

SEXUAL ASSAULT PROTOCOL
IN THE SUPERIOR COURT OF DEKALB COUNTY

STATE OF GEORGIA

25AP1612

ORDER

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

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

WHEREAS, the Committee has met previously on numerous occasions and discussed the Protocol, which was again approved and adopted as of November 24, 2025, as the protocol for cases of alleged sexual assault in the DeKalb Judicial Circuit of the State of Georgia, a copy of which is attached hereto.

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

SO ORDERED, this 17th day of December, 2025.



Hon. Shondeana Morris
Chief and Administrative Judge
DeKalb Judicial Circuit



DeKalb County
G E O R G I A

SEXUAL ASSAULT RESPONSE TEAM PROTOCOL

DeKalb County, Georgia

Adopted December 2024

The DeKalb County Sexual Assault Protocol will be distributed to the community at large for implementation. This will educate the community about how they can best help victims and discourage organizations such as colleges, religious organizations and schools from handling the matter “in-house.” This will also allow opportunities for community input and clarification of any issues.

II. Purpose of the Protocol

This Protocol was adapted from the protocol developed by the Georgia Sexual Assault Task Force in 2018. The Task Force was initiated by the Criminal Justice Coordinating Council. The DeKalb County SART was established to ensure all victims of sexual assault are provided with fair and just procedures as they encounter the criminal justice system.

This Protocol is intended to

- Facilitate the provision of consistent, comprehensive, sensitive, and non- judgmental treatment of victims of sexual assault as they progress through the victim services, health and criminal justice systems;
- Standardize the collection of evidence in order to aid in the prosecution of cases; and
- Develop coordinated efforts among health providers, law enforcement personnel, prosecutors, and victim advocates to increase the efficiency of all agencies handling such cases and to minimize the stress created for the alleged sexual assault victim during the medical, investigatory and legal process.

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

III. Organization of the Protocol

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

Ensuring that sexual assault victims will be treated with sensitivity and compassion requires that victim services, law enforcement, medical, and prosecutorial personnel be made aware of the special needs of these victims. Since there is no “typical response” to the trauma of sexual assault, it is important to understand the many and varied ways victims may react to this particular crime and the issues surrounding sexual assault that may influence their reactions.

Victims of sexual assault, like victims of other violent crimes, not only must cope with the physical trauma perpetuated against them, they also must deal with the emotional and psychological repercussions of the assault. However, because sexual assault, unlike other crimes, is such a complete and violent violation of the most intimate parts of a person’s self, the emotional and psychological repercussions of a sexual assault can be devastating. The humiliation and degradation victims may feel often are compounded by feelings of guilt as society continues to perpetuate the myth that sexual assault victims somehow are responsible for the crime committed against them. For this reason, victims of sexual assault often are reluctant to report the crime, and, therefore, must receive immediate support and validation from agency personnel if they do choose to report.

While victims of sexual assault may feel guilty, frightened, ashamed, dirty, angry, anxious, embarrassed or any number of other emotions, it is important to remember that there is no “typical” way for victims to feel, react, or look after a sexual assault. Some sexual assault victims may appear to be calm while others may look visibly upset or enraged. Agency personnel must unlearn any presumptions they may harbor about how they believe a “true” victim of sexual assault will look or act and learn to accept and support all sexual assault victims. This includes learning to accept and support sexual assault victims of every age, race, gender, gender identity, and sexual orientation.

Anyone responding to a victim of sexual assault should make the same inquiries of all victims, and offer the same level of support, regardless of gender identity or sexual orientation.

A desired part of the recovery process for the individual is that others begin to view the individual as a survivor rather than a victim. Throughout the protocol, the term “victim” is used

practice has been for sexual assault programs to report cases of child sexual abuse. The report must be made to the local child welfare agency and, in Georgia, this agency is the Department of Family and Children's Services. The reporter does not have to investigate or verify the abuse, only suspect it. The reporter will not be held liable for disclosing information ordinarily held privileged and confidential. Any person who is required to report child abuse and fails to do so will be guilty of a misdemeanor.

B. Protection of Elderly Persons

O.C.G.A. § 30-5-4 requires the reporting of the need for protective services for 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 investigate 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 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.

VIII. Need for Consent of Victim for Medical Procedures

The Georgia Code requires that there must be consent to any and all medical treatment (O.C.G.A. § 31-9-2). Under O.C.G.A. § 31-9-7, the legal age of consent for medical treatment is 18. However, there are exceptions. For tests and treatment connected with pregnancy, a female can consent regardless of her age or marital status. Under O.C.G.A. § 31-17-7, any minor can consent without either parent's permission to those medical services which deal with the treatment of a sexually transmitted disease. Emergency care can be rendered under implied consent.

A. 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 Victim's Compensation Fund, and payment will be made directly to the hospital or other medical provider, including a Sexual Assault Nurse Examiner (SANE). However, if a victim is insured or on Medicaid, then those sources should be sought before the Victims' Compensation Fund is used. If the victim has to pay any part of the medical bill, then those costs can be claimed from the Victims' Compensation Fund. The Victims' Compensation Fund is administered by the Criminal Justice Coordinating Council (CJCC).

There are several stipulations regarding the Victims' Compensation Fund:

- the victim must report the crime to local law enforcement within 120 hours of the crime;
- the victim must submit a claim to the Victims' Compensation Board within one year of the crime;
- the victim must cooperate with law enforcement during the investigation; and
- the victim may not have been engaged in any illicit activity, such as using drugs, at the time of the crime.

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.

A victim who reported the crime after the 120 hours or submitted a claim after the one-year time period has expired can appeal a denied application. (A claim submitted 3 years after the victimization cannot be considered.)

The Victims' Compensation Fund provides reimbursement to direct care providers and victims of crime for health care costs related to the crime and for counseling, lost wages, funeral expenses, and crime scene clean-up.

Section 2

Victim Support Services

Services to victims can be provided by rape crisis centers, victim assistance programs or organizations, hotlines, or other agencies. These programs can be community-based or system-based. A community may have one or more of these organizations providing services to victims.

- (1) **Family Protection Center (FPC)**, (770-438-4532) is a multidisciplinary center which provides a collaborative approach to providing services to survivors/victims throughout the criminal justice process. The FPC, provides immediate sexual assault examinations to survivors/victims on a 24-hour basis. The providers include Georgia Children Center of Advocacy (GCCA), Women's Resource Center (WRC), DFACS, The International Women's House, DeKalb County Police Department (DKPD), DeKalb County Fire and Rescue, and DeKalb County District Attorney's Office. **This phone number is answered 24-hours per day.**
- (2) **Victim assistance programs** through the use of system-based advocates may be located in the offices of prosecuting attorneys or law enforcement agencies. These programs provide information, support, and guidance for the victim throughout the criminal justice process, including: information regarding the status of the court case; information and explanation regarding criminal proceedings; a companion to attend court with the victim; emotional support; and referrals to counselors and other agencies. Assistance is also provided to a victim applying for crime victims' compensation. The Office of the DeKalb County District Attorney's Victim/ Witness Assistance Program is based in the DeKalb County Courthouse and assists survivors and their families at all stages of the criminal process after arrest.
- (3) **Hot-lines** are a 24-hour safe and confidential services to provide support and information and referrals.
Women's Resource Center Sexual Assault Hotline - 404-377-1428
Women's Resource Center Domestic Violence Hotline - 404-688-9436

victim wishes contacted, is medical care or transportation to the hospital needed, is clothing needed to wear home from the hospital;

- Provide information to victims regarding the effects of destroying evidence, taking a bath, washing clothes;
- Provide emotional support and crisis intervention to victims and their families;
- Be present during medical exam and police questioning if the victim wishes; and
- Help arrange transportation to and from the hospital or medical facility.

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

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

III. The Role of Community-Based Advocates

The role of the community-based 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. Advocacy services are provided by the Women’s Resource Center and International Women’s House. These agencies 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, family advocacy, 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 Crimes Victim’s Right Bill and adhere to the Georgia Sexual Assault Certification Standards.

results. The victim service provider can assist the victim in reaching a decision about being tested for HIV.

Testing the offender: In cases where the victim wants the offender tested for HIV, the victim service provider should review the issues involved. The victim should be informed that testing the offender will not negate the need for the victim to be tested for HIV. Regardless of the offender's HIV status, if the victim is concerned about exposure to the virus, the only way to determine this is for the victim to be tested. The victim should be aware that additional court appearances outside the criminal case may be needed for the court to order the testing. After explaining the intricacies of HIV transmission and the testing process, if the victim wants to pursue testing of the offender, then the victim service provider may assist the victim in this request.

Testing of the offender should occur at the earliest stage possible during the criminal justice process to provide for early medical intervention for the victim. Early testing of the offender could have a significant impact on the mental health of the victim and family members, on the victim's adjustment to the traumatic experience, and the victim's successful reintegration into a productive life. However, it should be noted that disclosing the results to a victim of an assailant who has not been determined guilty has not been addressed in legislation or in case law.

Aid Atlanta offers training to local agencies around HIV testing and other issues. They can be called at **404-870-7700** and offer free, confidential testing services in our community.

IV. Checklist: Victim Services

Initial Report (Community-Based Advocates)

- Determine if victim is in immediate danger.
- Ascertain if emergency medical assistance is needed.
- Help identify and address the immediate concerns of victim.
- Provide honest and realistic answers about law enforcement and the criminal justice system.

- Provide the victim and those persons accompanying the victim with handouts explaining services available from the Women's Resource Center and how the center will contact the victim after they return home to assist them.
- Provide education to the emergency room and other medical staff on how to respond to and to treat the emotional needs of the victim, and symptoms of the Rape Trauma Syndrome.

Crime Victims' Compensation (Community-based and System-based Advocates)

- Assist victim with completing application for victim compensation.
- Follow-up on application to ensure timely processing.

Investigation (Community-based Advocates)

- Know the Georgia Victims' Bill of Rights and work closely with law enforcement, prosecutors, local jail, Board of Pardons and Paroles, and Department of Corrections to ensure all procedures for notifications (from arrest to parole) are in place.
- Establish procedures to facilitate communication between law enforcement investigators and victim.
- Provide support for victim participation in the investigation.

Arrest (Community-based Advocates)

Make sure victim knows that law enforcement will inform the victim of the arrest of a suspected perpetrator and that the victim must keep law enforcement apprised of current address and phone number.

- Act as liaison between jail and victim so victim can be informed when there is a change in custody status of suspected assailant.
- Accompany victim to police line-ups and other proceedings (if needed).

Pre-trial (System-based Advocates)

- Explain to victim how to request notification from the Department of Corrections of change of perpetrator's status in custody (escape, death, transfer, etc.)
- Help victim update or prepare Victim Impact Statement to be mailed to the State Board of Pardons and Paroles and/or, if applicable, to the Probation Division of the Department of Corrections.
- Explain procedures for victim's being notified by the State Board of Pardons and Paroles of the release of inmate from the state prison system.
- Explain procedure for victim to appear in person at the State Board of Pardons and Paroles.
- If applicable, explain restitution collection and procedures.
- Remind victim to notify the Georgia Board of Pardons and Paroles or the Department of Corrections, Probation Division and the Probation Officer of any change of address or phone number. The address of the victim is confidential and will not be released to the inmate by the Board of Pardons and Paroles or the Department of Corrections.
- Explain to victim how to claim any personal property held as evidence.
- Provide guidelines for reporting harassment or violation of protection orders by perpetrator.
- Provide victim with name, address, and telephone number of the perpetrator's probation officer so that the victim may notify the probation officer of any unauthorized contact made by the perpetrator.
- Explain procedures regarding perpetrators who are put on probation or given split sentences, i.e., sentenced to prison followed by a period of parole and/or probation.

Ongoing Victim Services (Community-based and System-based Advocates)

- Provide referrals to victim for other community services.
- Provide continuing support or counseling as long as victim requests it.
- Offer a 24-hour crisis line for victims and their families.

Section 3

Law Enforcement Response

- Collection and preservation of evidence
- Maintenance of chain of custody
- Timely submission of sexual assault evidence collection kits to GBI, FBI or other crime laboratory (at law enforcement's discretion) 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

Investigation 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 Response Team*.

This section was developed to maximize the probability across the state of Georgia of providing consistently appropriate and sensitive treatment to victims and of successfully prosecuting the perpetrators of sexual assault. This is a model protocol, designed to be adapted by local communities. The protocol in no way diminishes the discretion of law enforcement in handling cases of sexual assault.

For further guidelines regarding the role of law enforcement in child sexual abuse evaluation, please refer to the local county or jurisdictional child abuse protocols.

II. Complaint Reporting Procedures – 911 Dispatcher

The first report of a sexual assault is usually made by the victim to a dispatch or communications center of a law enforcement agency. Dispatch or communications staffers are critical in aiding

A record of calls, radio traffic and other communications pertaining to a sexual assault case may be preserved by the law enforcement agency receiving the complaint. The dispatcher may assist investigating detectives by making a copy of the calls, radio traffic and other communications immediately after the assault.

III. The Responding Law Enforcement Officer

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

A. Immediate Response

1. The responding officer should first address the victim's *physical and medical* needs. Emergency first aid should be offered, if necessary, while awaiting an emergency medical response unit.
2. The responding officer must also address the *emotional* needs of the victim by remaining calm, sympathetic and understanding. The needs of the victim must always precede the demands of the investigation.

To increase the victim's emotional comfort and security prior to a transfer to a medical facility, the officer should explain to the victim the actions anticipated on the victim's behalf, including a physical exam.

A friend or family member of the victim may be requested to bring a change of clothing to the medical facility for the victim's use after the medical examination. However, in some medical facilities, the local rape crisis center will have provided the necessary clothing.

3. The officer should arrange for the transportation of the victim to the appropriate medical facility. The officer can transport the victim to the sexual assault center. If utilizing the

- b. Thoroughly brief the medical staff and detectives on any information about the victim, the assault, the assailant, and the crime scene which the officer has obtained. These briefings should take place in a private setting where confidential information cannot be overheard by others.

B. Delayed Reporting

If more than 120 hours have elapsed since the incident of sexual assault and the victim contacts law enforcement, there is a possibility that some forensic evidence may remain up to five days in the victim's body or there may be evidence of tearing or other internal abrasions. For this reason, the victim shall be encouraged to seek medical care and to complete the medical evidence collection.

C. The Crime Scene

1. Crime scene should be preserved and processed in accordance with the agency's policies and procedures.
2. The victim's clothing and personal effects should be protected from all handling and contamination until preserved and processed in accordance with the agency's policies and procedures.
3. The responding officer, with the assistance of other officers, should guard the scene from any intrusion until the arrival of forensic officers.
4. A crime scene access log should be maintained by crime scene officers listing the full name of every person, police and civilian, who comes to the scene.
5. When there is a suspicion that GHB or any other "date rape" drugs have been involved:
 - a. Interview bartenders, waitresses, patrons, parking lot attendants, security officers, neighbors or partygoers who may have noticed anything about the victim's departure.

5. Actions taken on behalf of the victim.
6. Actions taken to preserve the crime scene. Take photos of scene, victim, and suspect.
7. Preservation of cell phone records, tower locations, and social media
8. Information learned about the sexual assault, including:
 - The exact location of the assault;
 - The approximate time of the assault;
 - Whether a weapon was used, and if so, what kind;
 - How the victim and assailant came to the scene;
 - A description of the sexual assault;
 - The identity, if known, and complete description, including a clothing description and any other information obtained about the assailant from the victim or witnesses;
 - The means by which the assailant left the scene;
 - The assailant's direction of flight;
 - Any other information obtained from the victim;
 - The names, addresses and phone numbers of any witnesses identified by the victim or located by the police;
 - The statements of any witnesses interviewed at the scene;
 - The names of any law enforcement officers, including supervisors, detectives and forensic officers who came to the crime scene (access log) or medical facility;
 - Any other actions taken in the case; and
 - The exact time the officer left the crime scene and, if applicable, the medical facility.

IV. The Sexual Assault Examination and Law Enforcement

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

- a. Clearly identify himself/herself to the victim;
 - b. Verify the information obtained by the dispatcher and/or responding officer which may help the police locate the suspect;
 - c. Make certain that the victim understands what is being done on the victim's behalf;
 - d. Carefully note the emotional status and physical injuries of the victim for later inclusion in the case report; and
 - e. Inform the victim that a more detailed, thorough interview will be conducted at a later time.
5. The investigator may confirm that:
- a. Action is being taken by other officers to locate and detain the suspect;
 - b. The crime scene, if known, is being protected and thoroughly processed;
 - c. Known witnesses are being interviewed;
 - d. Chain of custody is maintained and photographs obtained or arranged for, if needed;
 - e. The emergency phone calls and records of police traffic in reference to the case are preserved by the communications department for later use; and
 - f. All evidence available at the medical facility, including the clothing of the victim, is held.
6. The investigator should consult with the victim advocate/counselor and any family members or friends of the victim to explain the actions being taken by the police and to seek their cooperation and assistance in future contacts with the victim.
7. The investigator should arrange transportation home or to a safe location selected by the victim.
8. If appropriate, the investigator should assure that information about the suspect has been sent to other law enforcement agencies.

shock and anxiety which persists for hours, days, and even months after being attacked. Insensitivity to the victim can cause additional psychological harm to the victim and severely damage the investigation by diminishing the victim's willingness to cooperate with law enforcement. Conversely, a sensitive, caring investigator can bolster the victim's confidence and self-esteem and increase the victim's desire to assist with the investigation.

3. The investigator's role in connection with the investigation should be clearly explained to the victim. The victim should be informed why certain very intimate, perhaps embarrassing, questions must be asked, particularly about the assault itself. The victim should be assured that the investigator understands the difficulty of the interview and is more than willing to conduct the interview at a pace comfortable for the victim.
4. The investigator should use language that is readily understood by the victim. To the extent possible, the investigator should use the same terms, including slang, as the victim in order to build a rapport with the victim and increase valuable communication. If slang terms are used, the interviewer should use the terms unhesitatingly and without embarrassment.
5. Certain questions and inquiries are never appropriate. For example, victims should not be asked "did you enjoy it?" or "did you have an orgasm?"
6. The investigator should let the victim narrate what happened, in the victim's own words. Then follow-up questions can be asked **with the investigator explaining to the victim why those inquiries need to be asked**. The interview should be as thorough as possible. Inquiry areas should include:
 - a. The victim's prior relationship (if any) with the assailant;
 - b. Prior sexual history with the assailant, if any;
 - c. The details of the forced act(s);
 - d. The assailant's modus operandi;
 - e. The assailant's clothing;

1. Suspect interviews should be conducted in accordance with agency policies and procedures.

G. The Case Report

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

Sexual assault is a crime against the State of Georgia. As a result, the lead investigator, acting as an agent of the State, should swear to and sign the warrant documents. The victim generally should not be asked to sign these documents.

THE ARREST WARRANT SHOULD INCLUDE:

- The nature of the crime
- The location of the crime
- The identity of the victim
- Whether a weapon was used, and if so, what kind
- A description of the sexual assault

- Preserve victim's clothing and effects
- Start crime scene access log.

At medical facility

- Remain at facility until detectives arrive.
- Brief responding medical staff on known facts of the case.
- Brief responding detectives on known facts of the case.
- Collect Sexual Assault Kit (SAK)

Incident report

- Date and time of dispatch, arrival at and exit from scene.
- Nature of dispatch.
- Describe location and condition of the scene.
- Identifying information on victim.
- Injuries/emotional state of victim.
- Requests for additional assistance, including officers.
- Actions taken for the victim.
- Actions taken to preserve crime scene.
- All information learned about assault from victim.
- All other information learned about case.

C. Victims' Bill of Rights

- Provide victim with written information about the Georgia Crime Victims' Bill of Right, O.k.C.G.A. § 17-17-1. (See Appendix, page 78).

D. Case Report

- Primary officer's incident report.
- Reports filed by other officers.
- Crime scene access log.

- Transcript of 911 calls.
- Computer printout of address and phone number of 911 caller.
- Written report from Forensic/ID unit.
- Weapon follow-up (NCIC/ATF).
- Crime lab reports.
- EMS reports.
- Medical facility reports.
- Copies of news stories.
- Copies of affidavits for search warrant, warrants and returns.
- Copies of consent to search forms.
- Copies of other judicial orders.
- Copy of arrest warrant.
- Arrest and booking report.
- Arraignment sheet.

Section 4

Sexual Assault Examination and Evidence Collection

The DeKalb County Family Protection Center is the preferred location for all Sexual Assault Medical Examinations for all victims 16 years of age and older. All Sexual Assault Medical Examinations should be performed at the Dekalb FPC when possible. The FPC should be contacted once contact is made with the victim. All FPC partners will work towards having Sexual Assault Medical Examinations at FPC, unless additional medical treatment is needed or the victim declines.²

² While all sexual assault medical examinations should be performed at the FPC when medically possible (i.e. – no additional medical treatment is needed related to physical trauma), law enforcement and medical practitioners should also take into account the best interests of the victim at that time when making the determination as to where the sexual assault medical examination will occur.

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

B. Phases I

Phase I (1-30 minutes) begins at the time the victim presents to a health care professional or facility for examination. In this phase, the victim becomes a patient. The patient is triaged and screened medically, registered in the health care facility, informed that law enforcement officials will be notified, and asked to sign an initial set of consents. The consent of patients is not only required by law, but it is also one way to recognize and help them regain their sense of dignity as persons and to aid their transition from the status of victim to that of survivor. However, the patient should be informed that notification of law enforcement officials is mandatory in assault cases and does not require their consent. If necessary, emergency medical care is provided. Counseling and emotional support are always provided.

C. Phase II

Phases II and III comprise the core of the protocol. During Phase II (31-60 minutes), the health care professional informs the patient about the nature, duration, and sequencing of the medical examination and the collection of forensic evidence.

In order to preserve the patient's dignity and confidentiality, it is important to discuss these matters in a private office or secluded space with a counselor or other person present to support the patient. After informing the patient concerning what is to follow, additional consents are obtained, a secondary assessment is performed, and the history of the patient and the assault are taken. Note that while it is important to document the history of the patient and the assault as completely as possible, *the examiner should not inquire about or document irrelevant aspects of the patient's sexual history*. After completing documentation for this phase, a serum or urine pregnancy test is ordered on females with childbearing capabilities. Baseline Hepatitis B surface antibody and, with the patient's consent, HIV tests may be done at this time or within two weeks.

assault. Any literature on or by these individuals or groups may be provided at this time. Counseling and emotional support are continued, though this support may shift to other providers.

F. Phase V

Phase V (181 minutes – 14 days) Because of further activities to be done, it will be necessary to ask the patient to return to the health care or public health facility for the Baseline Hepatitis B surface antibody, and HIV tests to be performed or, if done earlier, for the results to be provided. If post-coital contraception was given, a repeat pregnancy test is also performed. Counseling and emotional support are continued.

G. Phase VI

Phase VI (15-90 days) continues counseling and emotional support, and these are continued

H. Phase VII

through Phase VII (91-180 days). At 180 days, a repeat HIV test is given, if indicated.

IV. Collection of Forensic Evidence

Adequate and proper collection of specimen samples from the patient's body for forensic analysis is essential. The GBI/DOFS Sexual Assault Evidence Collection Kit is recommended for the evidence collection process. This kit is sufficient to collect samples from the patient's body to perform semen testing through DNA analysis. The instruction sheet provided in each kit should be followed explicitly for proper evidence and known hair collection. Inadequate collection and/or preservation of this evidence can eliminate the potential for suspect identification. Immediate air drying (no heat) of samples is critical for the optimum preservation of the evidence. All labeling or identifying information must be accurately completed. The label should include: the name of the patient, date and time of collection, sample source (or contents of clean paper bag when clothes are collected), and name of person collecting the sample.

An important function which can be provided by health care personnel is the microscopic examination for motile spermatozoa. This information can be valuable in estimating the length

Therefore, the Patient Representative must call the detective to immediately come to pick up the samples and take them to the GBI lab for preservation and analysis.

Each jurisdiction is responsible for providing the hospital or medical facility with the Sexual Assault Evidence Kits and the Drug-Facilitated Sexual Assault Victim Toxicology Kit. The Kits must be properly labeled with the agency name and case number. All kits shall be picked up by the responsible agency and delivered to the GBI/DOFS laboratory **within 120 hours of evidence collection.**

V. Summary

The sensitive treatment of sexual assault victims and the careful collection of the forensic evidence related to their assault will require much of health care providers. But this same sensitivity and carefulness will also do much to aid the transition of the patient from victim to survivor and the prosecution of the perpetrators of such crimes. The Sexual Assault Examination and Evidence Collection form will be successful to the extent that it furthers these two purposes.

VI. Checklist: SANE, physician, nurse practitioner or PA will:

- The medical facility must obtain informed consent from the victim explaining all tests and procedures, which will be given.
- Gather and document the medical forensic history
- Perform the examination and assessment, and coordinate treatment of injuries
- Perform and complete the medical forensic examinations and biologic evidence collection as quickly as possible after a report is received
- Complete appropriate authorizations relating to the examination, documentation and evidence collection (i.e. patient's informed consent)
- Photograph and document injuries and prepare a report
- Maintain and document the chain of custody of any evidence collected during the examination and assessment
- Adhere to best practices as outlined in the Georgia Sexual Assault Response Team Guide

- B.** Whenever possible, the prosecuting attorney shall notify the victim prior to any proceeding in which the release of the accused will be considered. ((O.C.G.A. 17-17-7(c)).
- C.** Whenever possible, the prosecuting attorney shall offer the victim the opportunity to express the victim's opinion on the release of the accused pending judicial proceedings ((O.C.G.A. 17-17-7(d)).
- 1.** If requested in writing by the victim and to the extent possible, the prosecuting attorney shall give prompt advance notification of any scheduled court proceedings and notice of any changes to that schedule. Court proceedings shall include any changes to that schedule. Court proceedings shall include, but not be limited to pretrial commitment hearings, arraignment, motion hearings, trial, sentencing, appellate review, and post-conviction relief. The prosecuting attorney shall notify all victims of the requirement to make such request in writing. ((O.C.G.A. 17-17-7(b)).
 - 2.** The prosecuting attorney shall offer the victim the opportunity to express the victim's opinion on the disposition of an accuser's case, including the views of the victim regarding plea or sentence negotiations and the perpetrator's participation in pretrial or post-conviction diversion programs ((O.C.G.A. 17-17-11).
 - 3.** Upon written request of the victim, the prosecuting attorney shall notify the victim of the following:
 - 4.** That the accused has filed a motion for a new trial or an appeal of his or her conviction.
 - 5.** Whether the accused has been released on bail or other recognizance pending the disposition of the motion or appeal.
 - 6.** The time and place of any appellate court proceedings relating to the motion or appeal and any changes in the time or place of those proceedings.
 - 7.** The result of the motion or appeal. ((O.C.G.A. 17-17-12(a)).

- B.** Whether or not there is independent evidence of the assault, such as eyewitnesses, photographs of injuries, forensic evidence, admissions of defendant, etc.
- C.** What impact testifying would have on the victim.
- D.** The existence of a past history of assaults, whether charged or uncharged, by the defendant.

IV. General Procedures for Handling Sexual Assault Cases

A. Assignment of Cases

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

B. Initial Screening

After assignment, the prosecutor should initially review sexual assault cases as soon as possible; the purpose of this initial screening is to determine what additional investigation needs to be done in preparing the case for disposition. In conducting this initial screening, the prosecutor should consider the facts of the case and the following variables:

- 1.** The extent or seriousness of the injuries.
- 2.** Whether or not the assault involved a gun or other weapon.
- 3.** The defendant’s prior criminal history.
- 4.** Status of the defendant’s arrest
- 5.** Victim cooperation
- 6.** Presence and amount of information and evidence of the assault.

As part of the initial screening, the prosecutor should make a diligent effort to contact the victim as quickly as possible upon receipt of a case. During this initial contact, the following information should be reviewed with the victim:

- a.** It is the State, not the victim, which must determine what disposition is to be

If a victim is unwilling or unable to cooperate in the prosecution of the case but sufficient independent evidence exists, then the prosecutor may pursue the case. If such independent evidence does not exist then the prosecutor may dismiss all charges and immediately notify the victim of this action.

C. Pre-Indictment Guidelines

When it has been determined to proceed with a case, the following preparations, when appropriate, should be made before the case is presented to the Grand Jury:

1. Any corroborating witnesses should be interviewed.
2. Name, addresses and phone numbers of all witnesses are included in the case file.
3. A complete criminal history of the defendant is in the file.
4. Where applicable, photograph of the victim's injuries have been received and reviewed.
5. Contact has been made with the community-based advocate, who has been working with the victim.
6. All police reports have been received and reviewed.
7. Results of all reports surrounding the case have been received and reviewed.
8. If feasible, prosecutors should charge and pursue to the fullest extent of the law defendants who harass, threaten, injure, or otherwise attempt to intimidate or retaliate against victims or witnesses.

D. Trial

In sexual assault cases there are several factors which, if not unique to these offenses, are more likely to have an impact on the trial of the case. For this reason, the prosecutor should be sensitive to the presence and influence of these factors in preparing for and in conducting the trial. One such factor is the extreme embarrassment or humiliation a victim may suffer in having to testify in open court as to the assault. Efforts should be made to prepare the victim for these emotions and to "shield" the victim as much as possible during his/her testimony. Another factor to assess in the trial of these crimes is the prejudice and preconceived notions people often have when someone has been sexually assaulted. More

2. Describe optional courses of action other than a negotiated plea.
3. In determining appropriate case disposition, take into consideration the desires/concerns of the victim.
4. Consider the needs of the victim in accepting a plea, e.g. restitution, protection, emotional security.
5. Provide sexual assault victim some method for making concerns, feelings, needs, etc. known to the court at or before sentencing on a plea.

G. Trial

1. Provide separate areas for victims and defense witnesses.
2. Provide court accompaniment for sexual assault victim.
3. Keep victim informed about court schedules: dates, times and places.
4. If requested by victim, provide information and explanation to employers for victims, their teachers, as to the necessity of the victim's presence at proceedings.

H. Sentencing

1. Ensure opportunity for a victim impact statement as a part of sentencing considerations.
2. Provide sexual assault victims some method for making their concerns, feelings, needs, etc., known to the court at or before the sentencing hearing.
3. Include victim needs as part of sentence, e.g. restitution, protection, emotional security.

I. Post Sentencing

1. Inform victim of the name and telephone number of the appropriate contact person at the Georgia Corrections and Parole Board Office of Victim Services for such information as changes in offender status, dates of scheduled parole hearings, method for updating victim impact statement, etc.
2. Whenever possible, accompany victim to any parole hearing.
3. Provide priority prosecution for violations of release conditions.

prosecution of these cases. The SAKI Task Force is co-located at the DeKalb County Fire and Rescue Building in Tucker, Georgia.

C. Sexual Assault Cold Case Investigation

The Metro SAKI Task Force shall oversee the testing of SAKs under the DANY Grant as well as the process for investigation and victim notification on cold cases that may be re-opened due to testing results.

They will contact the specified agency for assistance when a cold case sexual assault offender is identified from that specific jurisdiction. In order to evaluate the viability of a case for prosecution, they will need access to the original case file. If after evaluation the SAKI Task Force chooses to proceed with the case, the Task Force will lead the investigation and subsequent prosecution of the case.

D. Victim Notification

The SAKI Task Force has developed a Victim Notification Protocol (attached) as a guide in conducting victim notification in cold case sexual assaults. Each law enforcement agency shall contact the SAKI Task Force once their agency receives a CODIS HIT involving a cold case sexual assault. The SAKI Task Force will make the initial victim contact. The law enforcement agency should not make contact independently with the victim.

Signatures

Shondeana C. Morris

Shondeana C. Morris (Dec 9, 2025 11:52:35 EST)

Hon. Shondeana Morris
Chief Judge, DeKalb Judicial Circuit

Sherry Boston

Sherry Boston (Dec 10, 2025 09:52:04 EST)

Hon. Sherry Boston
District Attorney, DeKalb Judicial Circuit

Berry Anderson

Hon. Berry Anderson
Chief Judge, DeKalb County Magistrate Court

Greg Padrick

Greg Padrick (Dec 9, 2025 11:49:02 EST)

Chief Gregory Padrick
DeKalb County Police Department

Melody Maddox

Melody Maddox (Dec 10, 2025 09:56:04 EST)

Sheriff Melody Maddox
DeKalb County Sheriff

Harry Hess

Harry Hess (Dec 9, 2025 13:42:21 EST)

Chief Harry Hess
Avondale Estates Police Department

Darin Schierbaum

Darin Schierbaum (Dec 16, 2025 00:55:04 EST)

Chief Darin Schierbaum
Atlanta Police Department

Brandon Gurley

Brandon Gurley (Dec 18, 2025 12:51:47 EST)

Chief Brandon Gurley
Brookhaven Police Department

Scott Richards

Scott Richards (Dec 11, 2025 07:36:06 EST)

Chief Scott Richards
Decatur Police Department

Michael Carlson


Michael Carlson (Dec 10, 2025 08:11:56 EST)

Chief Mike Carlson
Dunwoody Police Department


Donald DeJarnette

Donald DeJarnette (Dec 15, 2025 09:23:25 EST)

Chief Donald DeJarnette
Lithonia Police Department

 Document emailed to Donald DeJarnette (donald.dejarnette@lithoniacity.org) for signature
2025-12-09 - 4:36:16 PM GMT

 Email viewed by mike.carlson@dunwoodyga.gov
2025-12-09 - 4:36:52 PM GMT- IP address: 3.239.54.130


 Email viewed by dschierbaum@atlantaga.gov
2025-12-09 - 4:47:33 PM GMT- IP address: 172.58.3.248

 Email viewed by Greg Padrick (gapadric@dekalbcountyga.gov)
2025-12-09 - 4:47:34 PM GMT- IP address: 204.120.180.4

 Document e-signed by Greg Padrick (gapadric@dekalbcountyga.gov)
Signature Date: 2025-12-09 - 4:49:02 PM GMT - Time Source: server- IP address: 204.120.180.4


 Email viewed by smorris@dekalbcountyga.gov
2025-12-09 - 4:51:36 PM GMT- IP address: 104.47.65.254


 Signer smorris@dekalbcountyga.gov entered name at signing as Shondeana C. Morris
2025-12-09 - 4:52:33 PM GMT- IP address: 12.2.12.4

 Document e-signed by Shondeana C. Morris (smorris@dekalbcountyga.gov)
Signature Date: 2025-12-09 - 4:52:35 PM GMT - Time Source: server- IP address: 12.2.12.4

 Email viewed by hhess@avondaleestates.org
2025-12-09 - 5:40:12 PM GMT- IP address: 173.165.165.193

 Signer hhess@avondaleestates.org entered name at signing as Harry Hess
2025-12-09 - 5:42:19 PM GMT- IP address: 173.165.165.193

 Document e-signed by Harry Hess (hhess@avondaleestates.org)
Signature Date: 2025-12-09 - 5:42:21 PM GMT - Time Source: server- IP address: 173.165.165.193

 Email viewed by Sherry Boston (sboston@dekalbcountyga.gov)
2025-12-09 - 7:26:14 PM GMT- IP address: 104.28.55.226

 Email viewed by baanderson@dekalbcountyga.gov
2025-12-09 - 8:17:16 PM GMT- IP address: 104.47.65.254

 Email viewed by Donald DeJarnette (donald.dejarnette@lithoniacity.org)
2025-12-10 - 1:06:52 AM GMT- IP address: 146.75.248.0

 Signer mike.carlson@dunwoodyga.gov entered name at signing as Michael Carlson
2025-12-10 - 1:13:54 PM GMT- IP address: 66.195.117.93

 Document e-signed by Michael Carlson (mike.carlson@dunwoodyga.gov)
Signature Date: 2025-12-10 - 1:13:56 PM GMT - Time Source: server- IP address: 66.195.117.93

 Document e-signed by Darin Schierbaum (dschierbaum@atlantaga.gov)

Signature Date: 2025-12-16 - 3:55:04 PM GMT - Time Source: server- IP address: 65.82.136.2

 Agreement completed.

2025-12-16 - 3:55:04 PM GMT