assault is to protect the immediate safety and well-being of the victim and the community. An assessment of victim safety is essential at the first report of a crime. The secondary responsibility of the investigative role is to ascertain if the report of a sexual assault meets the elements of a crime under Georgia law. To accomplish this purpose, investigating officers must understand the laws of our state. Also, it is important that law enforcement understand the concept of a victim-centered, trauma-informed, and offender-focused approach to the investigation of a sexual assault.

VICTIM-CENTERED APPROACH FOR LAW ENFORCEMENT

Experts agree, and research supports that a *victim-centered approach* to sexual assault investigations can benefit the outcome of an investigation. A victim-centered approach maintains that an investigator treats victims compassionately and is conscious of his or her personal bias. Research suggests that offenders often choose their victims based on access, vulnerability, and/or perceived lack of credibility. In a victim-centered investigation, law enforcement is knowledgeable about offender dynamics and common misconceptions that may diminish victim credibility. Additionally, secondary victimization affects sexual assault case attrition. *Secondary victimization* is defined as behaviors and attitudes that are "victim-blaming," insensitive, and traumatize victims of violence. In victim-centered investigations, law enforcement is conscious of the negative effects that secondary victimization will have on the ultimate outcome of their investigation and their ability to hold offenders accountable.

TRAUMA INFORMED RESPONSE FOR LAW ENFORCEMENT

Understanding the science behind victim behavior is paramount in the victim-centered approach to sexual assault investigations. Behaviors exhibited by sexual assault victims are frequently misinterpreted as signs of a false report or are viewed as a weakness in a case. Often, these counter-intuitive behaviors are actually signs of trauma. Neurobiological changes caused by the attack can lead to "flat affect" or cavalier behavior. Often, neither the victim nor the investigating officers understand why this behavior is occurring. Memory recall may be difficult. Tonic immobility (the "freeze response") caused by these same changes in brain chemistry is associated with a higher incidence of self-blame and a decreased likelihood of the victim proceeding through the criminal justice process.¹¹ On a case-by-case basis, sexual assault investigators should consider a delay in interviewing a victim, similar to common law enforcement policy regarding interviewing a colleague after a trauma inducing officer involved shooting.

INVESTIGATION- INITIAL RESPONSE

The responding officer in a sexual assault plays a vital role in the outcome of the investigation. The responding officer has the ability to 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 the 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. From an investigative perspective, responding officers assist an investigation tremendously by utilizing a well thought out investigative strategy and prioritizing certain types of evidence based on the victim's preliminary statements.

Police Body-Worn Camera Considerations

The use of body-worn cameras by law enforcement agencies has increased significantly in recent years. These devices allow often rapidly evolving situations with the public to be recorded and stored for a certain amount of time. They are sometimes used as evidence during criminal proceedings. There is not currently a consensus regarding policy procedure or program directives for the use of body-worn cameras, as multidisciplinary research continues in how to develop a universally effective policy with respective protection of privacy. However, multidisciplinary forums studying the vast and diverse considerations have agreed the use of body-worn cameras should only be implemented “..with due consideration specific to the complexities of responding to victims of sexual assault/abuse, dating violence, stalking, and domestic violence.” National forums representative of allied and multidisciplinary professionals further state, “The development of local and state policies and practices are best achieved in collaboration with broad community and criminal justice partners.”¹⁴

Video recordings can be an effective way to collect information, reduce documentation, observe interactions, foster community trust, and decrease the need for multiple interviews. But as the use of body-worn cameras becomes more common, there is also understandable concern about the privacy of individuals - particularly victims and witnesses - that are captured during police interactions.

LAW ENFORCEMENT CONSIDERATIONS

Law enforcement agencies are strongly encouraged to develop internal policies and procedures for the use of body-worn cameras when responding to cases that involve sexual assault that are sensitive to the privacy needs of the victim and consistent with a trauma informed approach. A victim who has experienced sexual assault may be unaware that they are being recorded when recounting their experience to law enforcement officials. Officers should inform victims when they are being recorded as well as explain the purpose of the recording and by whom the video could be seen. Once informed, the victim may not wish to be recorded. Police agencies should consider that continued recording against a victim’s wishes may affect their proclivity to speak with police and may in some cases add to the trauma they have experienced. It is best to allow the victim to make an informed choice whether to continue with the interview if the filming cannot be paused.

Agencies should prioritize victim safety. It is possible that information captured in recordings may be obtained by an offender or their counsel. In these instances, discussion or guidance meant to protect a victim could potentially endanger them instead. Conversations that involve any discussion of where a victim can go, who they will stay with, who they will speak with, or where/how to obtain services should not be recorded.

The use of body-worn cameras by law enforcement is discouraged in patient-care areas of healthcare facilities or forensic medical providers such as sexual assault centers or children’s advocacy centers, unless responding to a 911 emergency at the facility. Use in medical settings increases the potential for violation of all patients’ Health Insurance Portability and Accountability Act (HIPAA) privacy rights.

Two state laws regarding the use of law enforcement body cameras are found below: SB 94 (2015) established standards for the release of body camera data for public record requests. The law excludes body camera recordings from public records when they are taken in a place where there is a reasonable expectation of privacy and no criminal investigation is pending. The law creates exceptions for a subject of the video, a parent of a minor in the video and persons party to a criminal or civil action relevant to the video. The code also provides an exception to the states eavesdropping law, enabling law enforcement officers to make recordings as they perform their official duties. HB 976 (2016) requires video to be retained for 180 days generally. It must be retained for 30 months if the recording is part of a criminal investigation, shows an accident, shows detainment, depicts an arrest, or use of force, or is reasonably necessary for pending litigation. Governing bodies have no duty to redact the video. Imposes an additional \$10 fee for creating recordings.

Prosecutor -District Attorney’s Office:

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

- To be treated fairly and with dignity by all criminal justice agencies involved in the case
- To proceedings free from unreasonable delay
- To reasonable, accurate and timely notice of an court proceeding where the release of the accused will be considered
- To reasonable, accurate and timely notice of court proceedings or any changes to such proceedings, including restitution hearings.
- To reasonable, accurate and timely notice of the accused release and/or monitoring program
- To be present at all criminal proceedings in which the accused has a right to be present
- To NOT be excluded from any scheduled court proceedings, except as provided in O.C.G.A. § 17-17-1 or otherwise provided by law
- To a waiting area, during judicial proceedings, that is separate from the accused and his or her relatives, friends and witnesses
- To be reasonably heard at any scheduled court proceedings involving the release, plea or sentencing of the accused.
- To complete a Victim Impact Statement and have it presented to the court prior to the trial or plea of the accused (O.C.G.A. § 17-10-11)
- To refuse to submit to an interview by the accused, accused’s attorney or agent of the accused.
- To a requirement by the court that defense counsel not disclose victim information to the accused (O.C.G.A. § 17-17-10)

If a victim attends any court proceeding, a victim advocate from The Lily Pad SANE Center, Inc. will accompany the victim upon request.

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

Sexual Assault Nurse Examiners:

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

Medical forensic examinations shall be performed at the Lily Pad SANE Center, Inc. Medical forensic exams should be made available if patient chooses to report, chooses not to report or chooses to report anonymously.

Medical forensic examinations shall be performed by a Sexual Assault Nurse Examiner (“SANE”), physician nurse practitioner or physician’s assistant (“PA”) trained in performing such exams.

Medical forensic responsibilities include:

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

Biologic evidence collection:

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

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

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

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

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

All biologic evidence collected at the request of a patient who chooses not to initiate and participate in and/or cooperate with a law enforcement investigation shall be afforded a free forensic medical exam and per House Bill 282 any evidence collected shall remain in locked storage at the Lily Pad SANE Center. Should the patient decide to further an investigation, law enforcement will be contacted to collect evidence and maintain proper chain of custody. Law Enforcement officials shall take possession of such evidence no later than 96 hours of being notified. It shall be the duty of every law enforcement officer who takes possession of the evidence to ensure that it is submitted to the division within 30 days of it being collected.

Requests for medical forensic examination:

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

Medical forensic examinations may be requested by contacting the Crisis Hotline 24 hours a day 7 days a week at 229-435-0074.

Costs of the medical forensic examinations:

The cost of examinations shall be paid pursuant to O.C.G.A. § 16-6-1(c), O.C.G.A. § 17-5-72. Patients shall not be responsible for the payment of medical forensic examination costs.

Conduct of the medical forensic examination:

- A SANE, physician, nurse practitioner or PA will perform the examination and assessment.
- Medical forensic examinations and biologic evidence collection should be completed as quickly as possible after a report is received.

- Medical forensic examinations and biologic evidence collection shall be conducted in accordance with Georgia Bureau of Investigation (GBI) procedures using a GBI Sexual Assault Evidence Kit. It is also recommended that medical forensic exams be conducted in accordance with the *National Protocol for Sexual Assault Medical Forensic Examinations*
- A trained victim advocate will be available to accompany the patient and offer emotional support during the examination. The advocate will at no time ask the patient questions related to the details of the assault.
- The SANE, physician, nurse practitioner or PA will complete appropriate authorizations relating to the examination.
- The SANE, physician, nurse practitioner or PA will photograph and document injuries and prepare a report.
- The SANE, physician, nurse practitioner or PA will maintain and document the chain of custody of any evidence collected during the examination and assessment.
- The SANE, physician, nurse practitioner or PA will adhere to best practices as outlined in the *Georgia Sexual Assault Response Team Guide*.

Procedures for hospitals receiving walk in reports of sexual assault:

- Hospitals receiving patients reporting incidents of sexual assault shall immediately contact law enforcement in accordance with O.C.G.A. § 31-7-9 mandating all non-accidental injuries be reported.
- Patients will retain the right not to initiate, participate in, and/or cooperate with any law enforcement investigation of such assault.
- Hospital emergency department personnel shall timely notify The Lily Pad SANE Center of the incident including which law enforcement agency is responding.

Audiotaping or Videotaping the Forensic Medical Exam Interview

Forensic medical exams and medical history interviews should not be audio or videotaped. Interviews conducted by SANEs should be limited to medical history and sexual assault history pertinent to guiding the exam only. It is imperative that every SANE remains focused on their role as a medical professional, while also protecting the privacy and confidentiality of the patient in their care.

Clinical Role of the SANE

It is important that SANEs stay true to their clinical role focused on facilitating medical forensic exams. The SANE role is to provide care to the patient after a sexual assault using a "patient-centered and legally objective approach; integrating patient advocacy and observation" (FN Scope and Standards of Practice 2nd ed, 2017) during the medical forensic evaluation of the patient. SANEs are trained to perform medical forensic exams, not to conduct a forensic interview or stand in as a law enforcement officer. Blurring these lines violates HIPAA, puts a nurse at risk of losing their license, and compromises the SANE's ability to provide testimony based on the conversations conducted with the patient during the exam.

Standards of Practice

Medical professionals are required to make and keep records of their professional practice in accordance with the protocols and standards of their professional practice. It is currently not a standard of practice for audio and or video recording to take place during the medical-patient interaction nor is this practice recommended during the medical forensic examination. The Department of Justice – Office on Violence Against Women “A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents, 2nd Edition is a protocol endorsed by the International Association of Forensic Nurses and the Academy of Forensic Nurses.

HIPAA

Nurses, like all medical professionals, are subject to HIPAA. The medical forensic examination includes obtaining a medical history, and the patient may disclose personal or protected health information not pertinent to the evidentiary process at any point during the medical forensic examination. According to HIPAA, health information cannot be released to someone who is not a health care provider or other “covered entity” without written authorization from the patient to release the record. Additionally, the American Nurses Association (ANA) has standards of practice that state, “access to identifiable and confidential information... [it] must be protected and access to it controlled.”

Crawford V. Washington

As documented in case law, nurses that execute traditional law enforcement activities may forfeit the right to provide testimony on the information a patient discussed during the forensic exam.

“For health-care providers, Crawford and its progeny do not change the priorities of the medical-forensic examination, which should continue to hold the health and well-being of patients of primary importance. The problem arises when clinicians are perceived to be investigators rather than health-care providers. Even in cases in which a victim is cooperating in the prosecution of the perpetrator, statements made to the examiner for the purpose of medical diagnosis and treatment may still be excluded as hearsay if it is established that the examiner is acting as an arm of law enforcement rather than acting primarily as a medical treatment provider.”

Nursing Ethics

As part of obtaining and receiving their professional license, nurses are expected to adhere to a code of conduct that includes obligations to protect patient confidentiality.

The American Nurses Association (ANA) Code of Ethics states, “Nurses safeguard the right to privacy for individuals, families, and communities. The nurse advocates for an environment that provides sufficient physical privacy, including privacy for discussions of a personal nature.

Confidentiality pertains to the nondisclosure of personal information that has been communicated within the nurse–patient relationship. Central to that relationship is an element of trust and an expectation that personal information will not be divulged without consent. The nurse has a duty to maintain confidentiality of all patient information, both personal and clinical in the work setting and off duty in all venues, including social media or any other means of communication.

Because of rapidly evolving communication technology and the porous nature of social media, nurses must maintain vigilance regarding postings, images, recordings, or commentary that intentionally or unintentionally breaches their obligation to maintain and protect patients’ rights to privacy and confidentiality. The patient’s well-being could be jeopardized, and the fundamental trust between patient and nurse could be damaged by unauthorized access to data or by the inappropriate or unwanted disclosure of identifiable information.”

Advocacy:

The role of the sexual assault victim advocate¹ is to provide services to the victims of sexual assault regardless of whether the victim chooses to participate in the criminal justice process. They play a very important role in providing a response that keeps the victim central in the process, allowing the investigation and prosecution to

be offender focused. Advocacy also has a critical role in promoting the healing process for the victim. Sexual assault victim advocates provide crisis intervention, support, family advocacy, information and referral and other ancillary services to assist the victim through the criminal justice process. The support provided by the sexual assault victim advocate also benefits the criminal justice process, because supported, well-informed victims are more likely to continue through the process. Advocates will operate under the guidelines established by The Georgia Crime Victim’s Bill of Rights (O.C.G.A. § 17-17-

1) and will adhere to best practices as outlined in the Georgia Sexual Assault Response Team Guide and the Georgia Sexual Assault Certification Standards.

Responsibilities of the sexual assault victim advocate include:

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

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

Responsibilities of the community based advocate include:

- Being available to victims 24 hours a day, 7 days a week via a 24-hour crisis line staffed by trained community advocates
- Providing services to victims that are culturally competent and sensitive to the unique barriers some victims encounter in reporting sexual assault crimes
- Providing options to victims so that they may make informed decisions
- Supporting victims who choose to report to law enforcement by providing a link to eliminate barriers effecting the victim's participation in the criminal justice process
- Maintaining victim confidentiality
- Offering services to non-reporting victims and assisting if and when the victim decides to report
- The Rape Crisis Volunteer/Advocate is responsible for staying with the victim from arrival through any follow up investigation conducted, if the victim desires such support.

Objectives:

1. To establish a Sexual Assault Response Team (SART) composed of a law enforcement official, Prosecutor, Sexual Assault Nurse Examiner (SANE), and a Victim Advocate.
2. To coordinate medical, legal, and advocacy responses
3. To ensure appropriate medical intervention
 - A. The Lily Pad SANE nurse will initially triage the victim for any physical trauma.
 - B. If medical treatment should be required prior to the forensic exam, The Lily Pad SANE will request the victim be transferred to the Emergency Center of choice, or if at EC, and victim has a life sustaining issue, that shall be resolved, then patient will be transported to The Lily Pad if stable, and has been dismissed.

4. To obtain legal evidence
 - A. The Lily Pad SANE will obtain the evidence through a medical assessment and a forensic exam.
 - B. The Lily Pad SANE will follow the guidelines of the sexual assault evidence collection kit.
 - C. The Lily Pad SANE will follow the chain of custody.
 - D. The Lily Pad SANE will work in conjunction with the legal authorities.

5. To provide emotional support to the victim
 - A. The Lily Pad SANE and Advocate will maintain the victim's confidentiality.
 - B. The Lily Pad SANE will ensure the Rape Crisis Volunteer/Advocate is present, if desired by the victim.
 - C. The Lily Pad SANE will encourage the appropriate family/significant other's participation in the victim's plan of care, if victim desires.

Agencies acknowledged in the Dougherty County Sexual Assault Response Task Force:

- The sexual assault center if one exists in such location;
- The county Division of Family and Children Services;
- The district attorney for the judicial circuit;
- The chief judge for the judicial circuit;
- The county mental health organization;
- The chief of police of a county in counties which have a county police department;
- The chief of police of the largest municipality in the county;
- The county public health department;
- The coroner or county medical examiner;
- The sheriff's office.

NOTE: The protocol committee may appoint such additional members as necessary and proper to accomplish the purposes of the protocol committee.

MEDIA

The current 24/7 media cycle, and accessibility to it, is a reality. Coverage in local, regional, and national media is important. News coverage across many different formats, including social media platforms, informs public understanding and keeps communities and leaders updated on important issues, risks, and prevention. It is essential for sexual assault protocol committees to acknowledge and share a clear understanding about the role of the media and how to cultivate an effective working relationship that has clearly defined and mutually respected parameters and boundaries in both awareness and case investigations involving sexual assault.

CONSIDERATIONS FOR VICTIM SERVICE PROVIDERS

Established and effective working relations with the media can tangibly increase an organization's credibility and recognition while promoting public outreach. When sexual assault victim services are successful in establishing a strong, mutually respected working relationship with the media, they are likely to further engage the media in prevention as well as to increase awareness about access to services and resources. This approach can also provide transparency in a community's sexual assault protocol and their criminal justice response to victims. The Victim Service Providers News Media Guide published a series of guidelines specific to victim service providers creating a media advocacy plan to develop, implement, evaluate and advance effective working relationships with media providers. Nuances and distinctive considerations for different types of victimization are clearly delineated.⁵

The Victim Service Providers News Media Guide states that such providers have a key role in educating media professionals about how their coverage of crime, victimization, and individual cases affect victims and survivors, as well as the organizations and agencies that serve them. They can publicly advocate for responsible, sensible media coverage of issues related to victimization and serve as sources for timely and accurate data about crime.

It is important to note that journalists are objective observers and reporters of current issues in society and not “advocates” for crime victims. Over the years, however, news professionals have been a driving force in publicizing vital information and trends about public safety.

The media may:

- Strongly influence public opinion about issues important to society
- Provide a real-time platform to publicize important information about crime, safety, and victimization
- Play a key role in identifying critical issues related to individual, community, and overall public safety
- Offer opportunities for crime victims and advocates to be both proactive and reactive sources on coverage of crime and victimization
- Help victims and survivors who choose to tell their stories to relate the events effectively, which can promote their recovery

THE MEDIA RESPONSE TO SEXUAL ASSAULT INVESTIGATIONS

There are many circumstances for which timely and sensitive media coverage of a victim’s case can be helpful – actually supportive to law enforcement efforts to identify and apprehend an assailant and provide public safety. Today’s use of social media supplements tradition print, and television media and is instantaneous and powerful. It must be noted however, that at times the media’s interest and timing does not necessarily coincide with the needs of law enforcement or the victim’s quest for privacy. The media’s most fervent push for information may be immediately following an assault, or during the trial of the accused which can also represent the time when a victim or family member feels especially emotional, vulnerable, confused, or numb.

Today most local, regional, or national media networks make a valiant effort to not identify a victim of sexual assault by name or photo, and most extend that constraint to other gender-based crimes such as stalking, domestic violence, etc. However, a victim’s identity may still be revealed when a photograph of their home, neighborhood, or school is publicly displayed. It is not uncommon that a victim may feel their privacy has been violated, not understanding that immense information is available in the public domain. Providing a victim/ family with information about how the media may report information may help to alleviate anxiety and avoid surprise by media coverage.

It is important for Advocates to support, guide, and caution a victim/family from providing interviews with the media, especially in the immediate aftermath of a sexual assault or while the investigation is open and active. Statements made can be edited, misinterpreted, or taken out of context and have unsuspecting consequences that could potentially affect the investigation or influence future prosecution efforts. A desire to speak out is understandable and important, but adequate preparation is essential for a survivor determining whether to speak with the media.

Sexual Assault Center Advocates may consider sharing resources that will support victims and families in consideration of media engagement, such as the *Counter Quo Survivor Media Guide* at <https://www.victimrights.org/sites/default/files/CQ%20Survivor%20Media%20Guide.pdf>

and additional media resources found at the Victim Rights Law Center at <http://www.victimrights.org/>

VICTIMS USING SOCIAL MEDIA

Social media plays a very prominent role in how today’s headlines are shared and commented on publicly. However, a sexual assault victim posting a statement or narrative on social media may potentially hinder the criminal justice response in a case. Although the use of social media by an individual may feel as though one has greater control than in a formal

and traditional media interview – once personal information is posted on the internet it is forever in the public domain and may be used, accessed, edited, and shared by anyone and for disingenuous purposes as well.

A victim of sexual assault should refrain from making public comments or statements on personal social media platforms about any case that is currently part of an investigation or court proceeding. Comments and statements made about any individuals or events that may be subject of a criminal justice trial can be extremely problematic to seeking justice. Users of social media are not professional journalists and do not subscribe to professional standards or formal training guidelines. Opinion is the prevailing purpose of social media and is not held to fact-checking or accountability measures. As such, rhetoric can be abusive and compound trauma and anxiety for victims and families and result in unwanted threats or bullying commentary.

Although there can be an unintended negative experience from a survivor's use of the internet and social media, it can at times prove a positive outlet for some individuals. Recent years reflect an increase in crime victim's use of social media to increase public awareness and spotlight injustices. Some family members rely on social media to keep the public awareness and focus on missing persons, and unsolved crimes. The common tools of social media include platforms such as Twitter, Facebook, Instagram, blogs, designated websites, and more recently use of podcasts cover a greater array of stories and investigations. It is important to understand the role of the media working with local community-based victim service organizations, law enforcement, and victims and families. Likewise, it is beneficial to invest time and communication to help educate the media on sexual assault victimization. It is helpful to develop and cultivate working relationships in advance of special events, awareness campaigns, or in response to emergent case situations. The media can be an important collaborative partner to the community and public health and safety.

DNA IN SEXUAL ASSAULT CASES

Deoxyribonucleic acid (DNA) is essentially a genetic blueprint of an individual. It is the patterned chemical structure of genetic information that is unique to only one person (with the exception of identical twins). DNA remains relatively the same throughout an individual's lifetime because it does not mutate or change. DNA analysis associated with a criminal investigation can either eliminate an individual from, or link an individual to, a crime/scene. Serial offenders are discovered when DNA analyzed from different crime scenes link to the same DNA profile.

Frequently Asked Questions

Where is DNA typically found in sexual assault cases?

DNA can be found on the victim's body, as well as at the crime scene. A victim should have a forensic medical examination (FME) conducted by a medical professional, preferably a sexual assault nurse examiner (SANE), as soon as possible after the assault. Vaginal and/or seminal fluids, blood, hairs, saliva, fibers, or other evidence transferred from the suspect to the victim will be carefully collected, packaged and preserved during the exam so that it can later be tested in a laboratory setting. (For more detailed information on the exam and collection of evidence from a victim, see the section in this guide on "Roles and Responsibilities of the Health Care Provider.")

What types of items can be tested for DNA?

Items at the crime scene that may contain DNA (including touch DNA, such as skin cells) include: clothing, bed sheets, comforters/blankets, feminine hygiene products, condoms/wrappers, drink containers, cell phones, toothbrushes, weapons, and cigarettes/vaping devices.

What should Law Enforcement be aware of when collecting evidence?

Careful attention should be paid to avoid any contamination of potential evidence. Contamination is the introduction of foreign DNA to a sample. A sample could refer to a reference standard being analyzed in a laboratory, or the victim, or it could also mean an object collected at a crime scene potentially containing DNA. Contamination can occur from any person who is exposed to the sample, including the individual who retrieves or collects the item(s). Cross-

contamination can happen when DNA is unintentionally transferred from one sample and inadvertently mixed-in with another sample.

To minimize the risk of contamination, those collecting evidence should:

- Wear gloves
- Not touch their face or eyes while wearing gloves
- Change gloves often and correctly, by rolling them down into themselves from the wrist
- Use a brand-new latent fingerprint kit (with new brush and powder) at each scene
- Wear a protective mask and do not speak while examining or collecting items
- Package each item individually

Additionally, there should always be a focus on establishing and maintaining a tightly controlled and well documented chain of custody. Quality control pertaining to evidence, and all components in the chain of custody, will be evaluated, scrutinized, and challenged as an investigation moves through the criminal justice system.

ADDITIONAL RESOURCES:

The area of DNA testing comprises a substantial amount of information and is constantly progressing. Therefore, it is recommended that law enforcement check with GBI Crime Lab personnel during a sexual assault investigation to determine all items that can be tested. In some cases, specific testing that is needed may have to be sent to another law enforcement agency for analysis.

Reporting Victim Sexual Assault Protocol

- This protocol is in effect as of January 1, 2024. This protocol will be updated as needed based on changes in statutes and best practices.
- This protocol is implementing several Georgia State Statutes. The Official Code of Georgia (O.C.G.A. § 17-5-72) states that: A victim shall have the right to have a free forensic medical examination regardless of whether the victim participates in the criminal justice system or cooperates with law enforcement in pursuing prosecution of the underlying crime.
- The sexual assault forensic examiner is required by law to initiate a report to law enforcement and/or Department of Family and Children Services (DFCS) when the alleged sexual assault victim is 17 years of age or less.

Procedure:

1. Sexual assault victim (patient), family, or friend contacts the sexual assault center, hospital, or law enforcement to report a sexual assault.
2. Victim (patient) is provided a sexual assault victim advocate from the local sexual assault center for support.
3. Victim (patient) wants to report sexual assault to law enforcement and desires to have a sexual assault forensic medical examination completed.
4. Sexual assault center or hospital contacts the sexual assault forensic examiner or other appropriate medical staff (Physician, Physician's Assistant, or Nurse Practitioner) to conduct the sexual assault forensic medical exam. (It is highly recommended and best practice that the medical staff performing the sexual assault forensic medical exam is a trained as a SANE in doing these specific exams.)

5. The national guideline from the International Association of Forensic Nurses (IAFN) recommends collection of forensic evidence within 120 hours/5 days. This time frame may be longer depending on the circumstances of the crime. (Defer to the SANE or E.D. of the local Rape Crisis Center)
6. The sexual assault forensic examiner will conduct an exam to include the completion of a Sexual Assault Forensic Medical Evidence Collection Kit, photographic documentation of any physical findings, and completion of a forensic medical record. (*The victim/patient can refuse at any point prior to or during any portion of the exam.*)
7. A victim (patient) “shall not be required to pay, directly or indirectly, for the cost of a forensic medical examination. The cost of a forensic medical examination shall be paid for by the Criminal Justice Coordinating Council, Crime Victims Compensation program”. (O.C.G.A. 17-5-72)
<https://cjcc.georgia.gov/victims-compensation>
8. The Sexual Assault Forensic Examiner shall maintain chain of custody of all forensic evidence until all evidence is turned over to the receiving law enforcement agency, unless other arrangements are made based on a community’s protocol or procedure.
9. A victim (patient) choosing to report to law enforcement has the right to have evidence collected by law enforcement in a timely manner.
10. Once the victim (patient) request that law enforcement officials be notified, the forensic medical examiner or her/his designee shall notify the appropriate law enforcement agency that evidence has been collected.
11. Law enforcement must take possession of the evidence no later than 96 hours after being notified.
12. Within 30 days of taking possession of the evidence, the law enforcement agency must submit to the Georgia Bureau of Investigation.
13. Law enforcement is responsible for the retrieval and storage of forensic evidence, for not less than 12 months from the date of the forensic medical examination, unless other arrangements are made based on a community’s protocol and procedure.

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

- Preservation of evidence

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

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

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

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

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

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

Non- Reporting Victim Sexual Assault Protocol

Statements:

This protocol is in effect as of December 21, 2021. This protocol will be updated as needed based on changes in statutes and best practices.

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

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

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

Procedure:

1. Sexual assault victim/patient, family, or friend contacts the sexual assault center, hospital, or law enforcement to report a sexual assault.
2. Victim/patient is provided a sexual assault victim advocate from the local sexual assault center for support.
3. Victim/patient does not want to report sexual assault to law enforcement but desires to have a sexual assault forensic medical examination completed.
4. Sexual assault center or hospital contacts the sexual assault forensic examiner or other appropriate medical staff (physician, Physician’s Assistant, Nurse Practitioner) to conduct the sexual assault forensic medical exam. It is highly recommended and best practice that the medical staff performing the sexual assault forensic medical exam is a trained as a SANE in doing these specific exams.
5. The National guideline from the International Association of Forensic Nurses (IAFN) recommends collection of forensic evidence within 120 hours/5 days. This time frame may be longer depending on the circumstances of the crime.

6. The sexual assault forensic examiner will conduct an exam to include the completion of a Sexual Assault Medical Evidence Collection Kit (Rape Kit), photographic documentation of any physical findings, and completion of a forensic medical record. (The victim/patient can refuse at any point prior to or during the exam, any portion of the exam).
7. A victim/patient “shall not be required to pay, directly or indirectly, for the cost of a forensic medical examination. The cost of a forensic medical examination shall be paid for by the Criminal Justice Coordinating Council, Crime Victims’ Compensation program.” (O.C.G.A. 17-5-72)
<https://cjcc.georgia.gov/victims-compensation>
8. The Sexual Assault Forensic Examiner shall maintain chain of custody of all forensic evidence until all evidence is turned over to the receiving law enforcement agency (unless other arrangements are made based on a community’s protocols or procedures).
9. Law enforcement is responsible for the retrieval and storage of forensic evidence, for not less than 12 months from the date of the forensic medical examination (unless other arrangements are made based on a community’s protocols or procedures).

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

10. A Non-Reporting Consent form must be signed by the victim/patient stating that the forensic medical records, clothing, and forensic evidence will be turned over to the appropriate law enforcement and held for 12 months. (unless other arrangements were made)
11. The sexual assault forensic examiner provides the following information to the non-reporting victim/patient that includes:
 - A. “The person performing a forensic medical examination, or her or his designee, shall provide the victim with a written summary of all rights that are guaranteed to him or her under the Crime Victims’ Bill of Rights”, as provided by the Criminal Justice Coordinating Council. O.C.G.A 35-1-2, O.C.G.A 17-17-1-17-17-16
 - B. The Case Record Number
 - C. Date and Time of the Forensic Medical Examination
 - D. The Law Enforcement Agency who will be receiving the forensic evidence collected for storage purposes (unless other arrangements were made)
 - E. The name and location of the center/facility where the medical forensic examination was conducted
12. The victim/patient is made aware at the time of the exam that the evidence will remain in the storage until either the victim/patient wants to proceed with the case, or 12 months has expired and the evidence may be destroyed. The evidence /kit shall not be sent to the state crime lab without the victim’s consent and their prior approval.
13. If a victim/patient decides that she/he would like to report the crime to law enforcement and have their kit sent to the state crime lab, the victim/patient must notify the sexual assault center or law enforcement agency that is storing the kit that she/he would like to report the crime to the law enforcement and have their evidence including the sexual assault forensic evidence collection kit sent to the state crime lab.

CONFIDENTIALITY

Absent a court order, patients' medical records are confidential. It is important that patients/victims understand the scope and limits of confidentiality of these records.

1. If the assault is reported to law enforcement, health care providers provide to the criminal justice system information collected during the examination that is related to forensic evidence.
2. If the victim chooses to get an exam, but not make a police report, the evidence collection kit is held in a secure setting for the period of one year. Patients' identity should not be revealed to law enforcement. Patients will need to make an official report by the end of the designated period of time or the evidence and information will be destroyed via the Dougherty County Drug Unit's evidence collection destroy policy.
3. Information that patients share with law enforcement representatives, prosecutors, justice system based advocates, and adult/child protective services becomes part of the criminal justice record. This record is available to investigators and prosecutors handling the patient's case. It also may have to be provided to the defense pursuant to the government's discovery obligations (although prosecutors may request the court to shield certain information from the defense, such as history of prior pregnancies, abortions, and STIs).
4. Patients may at some point wish to view or obtain applicable medical records and/or law enforcement reports. They should have access to such documentation, and exam site and jurisdictional procedures for accessing this data should be conveyed to patients. Patients will be given the opportunity to review records on site at the Lily Pad SANE Center and/or investigating police agency.
5. Military members can confidentially report being sexually assaulted to specified officials within the military and therefore can be eligible to receive medical care, counseling, and victim advocacy services without requiring command notification or triggering the investigatory process.
6. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule and its implementing regulations (found at 45 CFR Part 160 and Subparts A and E of Part 164), established national standards for the protection of certain individually identifiable health information created or held by health plans, certain health care providers, and health clearinghouses. With respect to disclosures to victim advocacy organizations, the HIPAA Privacy Rule permits hospitals and other health care providers to alert a victim advocacy organization to the presence of a victim of sexual assault at the hospital without giving any identifying information about the victim. Further, once the advocate is at the hospital, if the victim is informed in advance and agrees or does not object, or the hospital reasonably infers from the circumstances, based on professional judgment, that the victim does not object, then the Privacy Rule permits hospital staff to introduce the advocate to the victim and share information pertinent to the advocate's involvement in the victim's care. For more information about the HIPAA Privacy Rule generally, including the conditions under which other disclosures are permitted, visit the Department of Health and Human Services Office for Civil Rights (OCR) Web Site at <http://www.hhs.gov/ocr/privacy/> for an array of helpful guidance documents and Frequently Asked Questions.
7. HIPAA is not the only federal law that governs victims' privacy rights. Agencies that receive funding under the Violence Against Women Act (VAWA) must also comply with VAWA's confidentiality provisions. The Lily Pad SANE Center requires that a victim's personally identifying information may not be released without a victim's written, time-limited, informed consent or a court or statutory

mandate. Special precautions must be taken in these situations to preserve confidentiality. Every effort should be made to avoid conflicts of interest (e.g., the investigator is the cousin of the suspect or the health care provider, or the advocate or interpreter is an acquaintance of the patient).

Adult Protocol

SENSITIVITY TO VICTIMS' NEEDS

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

THE ELDERLY VICTIM

The individual of the sixty-plus generation came from a time when you didn't lock your doors, you answered a call for help, and "bad things" never happened to good people. Sex was (is) rarely discussed openly. Many people do not report rape because of shame, humiliation, and fear of their children's reaction to the assault. They feel their children will interpret the sexual assault as not being able to "take care of themselves." Their independence is about all they have. To be forced to leave their home is far more terrifying than to wait for the rapist to return. All dealing with this group must realize the elderly will talk waist up, never below. They will say they were beaten or robbed, never raped. These people are in shock. Medical staff must make themselves aware of the victim's age, so that every possible consideration is given for a speedy professional exam. These elderly people are embarrassed; try to make them less so. As with most other victims, the elderly victim experiences extreme humiliation, shock, disbelief, and denial. However, the full emotional impact of the assault may not be felt until after initial contact with physicians, police, legal, and advocacy groups, or later, when the victim is alone. It is at this time that older victims must deal with having been violated and possibly diseased, and they become aware of their physical vulnerability, reduced resilience, and mortality. Fear, anger, or

depression can be especially severe in older victims, who many times are isolated, have no confidence and live on meager incomes. In general, the elderly are physically more fragile than the young, and injuries from an assault are more likely to be life threatening. In addition to possible pelvic injury and sexually transmitted diseases, the older victim may be more at risk for other tissue or skeletal damage and exacerbation of existing illnesses and vulnerabilities. The recovery process for elderly victims also tends to be lengthier than for younger victims. Hearing impairment and other physical conditions attendant to advancing age, coupled with the initial reaction to the crime, often render the elderly victim unable to make his or her needs known, which may result in prolonged or inappropriate treatment. It also is not unusual for responders to mistake this confusion and distress for senility. Medical and social follow-up services must be made easily accessible to older victims, or they may not be willing or able to seek or receive assistance. Without encouragement and assistance in locating services, many older victims may be reluctant to proceed with the prosecution of their offenders.

THE DISABLED VICTIM

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

THE MALE VICTIM

It is believed that the number of adult male victims of sexual assault who report the crime or seek medical care or counseling represents only a very small percentage of those actually victimized. Although many adult males do not seek medical care unless they also have been seriously injured, male child victims are now being seen at exam sites increasing numbers in large measure as a direct result of public education and more stringent child abuse reporting laws throughout the nation. There has been significant progress in educating the public toward understanding the concept of sexual assault of both sexes as being an act of violence; however, there still remains a great reluctance on the part of most male victims to report a sexual assault. Present societal and cultural values can make the trauma of the reporting experience by the male victim much harsher than that of the female victim. The male victim may have serious problems concerning his inability to resist the assault or confusion about the nature of his role as victim/participant because of a possible involuntary physiological response to the assault, such as stimulation to ejaculation. It is just as important for males as it is for females to

be reassured that they were victims of a violent crime which was not their fault, and that other sexually assaulted males survive to function normally in every way. Clinicians should also be prepared for AIDS related questions being posed by the victim. Address this issue and suggest follow-up counseling. Referral to available therapists or advocacy groups with expertise in the area of sexual assault of males is vital to assist in the recovery process.

THE LESBIAN/GAY/BISEXUAL/TRANSGENDER/QUEER/QUESTIONING/INTERSEX/ASEXUAL /AGENDER (LGBTQIA)+ VICTIM

Criminal justice and healthcare professionals should consider their own biases when working with victims who have different lifestyles than their own. There are a few things that should be considered to ensure that all individuals are treated with dignity and respect. Victims in same sex relationships may be concerned that they will not be taken seriously or that an assault may be viewed as consensual if the assault occurred between two males or two females. Many LGBTQIA+ individuals may lack support from family or friends and may fear being publicly “outed” during a criminal investigation, so criminal justice professionals should prepare the victim for what the investigative process will entail. In order to build rapport, criminal justice and healthcare professionals should consider using gender inclusive terms, non-generalized questioning, and gender inclusive intake paperwork. It is also important to ensure that any referrals made are LGBTQIA+ safe and that referring agencies are cognizant of inclusivity.

HUMAN TRAFFICKING

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

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

Attorney General’s Office Human Trafficking Special Prosecutor

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

FAITH CONSIDERATIONS

Sexual assault can affect survivors on a spiritual level as well as physically and psychologically. Faith is a significant source of comfort and support for some individuals, especially during a time of crisis. They may have an established, trusted relationship with a spiritual advisor that allows them to share information they would not disclose to others. Religious traditions and spiritual beliefs can also provide important avenues for empowerment and healing after a crisis, enabling faith communities to be powerful partners in the

response to sexual violence. A survivor's experience with cultural or religious norms may affect how they interact with authority figures. Some victims may feel more comfortable sharing information with a female, and in certain cultures, it may be unacceptable for individuals to be alone with members of the opposite gender.

INMATE VICTIM

Overview of the Prison Rape Elimination Act – (PREA)

PREA – the Prison Rape Elimination Act (PL 108-79)13 was signed into law September 2003 to address the problem of sexual assault of people in the custody of U.S.

Correctional agencies. Major provisions of the act include: Development of standards for detection, prevention, reduction and punishment of prison rape Collection and dissemination of information on the incidence of prison rape Award of grant funds to help state and local governments implement the purposes of the Act. The Act applies to all correctional and detention facilities, including prisons, jails, juvenile facilities, military and Indian country facilities and Immigration and Customs Enforcement (ICE) facilities.

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

INMATE VICTIM PROCEDURE

Law Enforcement

1. The Initial report is made via inmate, 3rd party, staff member or hotline – the report can be verbal or written.
2. The Security Director or designee takes the report, gathers additional information and contacts the PREA Director.
3. Law enforcement official will Determine and secure the crime scene.
4. If it is determined that a forensic sexual assault exam is needed, the Lily Pad SANE nurse will be notified by Law Enforcement, Central Communications, or the answering service. Law enforcement will arrange transportation to the Lily Pad SANE Center for SANE exam or Phoebe Putney Memorial Hospital for medical treatment if appropriate.

SANE

The Lily Pad SANE nurse will provide the forensic medical exam as outlined in SANE protocol. The SANE will communicate with local Law Enforcement to provide patient centered, trauma informed, care while ensuring safety requirements are met.

INITIAL LAW ENFORCEMENT RESPONSE

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

the victim to a designated facility for examination and treatment. The responding officer should convey the following information to the sexual assault victim:

1. If there is a life-threatening medical emergency, victim should be taken to a hospital emergency room per police department protocols already established. (Emergency medical staff is not responsible for forensic sexual assault exam, merely urgent care/stabilization). Please call the SANE and Rape Crisis representatives as soon as possible.
2. The importance of preserving potentially valuable physical evidence prior to the hospital examination. The officer should explain to the victim that such evidence can inadvertently be destroyed by activities such as washing/showering, brushing teeth/using a mouthwash, and douching.
3. The importance of preserving potentially valuable evidence which may be present on clothing worn during the assault as well as on bedding or other materials involved at the crime scene. The officer should recommend that a change of clothes be brought along to the exam site in the event clothing is collected for evidentiary purposes.
4. The need for identification of any corroborative evidence which may exist such as clothing the defendant wore, unusual marks or scars, etc. Although intimate details of the sexual assault itself are not needed at this point in the investigation, a preliminary interview with the victim is necessary so that the responding officer can relay information that may be vital to the apprehension of the assailant. The preliminary interview should include the following questions:
 - A. The extent of injuries, if any, to the victim
 - B. A brief description of what happened
 - C. Where the assault took place
 - D. The identity or description of the assailants, if known
 - E. Where the assailant(s) lives and/or works, if known
 - F. The direction in which the assailant(s) left and by what means
 - G. Whether or not a weapon was involved
5. At the forensic medical exam site, the responding officer should provide the sexual assault examiner with any available information about the assault, which may assist in the examination and evidence collection procedures.

EXAMINATION PLAN

TREATMENT FOR MEDICAL INJURIES CAUSED BY SEXUAL ASSAULT

As sexual assaults are reported, each complaint must be investigated in a consistent manner in order to provide effectively for the well-being and safety of the victim. Each victim presenting to the hospital will be triaged as any other patient. If the client is determined emergent, treatment should be rendered immediately in the emergency setting to be followed by the forensic exam in an area convenient to the client's medical status. If the triage category is non-urgent (delayed > 4 hrs), or the client does not need emergency medical treatment, the client will be transported to the Lily Pad SANE Center then the forensic nurse examiner will complete a forensic medical exam. If the patient reports that they were strangled and experienced a loss of consciousness they should be evaluated in the nearest emergency center prior to transportation to the Lily Pad SANE Center.

FACILITY

It is advantageous for all victims of sexual assault to seek evidence collection in a rape crisis center. The atmosphere of the Lily Pad SANE Center, Inc. gives the victim a sense of security and stability.

***As of July 1, 2011 – Crimes Victims Services (part of Governor’s Grant) states:**

No victim will incur any costs of exams and medical treatment. All bills are sent to and processed by Crime Victims Services

VICTIMS' COMPENSATION FUND

For other medical costs associated with the assault such as the pregnancy test, test for HIV, the morning- after pill, and treatment for any injuries, reimbursement can be claimed through the Victims' Compensation Fund, and payment will be made directly to the hospital or other medical provider, including Sexual Assault Nurse Examiner (SANE).

Failure to prosecute will not prevent payment being made for costs associated with a sexual assault. The Victims' Compensation Fund is available to any victim regardless of the age of the perpetrator or the age of the victim. Law enforcement and court personnel are required by law (O.C.G.A. § 17-17-6) to notify victims of the availability of the Victims' Compensation Fund. However, the fund may not be widely known in areas not served by a victim advocate, so many sexual assault victims are never told how to access this resource. The difficulties faced by a traumatized, transient, or illiterate victim often preclude the victim from using this much needed resource. S.A.N.E., law enforcement, victim advocates, and prosecuting attorneys' offices should inform victims at sexual assault that they are eligible to receive up to \$ 10,000 for costs associated with the crime. Victim Witness Assistance program staff and staff of rape crisis centers are available to assist victims in the preparation and submission of these claims.

Note: A victim may report the crime to the police and may seek health care at any time after the crime.

REPORTING

REPORTING OF SEXUAL ASSAULT AND/OR SEXUAL ABUSE

O.C.G.A. § 31-7-9 Physicians and certain other persons employed by a medical facility are required to report to the administrator of the facility "non-accidental injuries." The administrator must then notify the local law enforcement agency. O.C.G.A. § 30-5-4 requires the reporting of the need for protective services for the elderly persons by certain categories of persons, such as physicians, nursing and social work personnel, and law enforcement. Adult Protective Services of the Department of Human Resources will then conduct an investigation of the case to determine which services are needed. Those reporting the suspected abuse are immune from civil or criminal liability.

O.C.G.A. § 31-8-80 requires the reporting by

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

ADULT VICTIM PROCEDURE:

1. The process is activated by the Law Enforcement officer after it is determined that a forensic medical exam is to be completed. The Lily Pad SANE nurse will be notified by Law Enforcement to request the exam. The SANE NURSE will then contact/arrange for an Advocate to arrive.

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

2. The police official will transport the patient to the Lily Pad SANE Center (320 W. 2nd Ave.) – unless life threatening medical emergencies are present. In this case, please proceed to the nearest emergency room.
3. The law enforcement officer may interview the adult patient while waiting for the Lily Pad SANE nurse and Advocate to respond.
4. The Lily Pad SANE nurse will get a brief report from law enforcement concerning the circumstances of the case.
5. The Lily Pad SANE nurse will introduce herself to the patient and family if present.
6. Consents and procedures will be explained by the Lily Pad SANE nurse and signed by the patient.
7. The Lily Pad SANE nurse will complete the forensic medical exam. The Advocate will be present if the patient requests. Law enforcement will not be present in the exam room.
8. If the patient presents to the Emergency Center (EC) the following should occur:
 - A. The patient will be assessed for the need of medical care and it will be rendered, if necessary.
 - B. The EC will notify law enforcement of the situation.
 - C. After law enforcement meets/interviews the patient and determines the need/desire of a forensic medical exam, law enforcement will contact the SANE. The SANE will arrange a time, and in turn advise the Advocate. Arrangements should be coordinated with law enforcement to transport the patient to the Lily Pad (320 W. 2nd Ave.)
 - D. Law enforcement may escort the patient to the Lily Pad SANE Center.
9. Upon the completion of the exam, the Lily Pad SANE nurse will provide Medical/medication needs and give instructions for follow-up with the patient's private physician, the Public Health Department or Lily Pad SANE Center Medical Provider if patient desires.

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

10. The patient is provided the opportunity to shower and/or change in clean clothing, which will be provided by the Lily Pad SANE Center, if they desire.
11. The Lily Pad SANE will complete their documentation, keeping ORIGINALS and providing a COPY to the investigating agency, (Law enforcement receives ORIGINAL chain of custody, nurse retains COPY) along with the evidence collection kit, clothing (if collected) and the photographs/CD-R (digital pictures).
12. The follow-up instructions will be reviewed with the patient prior to release. The patient will be released into a safe environment.

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

EXAM PROTOCOL

It shall be the policy of The Lily Pad SANE Center, Inc. to provide a consistent examination for the sexual assault patient by following an organized and formalized protocol. After appropriate treatment has been rendered for life-threatening injuries, the SANE will obtain a history, conduct a head-to-toe exam, perform a detailed anogenital exam, collect forensic specimens for evidentiary purposes where appropriate and provide treatment to the patient on an individualized care level appropriate for both the patient's developmental and cultural needs, within the mandatory reporting requirements of state law.

SEXUAL ASSAULT PROTOCOL:

The patient will be examined by a trained SANE (Sexual Assault Nurse Examiner). The patient may be assisted by a trained advocate if desired, who may accompany the patient into the exam room. Law enforcement will not be present in the exam room during the examination.

Obtaining a History

1. The entire assessment and examination procedure should be explained, allowing ample time for questions and answers.
 - a. All procedures and options should be carefully explained. If the patient declines any portion of the exam and/or evidence collection, review with patient positive and negative aspects of that decision so they may make an informed decision.
 - b. Assess the patient's ability to tolerate the examination physically and emotionally.
 - c. The patient should be assessed for any acute complaints that require immediate medical intervention and/or treatment. Intervention for acute life threatening or serious injuries should precede the forensic medical assessment.
 - d. Obtain the patient's consent and signature on the appropriate forms.
2. The history is obtained to assist in determining diagnosis and treatment and to guide the evidentiary aspects of the forensic medical exam.
 - a. Health history including but not limited to: medical history, surgical history, medication allergies, current medications, immunization status, risks from exposure (pregnancy, STI, HIV, etc) should be documented.
3. The history should be detailed enough to focus the examiner's effort on the area of injury, potential disease process or evidence.
4. Physical Examination and Evidence Collection
5. Once the evidence collection process is started, the SANE should maintain chain of possession until evidence has been securely packaged and given to law enforcement. Powder-free gloves should be worn and changed as necessary throughout the examination.
6. Each step of the examination and collection process should be explained to the patient prior to collection. The patient can stop the examination at any time.
7. The patient should remove the clothing worn at the time of the assault while standing over a drape. Clothing items should be placed individually into separate evidence bags. The patient should then be placed in a hospital gown.

- a. Clothing items should be dried prior to packaging. If drying is not possible notify law enforcement that the evidence collected is wet.
- b. The drape can be folded to contain any trace evidence and placed in an envelope.
- c. If patients do not have clean clothing with them to wear after the examination, clothing from the Lily Pad clothing closet should be provided to the patient.
- d. When applicable, sanitary napkins, panty liners and/or tampons should be air-dried, placed in a paper bag or envelope, sealed and labeled. Tampons that cannot be dried in a timely manner can be packaged in a urine specimen cup that has been vented (holes created in lid)
- e. Each bag/container should be labeled with the patient's name, date and time collected, description of article and collector's name/initials.

Head to Toe Assessment

8. A complete head to toe inspection must be done to assess for any signs of trauma and/or foreign material
 - a. All findings should be documented on the medical/forensic record
 - b. If further medical treatment is necessary, refer patient to the appropriate medical provider (Primary Care provider, Emergency Department, etc)

Collection Procedures

9. Trace evidence- place any extraneous hairs, fibers, plant material soil, glass, paint, etc. (when found on the patient or left behind on the examination table) in a bindle. Fold bindle to contain trace evidence, place bindle in envelope, seal and label. Note location(s) of recovery in documentation and on envelope.
10. Oral evidence collection (for oral penetration)- rub around gum line and buccal area with two cotton swabs held together. Dry swabs, place in envelope, seal and label. Patient should rinse mouth after this step and wait 15 minutes prior to buccal swabs for controls.
11. Anal contents (for anal penetration)-swab anus with two cotton swabs held together (may be dampened with sterile water or saline to minimize discomfort). Dry swabs, place in envelope, seal and label including identification of any liquid used to assist collection (i.e., Saline or water).
12. Detailed genital examination- with the patient in the appropriate position for developmental stage (lithotomy, supine knee-chest etc.), the SANE will examine the external genitalia visually using labial separation and traction and with colposcope, if available, to assess for signs for trauma or disease process. The internal structures will then be examined in the same manner if developmentally appropriate.
13. Use an appropriate size speculum, moisten minimal amount of lubricant (i.e., KY jelly), for estrogenized adolescents and adults. Sample vaginal vault with two cotton swabs held together. Dry swabs, place in envelope, seal and label. In the adolescent/adult sample cervical os and face of cervix with two cotton swabs held together. Dry all swabs, place in envelope, seal and label. For the male patient, swab the penile shaft and scrotum with two cotton swabs held together and moistened with sterile water or saline, avoiding the urethral opening. Dry swabs, place in envelope, seal and label.
14. Foreign stains on body- use two cotton swabs, held together, dampened with sterile water/saline to remove foreign stains deposited found on the patient's body. Dry swabs, place in envelope, seal and label including location.
15. Bite marks - swab inside and outside bite mark area, and photograph with digital camera.
16. Fingernail swabbing - if indicated use enclosed swabs to swab under each nail on both hands, place swabs in envelope provided. Seal envelope and complete label.

17. Buccal swabs (to obtain the patient's DNA sample)- rinse patient's mouth and allow nothing by mouth for 15 minutes prior to collecting sample. Hold two swabs together and swab both inner cheeks. Dry swabs, place in envelope, seal and label.
18. All evidentiary specimens collected are returned to the evidence kit, along with the designated copies of documentation and sealed with evidence tape. Enter kit tracking information into Sexual Assault Kit tracking system (SAKI). Sign the chain of custody and ensure law enforcement signs the chain of custody. Inform law enforcement of any needs regarding refrigeration. Release the evidence.

Drug Facilitated Sexual Assault (DFSA)

19. Collect specimens according to the following guidelines:
 - a. if the patient exhibits symptoms associated with possible 'date rape' drug ingestion
 - b. If ingestion was within 24 hours, collect both blood (gray top) and urine specimens (90cc) according to state protocol. Blood specimen should be refrigerated as soon as possible. Urine specimen should be frozen as soon as possible.
 - c. If ingestion was between 24 and 120 hours, collect only the urine specimen.
 - d. If ingestion was greater than 120 hours, collect NO specimen.
20. Complete a chain of custody form on each specimen and transfer to the appropriate law enforcement agency when transferring the kit.

Discharge

21. Patient Education

- a. The SANE is responsible for educating the patient on any medication prescribed or given during the visit including how and when it should be taken, the length of time it should be taken, possible side effects and how to manage them. See medication protocols for Lily Pad Medication Administration.
- b. The SANE is responsible for educating the patient on next steps regarding reporting and evidence collection follow-up where appropriate.

22. References

- a. The SANE will outline necessary follow-up STI testing, including where and when it can be obtained.
- b. If the patient has opted for HIV nPEP, the SANE will outline necessary follow-up for prescriptions, testing, management of side effects and follow-up with infectious disease if necessary.
- c. If the patient was strangled, the SANE will ensure strangulation specific discharge instructions are provided.
- d. The SANE will provide patient with applicable phone numbers of community resources, including advocacy and the sexual assault hotline.
- e. The SANE will answer any questions for patient and/or family
- f. If any deviation from this protocol is necessary, it will be approved on a case-by-case basis by the medical director of the Lily Pad SANE Center's sexual assault nurse examiners program.

TOLUDINE BLUE DYE USE

POLICY STATEMENT:

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

PURPOSE STATEMENT:

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

PROCEDURE:

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

Aftercare Protocol

Administration of Medications

POLICY STATEMENT:

It shall be the policy of the Lily Pad SANE Center, Inc to obtain and provide STI (Sexually Transmitted Infection) prophylactic medications for acute sexual assault victims in compliance with local and state regulations. Compliance with follow-up visits is poor among survivors of sexual assault. As a result, preventive therapy after a sexual assault should be encouraged.

PURPOSE STATEMENT:

To alleviate the out-of-pocket costs associated with prescription medication for the sexual assault victim and allow comprehensive care.

PROCEDURE:

The SANE Nurse will properly administer medications for acute cases within the 72-hour window and for those patients who have experienced unprotected oral, vaginal, anal, or drug facilitated sexual assault according to the protocols of the Lily Pad SANE Center. All medications will be administered to the patient while the patient is physically in the facility. No medication will leave the facility.

The following prophylactic regimen is suggested as preventive therapy:

- Ceftriaxone 500 mg IM in a single dose to treat for Gonorrhea for patients weighing less than or equal to 150kg
- Ceftriaxone 1000 mg IM in a single dose to treat for Gonorrhea for patients weighing more than 150kg
- Azithromycin 1g orally in a single dose to treat for Chlamydia
- Metronidazole 2g orally in a single dose to treat for Trichomoniasis

Emergency contraception. (This measure is necessary only when the assault could result in pregnancy in the survivor.)

Levonorgestrel: 1.5 mg orally in a single dose for pregnancy prevention.

*each client will be assessed for allergies and contraindications to medication administration such as pregnancy, breastfeeding, and alcohol consumption. The Clinical Director and Medical Director will be consulted if any allergies are present that prevent the administration of the aforementioned medications so that alternatives can be provided safely and timely.

Medications will be logged into a medication inventory log and witnessed by the Executive Director. The medications will be stored on site in the examination room in a locked cabinet along with the medication log sheet. The SANE nurse completing the exam will inquire if medication allergies and or pregnancy exist. The nurse will perform a urine pregnancy test. If no allergies/pregnancy are reported the SANE will explain the purpose of each medication and obtain a SIGNED consent from the victim/parent/guardian. The SANE nurse will dispense medications at the recommended dosage for acute cases prior to victim's discharge from the center. The medication log will then be signed by the SANE (Copy Attached). The SANE will complete documentation in the chart. The SANE will monitor the client for twenty minutes for adverse reactions after administering medications. Record reviews by the Clinical Director will happen for each case and at minimum on a weekly basis. Record reviews by the delegating physician(s) will be completed at least quarterly. This protocol will be reviewed on a yearly basis.

STANDING ORDERS

Issued: 02/13/2023

Review Date: 11/30/2024

STI Prophylaxis Standing Order

SANE Medication Log						
Patient Name:				Date Administered:		
Patient DOB:				Ordering Nurse:		
Patient address:				Administering Nurse:		
			Delegating Physician: Dr. St. Clair G. Sumaili			
Drug Name	Drug Strength	Route	Amount Administered	Lot Number	Expiration Date	Serial Number
Administering Nurse Signature _____			Date _____			

For Use by Lilypad Clinical Director Only, not part of medical record

Date audited:			
Audited by:			
Azithromycin Count	Metronidazole Count	Ceftriaxone Count	Levonorgestrel Count
Clinical Director Signature _____		Date _____	

Sexually Transmitted Infections (STIs): Contracting a sexually transmitted infection (STI) from assailants is a significant concern of sexual assault victims. It shall be the policy of the Lily Pad SANE Center, Inc. to provide and encourage victims of sexual assault to take prophylaxis medications for the prevention of Sexually Transmitted Infections (STIs), Gonorrhea, Chlamydia and Trichomoniasis.

Rationale: Compliance with follow-up visits is poor among survivors of sexual assault. As a result, preventive therapy after a sexual assault should be encouraged and also to alleviate the out-of-pocket costs associated with prescription medication for the sexual assault victim.

Organization: The Lily Pad SANE Center, Inc., 320 W. 2nd Ave, Albany, Georgia, 31702. Dosage instructions for medication:

- Ceftriaxone 500 mg IM in a single dose to treat for Gonorrhea for patients weighing less than or equal to 150kg
- Ceftriaxone 1000 mg IM in a single dose to treat for Gonorrhea for patients weighing more than 150 kg
- Azithromycin 1g orally in a single dose to treat for Chlamydia
- Metronidazole 2g orally in a single dose to treat for Trichomoniasis

Indications:

- To provide immediate prophylactic medications to adolescent and adult clients for the prevention and treatment of STIs, Gonorrhea, Chlamydia, and Trichomoniasis after unprotected oral, vaginal, anal, or drug facilitated sexual assault.

Precautions:

- Inquire to determine whether the client has had previous hypersensitivity reactions to CEPHALOSPORINS, PENICILLINS OR OTHER DRUGS. Do not administer medications if client has known reactions to medications.
- Contraindications: central nervous system diseases
- Pregnancy
- If alcohol has been recently ingested, metronidazole will not be administered. A follow-up appointment can be made with the Medical Director to obtain Metronidazole or for follow-up testing.

Persons authorized to administer order: **Registered Nurses, SANE**

Competency requirements for persons authorized to administer medications: Prior to administering these medications under this standing order the registered nurse is required to undergo in house training on the policy, procedure, and documentation requirements for standing orders.

Record Reviews by the delegating physician(s) will be completed at least quarterly.

Legal Authority: Nurse Practice Act, G.S. 90-171.20 (7) (f) & (8) (c)

STANDING ORDERS

Issued: 02/13/2023

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Emergency Contraception Prophylaxis Standing Order

Emergency Contraception (EC): It shall be the policy of the Lily Pad SANE Center, Inc. to provide female victims of childbearing age of an acute (<72 hours) sexual assault prophylaxis medication for the prevention of pregnancy.

Safety of Emergency Contraception: If a female is already pregnant, EC will not disrupt the pregnancy. EC does not have teratogenic effects.

Rationale: For female victims of childbearing age, there is a risk of unplanned pregnancy as a result of sexual assault. Compliance with follow-up visits is poor among survivors of sexual assault. As a result, preventive therapy after a sexual assault should be offered, and also to alleviate the out-of-pocket costs associated with prescription medication for the sexual assault victim.

Organization: The Lily Pad SANE Center, Inc., 320 W. 2nd Ave, Albany, Georgia, 31702.

Dosage instructions for medication:

- Levonorgestrel 1.5 mg taken orally in a single dose < 72 after assault to prevent pregnancy.

Indications:

- To provide emergency contraception to childbearing female victims of sexual assault (< 72 hours) to prevent pregnancy.
- Inquire if client is pregnant.
- Perform HCG urine test to determine whether the client is pregnant.

Contraindications:

- The only contraindication to EC is confirmed pregnancy.

Precautions:

- If currently taking; rifampin; a barbiturate such as amobarbital (Amytal), butabarbital (Butisol), mephobarbital (Mebaral), secobarbital (Seconal), or phenobarbital (Luminal, Solfoton); or seizure medicines such as phenytoin (Dilantin), or carbamazepine (Tegretol).
- If metronidazole and levonorgestrel are administered at the same time and vomiting occurs within two hours of ingestion, the patient should call their healthcare provider or schedule an appointment with the Medical Director to discuss taking a second dose of EC.

Additional Information:

- Provide clients with information about signs of an allergic reaction requiring immediate medical attention: hives; difficulty breathing; swelling of your face, lips, tongue, or throat. Advise client to seek immediate medical attention at once if they have severe pain in the lower stomach or side. This could be a sign of a tubal pregnancy (a pregnancy that implants in the fallopian tube instead of the uterus). A tubal pregnancy is a medical emergency.

Follow – Up Care: Provide the client with written information along with verbal information. Inform the client that following the use of EC, there may be a heavier or lighter menses than usual, and the menses onset may not occur at the expected time. If no bleeding has occurred within three weeks, the client should be reevaluated, and a repeat pregnancy test performed. The client must be advised not to have unprotected intercourse until after the menses has occurred, or the repeat test is negative.

Persons authorized to administer order: Registered Nurses, SANE

Competency requirements for persons authorized to administer medications: Prior to administering these medications under this standing order the registered nurse is required to undergo in house training on the policy, procedure, and documentation requirements for standing orders.

Record reviews by the delegating physician(s) will be completed at least quarterly.

Legal Authority: Nurse Practice Act, G.S. 90-171.20 (7) (f) & (8) (c)

STANDING ORDERS

Issued: 02/13/2023

Review Date:11/30/24

Sexually Transmitted Infections (STIs) Testing Standing Order

Sexually Transmitted Infections (STIs) Testing: It shall be the policy of the Lily Pad SANE Center, Inc. to provide STI testing for adult victims of sexual assault. The decision to obtain genital or other specimens for STI diagnosis should be made on an individual basis.

Rationale: Among sexually active adults, the identification of an STI might represent an infection acquired prior to the assault, and therefore might be more important for the psychological and medical management of the client than for legal purposes. STI testing should be considered to alleviate the out-of-pocket costs associated with STI testing for the sexual assault victim.

Organization: The Lily Pad SANE Center, Inc., 320 W. 2nd Ave, Albany, Georgia, 31702.

Laboratory Tests:

- NAATs urine for Chlamydia trachomatis and Neisseria gonorrhoea.
- A serum sample for the evaluation of syphilis, HIV, and Hepatitis.

Indications:

- Decisions to perform these tests on victims of sexual assault should be made on an individual basis.

Follow – Up Care: Because infectious agents acquired through assault might not have produced sufficient concentrations of organisms to result in a positive test result at the initial examination, testing can be repeated at the follow up visit, unless prophylactic treatment was provided.

Serologic test for syphilis and HIV can be repeated at 6 weeks, 3 months, and 6 months after the assault and the initial test results were negative.

If exposure to HIV is a concern for the patient, the CDC Algorithm for Evaluation and Treatment for Possible Nonoccupational HIV Exposures can be used to determine if nonoccupational Post Exposure Prophylaxis (nPEP) should be considered. If nPEP should be considered, a referral should be made to East Albany Medical Center.

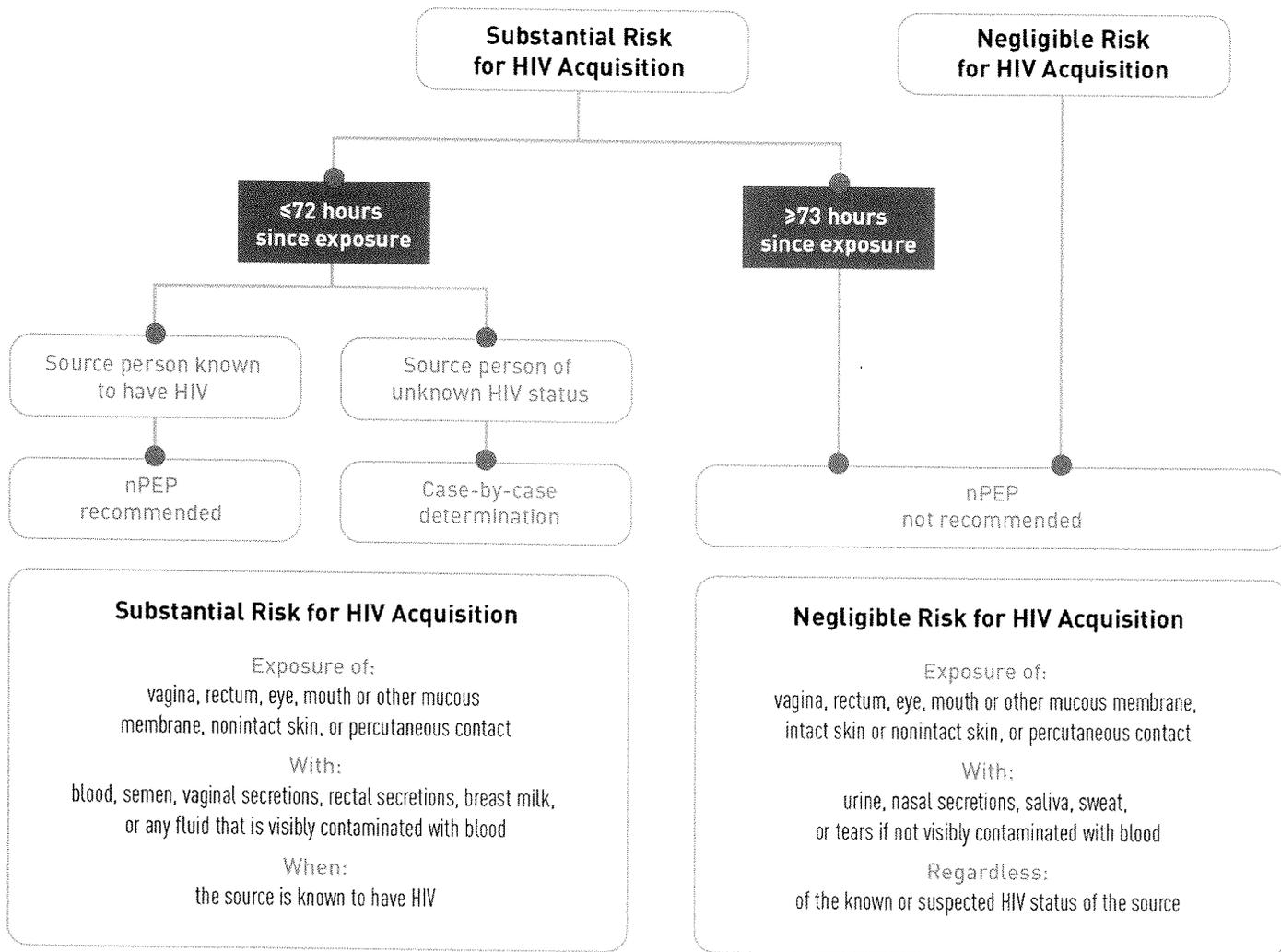
Persons authorized to administer order: Registered Nurses, SANE

Competency requirements for persons authorized to obtain laboratory specimens: Prior to obtaining laboratory specimens under this standing order the registered nurse is required to undergo in house training on the policy, procedure, and documentation requirements for standing orders.

The record reviews by the delegating physician(s) will be completed at least quarterly.

Legal Authority: Nurse Practice Act, G.S. 90-171.20 (7) (f) & (8) (c)

Algorithm for Evaluation and Treatment of Possible Nonoccupational HIV Exposures



Appendices

CHAPTER 6. SEXUAL OFFENSES

§ 16-6-1. Rape

(a) A person commits the offense of rape when he has carnal knowledge of: (1) A female forcibly and against her will; or (2) A female who is less than ten years of age. Georgia Sexual Assault Statutes Page 21 Carnal knowledge in rape occurs when there is any penetration of the female sex organ by the male sex organ. The fact that the person allegedly raped is the wife of the defendant shall not be a defense to a charge of rape.

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

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

§ 16-6-2. Sodomy; aggravated sodomy; medical expenses

(a) (1) A person commits the offense of sodomy when he or she performs or submits to any sexual act involving the sex organs of one person and the mouth or anus of another. (2) A person commits the offense of aggravated sodomy when he or she commits sodomy with force and against the will of the other person or when he or she commits sodomy with a person who is less than ten years of age. The fact that the person allegedly sodomized is the spouse of a defendant shall not be a defense to a charge of aggravated sodomy.

(b) (1) Except as provided in subsection (d) of this Code section, a person convicted of the offense of sodomy shall be punished by imprisonment for not less than one nor more than 20 years and shall be subject to the sentencing and punishment provisions of Code Section 17-10-6.2. (2) A person convicted of the offense of aggravated sodomy shall be punished by imprisonment for life or by a split sentence that is a term of imprisonment for not less than 25 years and not exceeding life imprisonment, followed by probation for life. Any person convicted under this Code section of the offense of aggravated sodomy shall, in addition, be subject to the sentencing and punishment provisions of Code Sections 17-10- 6.1 and 17-10-7. Georgia Sexual Assault Statutes Page 22

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

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

§ 16-6-3. Statutory rape

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

(b) Except as provided in subsection (c) of this Code section, a person convicted of the offense of statutory rape shall be punished by imprisonment for not less than one nor more than 20 years; provided, however, that if the person so convicted is 21 years of age or older, such person shall be punished by imprisonment for not less than ten nor more than 20 years. Any person convicted under this subsection of the offense of statutory rape shall, in addition, be subject to the sentencing and punishment provisions of Code Section 17-10-6.2. (c) If the victim is at least 14 but less than 16 years of age and the person convicted of statutory rape is 18 years of age or younger and is no more than four years older than the victim, such person shall be guilty of a misdemeanor.

§ 16-6-4. Child molestation; aggravated child molestation

(a) A person commits the offense of child molestation when such person: (1) Does any immoral or indecent act to or in the presence of or with any child under the age of 16 years with the intent to arouse or satisfy the sexual desires of either the child or the person; or (2) By means of an electronic device, transmits images of a person engaging in, inducing, or otherwise participating in any immoral or indecent act to a child under the age of 16 years with the intent to arouse or satisfy the sexual desires of either the child or the person.

(b) Georgia Sexual Assault Statutes Page 23 (1) Except as provided in paragraph (2) of this subsection, a person convicted of a first offense of child molestation shall be punished by imprisonment for not less than five nor more than 20 years and shall be subject to the sentencing and punishment provisions of Code Sections 17-10-6.2 and 17-10-7. Upon a defendant being incarcerated on a conviction for a first offense, the Department of Corrections shall provide counseling to such defendant. Except as provided in paragraph (2) of this subsection, upon a second or subsequent conviction of an offense of child molestation, the defendant shall be punished by imprisonment for not less than ten years nor more than 30 years or by imprisonment for life and shall be subject to the sentencing and punishment provisions of Code Sections 17-10-6.2 and 17-10-7; provided, however, that prior to trial, a defendant shall be given notice, in writing, that the state intends to seek a punishment of life imprisonment. (2) If the victim is at least 14 but less than 16 years of age and the person convicted of child molestation is 18 years of age or younger and is no more than four years older than the victim, such person shall be guilty of a misdemeanor and shall not be subject to the sentencing and punishment provisions of Code Section 17-10-6.2.

(c) A person commits the offense of aggravated child molestation when such person commits an offense of child molestation which act physically injures the child or involves an act of sodomy.

(d) (1) Except as provided in paragraph (2) of this subsection, a person convicted of the offense of aggravated child molestation shall be punished by imprisonment for life or by a split sentence that is a term of imprisonment for not less than 25 years and not exceeding life imprisonment, followed by probation for life, and shall be subject to the sentencing and punishment provisions of Code Sections 17-10-6.1 and 17-10-7. (2) A person convicted of the offense of aggravated child molestation when: (A) The victim is at least 13 but less than 16 years of age; (B) The person convicted of aggravated child molestation is 18 years of age or younger and is no more than four years older than the victim; and (C) The basis of the charge of aggravated child molestation involves an act of sodomy shall be guilty of a misdemeanor and shall not be subject to the sentencing and punishment provisions of Code Section 17-10-6.1.

(e) A person shall be subject to prosecution in this state pursuant to Code Section 17-2-1 for any conduct made unlawful by paragraph (2) of subsection (a) of this Code section which the person engages in while: Georgia Sexual Assault Statutes Page 24 (1) Either within or outside of this state if, by such conduct, the person commits a violation of paragraph (2) of subsection (a) of this Code section which involves a child who resides in this state; or (2) Within this state if, by such conduct, the person commits a violation of paragraph (2) of subsection (a) of this Code section which involves a child who resides within or outside this state.

§ 16-6-5. Enticing a child for indecent purposes

- (a) A person commits the offense of enticing a child for indecent purposes when he or she solicits, entices, or takes any child under the age of 16 years to any place whatsoever for the purpose of child molestation or indecent acts.
- (b) Except as provided in subsection (c) of this Code section, a person convicted of the offense of enticing a child for indecent purposes shall be punished by imprisonment for not less than ten nor more than 30 years. Any person convicted under this Code section of the offense of enticing a child for indecent purposes shall, in addition, be subject to the sentencing and punishment provisions of Code Section 17-10-6.2.
- (c) If the victim is at least 14 but less than 16 years of age and the person convicted of enticing a child for indecent purposes is 18 years of age or younger and is no more than four years older than the victim, such person shall be guilty of a misdemeanor and shall not be subject to the sentencing and punishment provisions of Code Section 17-10-6.2.

§ 16-6-5.1. Sexual assault by persons with supervisory or disciplinary authority; sexual assault by practitioner of psychotherapy against patient; consent not a defense; penalty upon conviction for sexual assault

- (a) As used in this Code section, the term: (1) "Actor" means a person accused of sexual assault. (2) "Intimate parts" means the genital area, groin, inner thighs, buttocks, or breasts of a person. (3) "Psychotherapy" means the professional treatment or counseling of a mental or emotional illness, symptom, or condition. (4) "Sexual contact" means any contact between the actor and a person not married to the actor involving the intimate parts of either person for the purpose of sexual gratification of the actor. Georgia Sexual Assault Statutes Page 25 (5) "School" means any educational program or institution instructing children at any level, pre-kindergarten through twelfth grade, or the equivalent thereof if grade divisions are not used.
- (b) A person who has supervisory or disciplinary authority over another individual commits sexual assault when that person: (1) Is a teacher, principal, assistant principal, or other administrator of any school and engages in sexual contact with such other individual who the actor knew or should have known is enrolled at the same school; provided, however, that such contact shall not be prohibited when the actor is married to such other individual; (2) Is an employee or agent of any community supervision office, county juvenile probation office, Department of Juvenile Justice juvenile probation office, or probation office under Article 6 of Chapter 8 of Title 42 and engages in sexual contact with such other individual who the actor knew or should have known is a probationer or parolee under the supervision of the such office; (3) Is an employee or agent of a law enforcement agency and engages in sexual contact with such other individual who the actor knew or should have known is being detained by or is in the custody of any law enforcement agency; (4) Is an employee or agent of a hospital and engages in sexual contact with such other individual who the actor knew or should have known is a patient or is being detained in the same hospital; or (5) Is an employee or agent of a correctional facility, juvenile detention facility, facility providing services to a person with a disability, as such term is defined in Code Section 37-1-1, or a facility providing child welfare and youth services, as such term is defined in Code Section 49-5-3, who engages in sexual contact with such other individual who the actor knew or should have known is in the custody of such facility.
- (c) A person who is an actual or purported practitioner of psychotherapy commits sexual assault when he or she engages in sexual contact with another individual who the actor knew or should have known is the subject of the actor's actual or purported treatment or counseling or the actor uses the treatment or counseling relationship to facilitate sexual contact between the actor and such individual.
- (d) A person who is an employee, agent, or volunteer at any facility licensed or required to be licensed under Code Section 31-7-3, 31-7-12, or 31-7-12.2 or who is required to be licensed pursuant to Code Section 31-7-151 or 31-7-173 commits sexual assault when he or she engages in sexual contact with another individual who the actor knew or should have known had been admitted to or is receiving services from such facility or the actor.

(e) Consent of the victim shall not be a defense to a prosecution under this Code section. Georgia Sexual Assault Statutes Page 26 (f) A person convicted of sexual assault shall be punished by imprisonment for not less than one nor more than 25 years or by a fine not to exceed \$100,000.00, or both; provided, however, that: (1) Except as provided in paragraph (2) of this subsection, any person convicted of the offense of sexual assault of a child under the age of 16 years shall be punished by imprisonment for not less than 25 nor more than 50 years and shall, in addition, be subject to the sentencing and punishment provisions of Code Section 17-10-6.2; and (2) If at the time of the offense the victim of the offense is at least 14 years of age but less than 16 years of age and the actor is 18 years of age or younger and is no more than four years older than the victim, such person shall be guilty of a misdemeanor and shall not be subject to the sentencing and punishment provisions of Code Section 17-10-6.2.

§ 16-6-6. Bestiality

(a) A person commits the offense of bestiality when he performs or submits to any sexual act with an animal involving the sex organs of the one and the mouth, anus, penis, or vagina of the other. (b) A person convicted of the offense of bestiality shall be punished by imprisonment for not less than one nor more than five years.

§ 16-6-7. Necrophilia

(a) A person commits the offense of necrophilia when he performs any sexual act with a dead human body involving the sex organs of the one and the mouth, anus, penis, or vagina of the other. (b) A person convicted of the offense of necrophilia shall be punished by imprisonment for not less than one nor more than ten years.

§ 16-6-8. Public indecency

(a) A person commits the offense of public indecency when he or she performs any of the following acts in a public place: (1) An act of sexual intercourse; (2) A lewd exposure of the sexual organs; (3) A lewd appearance in a state of partial or complete nudity; or Georgia Sexual Assault Statutes Page 27 (4) A lewd caress or indecent fondling of the body of another person.

(b) A person convicted of the offense of public indecency as provided in subsection (a) of this Code section shall be punished as for a misdemeanor except as provided in subsection (c) of this Code section.

(c) Upon a third or subsequent conviction for public indecency for the violation of paragraph (2), (3), or (4) of subsection (a) of this Code section, a person shall be guilty of a felony and shall be punished by imprisonment for not less than one nor more than five years.

(d) For the purposes of this Code section only, "public place" shall include jails and penal and correctional institutions of the state and its political subdivisions.

(e) This Code section shall be cumulative to and shall not prohibit the enactment of any other general and local laws, rules, and regulations of state and local authorities or agencies and local ordinances prohibiting such activities which are more restrictive than this Code section.

§ 16-6-22. Incest

(a) A person commits the offense of incest when such person engages in sexual intercourse or sodomy, as such term is defined in Code Section 16-6-2, with a person whom he or she knows he or she is related to either by blood or by marriage as follows: (1) Father and child or stepchild; (2) Mother and child or stepchild; (3) Siblings of the whole blood or of the half-blood; (4) Grandparent and grandchild of the whole blood or of the half-blood; (5) Aunt and niece or nephew of the whole blood or of the half-blood; or (6) Uncle and niece or nephew of the whole blood or of the half-blood.

(b) A person convicted of the offense of incest shall be punished by imprisonment for not less than ten nor more than 30 years; provided, however, that any person convicted of the offense of incest under this subsection with a

child under the age of 14 years shall be punished by imprisonment for not less than 25 nor more than 50 years. Any person convicted under this Code section of the offense of incest shall, in addition, be subject to the sentencing and punishment provisions of Code Section 17-10-6.2. Georgia Sexual Assault Statutes Page 28

§ 16-6-22.1. Sexual battery

- (a) For the purposes of this Code section, the term "intimate parts" means the primary genital area, anus, groin, inner thighs, or buttocks of a male or female and the breasts of a female.
- (b) A person commits the offense of sexual battery when he or she intentionally makes physical contact with the intimate parts of the body of another person without the consent of that person.
- (c) Except as otherwise provided in this Code section, a person convicted of the offense of sexual battery shall be punished as for a misdemeanor of a high and aggravated nature.
- (d) A person convicted of the offense of sexual battery against any child under the age of 16 years shall be guilty of a felony and, upon conviction thereof, shall be punished by imprisonment for not less than one nor more than five years.
- (e) Upon a second or subsequent conviction under subsection (b) of this Code section, a person shall be guilty of a felony and, upon conviction thereof, shall be imprisoned for not less than one nor more than five years and, in addition, shall be subject to the sentencing and punishment provisions of Code Section 17-10-6.2.

§ 16-6-22.2. Aggravated sexual battery

- (a) For the purposes of this Code section, the term "foreign object" means any article or instrument other than the sexual organ of a person.
- (b) A person commits the offense of aggravated sexual battery when he or she intentionally penetrates with a foreign object the sexual organ or anus of another person without the consent of that person.
- (c) A person convicted of the offense of aggravated sexual battery shall be punished by imprisonment for life or by a split sentence that is a term of imprisonment for not less than 25 years and not exceeding life imprisonment, followed by probation for life, and shall be subject to the sentencing and punishment provisions of Code Sections 17-10-6.1 and 17-10-7.

§ 16-6-23. Publication of name or identity of female raped or assaulted with intent to commit rape

- (a) It shall be unlawful for any news media or any other person to print and publish, broadcast, televise, or disseminate through any other medium of public dissemination or cause to be printed and published, broadcast, televised, or disseminated in any newspaper, magazine, periodical, or other publication published in this state or through any radio or television broadcast originating in the state the name or identity of any female who may have been Georgia Sexual Assault Statutes Page 29 raped or upon whom an assault with intent to commit the offense of rape may have been made.
- (b) This Code section does not apply to truthful information disclosed in public court documents open to public inspection.
- (c) Any person or corporation violating this Code section shall be guilty of a misdemeanor.

§ 16-6-25. Harboring, concealing, or withholding information concerning a sexual offender; penalties

- (a) As used in this Code section, the term "law enforcement unit" means any agency, organ, or department of this state, or a subdivision or municipality thereof, whose primary functions include the enforcement of criminal or traffic laws; the preservation of public order; the protection of life and property; or the prevention, detection,

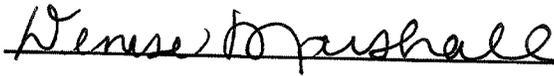
or investigation of crime. Such term shall also include the Department of Corrections, the Department of Community Supervision, and the State Board of Pardons and Paroles.

(b) Any person who knows or reasonably believes that a sexual offender, as defined in Code Section 42-1-12, is not complying, or has not complied, with the requirements of Code Section 42-1-12 and who, with the intent to assist such sexual offender in eluding a law enforcement unit that is seeking such sexual offender to question him or her about, or to arrest him or her for, his or her noncompliance with the requirements of Code Section 42-1-12: (1) Harbors, attempts to harbor, or assists another person in harboring or attempting to harbor such sexual offender; (2) Conceals, attempts to conceal, or assists another person in concealing or attempting to conceal such sexual offender; or (3) Provides information to the law enforcement unit regarding such sexual offender which the person knows to be false information commits a felony and shall be punished by imprisonment for not less than five nor more than 20 years

December 10, 2025

Signature Page

The signature page should be attached and signed by all members of the Dougherty SART Team.



Chief Judge Denise Marshall

Dougherty County Superior Court

Judge Victoria S. Darrisaw

Dougherty County Superior Court



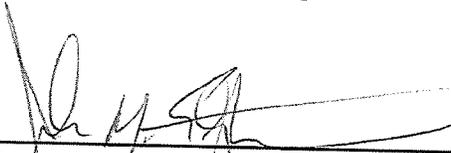
Judge Joseph W. Dent

Dougherty County Superior Court



Judge Victoria M. Johnson

Dougherty County Superior Court



Judge John Stephenson

Dougherty County State Court



Chief Judge Baxter C. Howell

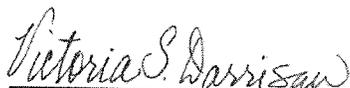
Dougherty County Magistrate Court

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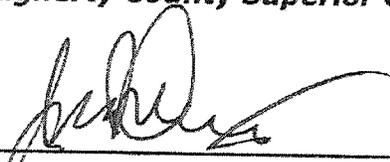
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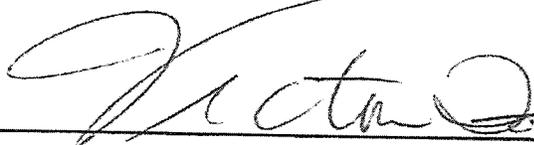
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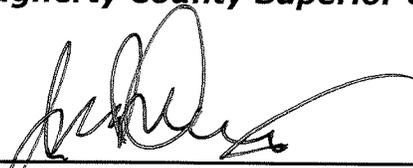
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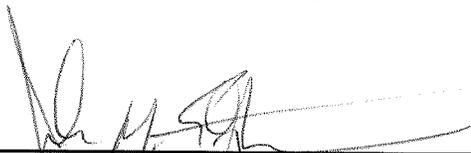
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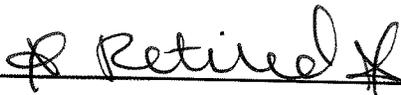
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Judge Michael S. Meyer Von Bremen
Dougherty County Magistrate Court

Judge Karin Middleton
Dougherty County Magistrate Court

Judge Leisa Blount
Dougherty County Probate Court



Judge Herbie L. Solomon
Dougherty County Juvenile Court

Associate Judge Valerie Brown-Williams
Dougherty County Juvenile Court

Chief Kenneth Johnson
Dougherty County Police Department

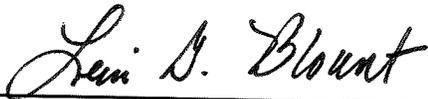
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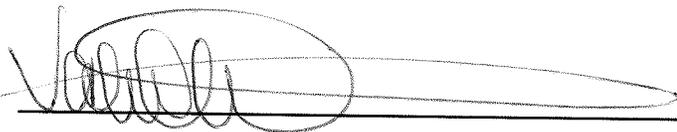
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Dougherty County Magistrate Court

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Dougherty County Magistrate Court

Judge Leisa Blount
Dougherty County Probate Court

Judge Herbie L. Solomon
Dougherty County Juvenile Court

A handwritten signature in black ink, appearing to read "Valerie Brown-Williams", written over a horizontal line. The signature is cursive and somewhat stylized.

Associate Judge Valerie Brown-Williams
Dougherty County Juvenile Court

Chief Kenneth Johnson
Dougherty County Police Department

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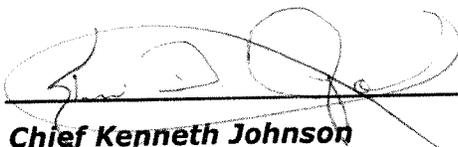
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Dougherty County Magistrate Court

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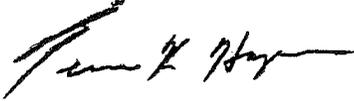
Associate Judge Valerie Brown-Williams
Dougherty County Juvenile Court



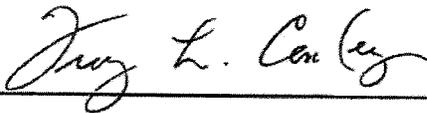
Chief Kenneth Johnson
Dougherty County Police Department

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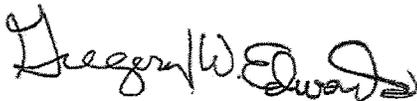


Sheriff Terron Hayes
Dougherty County Sheriff's Office



Chief Troy Conley
Dougherty County School System Police Department

Chief Michael Persley
Albany Police Department



Gregory W. Edwards
Dougherty County District Attorney



April Wynne
Chief Assistant Dougherty County District Attorney
MDT/SART Chairman

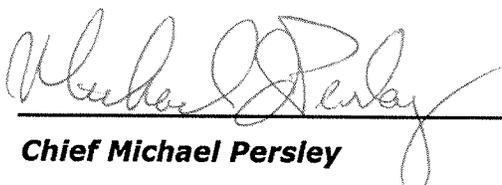
Robert Lee
Dougherty County DFCS, Interim Director

December 10, 2025
Signature Page

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Sheriff Terron Hayes
Dougherty County Sheriff's Office

Chief Troy Conley
Dougherty County School System Police Department



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Albany Police Department

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Dougherty County District Attorney

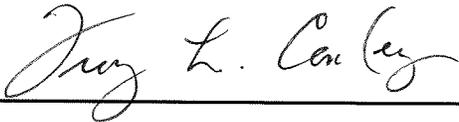
April Wynne
Chief Assistant Dougherty County District Attorney
MDT/SART Chairman

Robert Lee
Dougherty County DFCS, Interim Director

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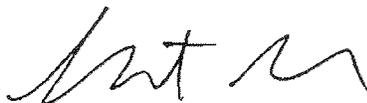
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Dougherty County DFCS, Interim Director

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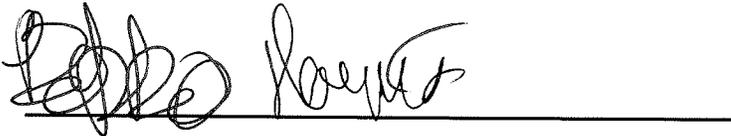
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Mary Martinez

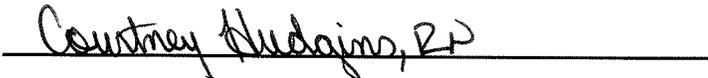
Lily Pad SANE Center Inc., Executive Director

Dougherty County CAP/SART Protocol Chairman



Bobbie Pajeroski Harris

Lily Pad SANE Center Inc., CAC Director



Courtney Hudgins, RN

Lily Pad SANE Center Inc., Clinical Director



Michael Fowler, CFSP

Dougherty County Coroner



Donna Garcia

Victim/Witness Assistance, Director



Brittany Craft

Aspire Behavioral Health & DD, Coordinator of Youth & Young Adult Services

December 10, 2025
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Dougherty County CAP/SART Protocol Chairman

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Aspire Behavioral Health & DD, Coordinator of Youth & Young Adult Services



December 10, 2025
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The signature page should be attached and signed by all members of the Dougherty SART Team.

Richard F. Garrett, LCSW

Richard F. Garrett, LCSW
Trauma Solutions

Priscilla Stewart
Dougherty County Public Health, Director

Kenneth Dyer
Dougherty County School System, Superintendent

Community Partners:

Diane Rogers, MSW
Liberty House of Albany, Executive Director

Dr. Fonda Thompson
Open Arms, Inc., Executive Director

December 10, 2025
Signature Page

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Dougherty County Public Health, Director

Kenneth Dyer
Dougherty County School System, Superintendent

Community Partners:

Diane Rogers, MSW
Liberty House of Albany, Executive Director

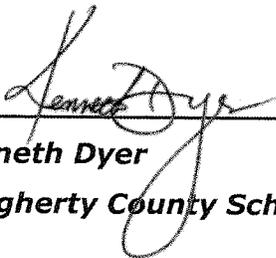
Dr. Fonda Thompson
Open Arms, Inc., Executive Director

December 10, 2025
Signature Page

The signature page should be attached and signed by all members of the Dougherty SART Team.

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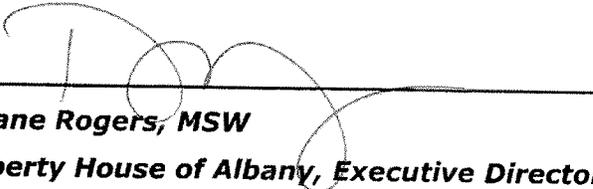
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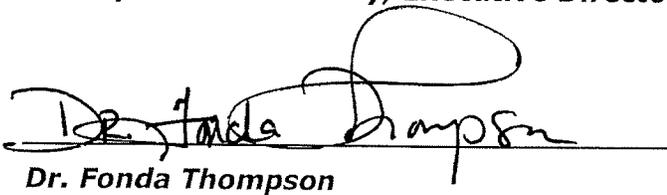
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