

The background is a solid teal color. In the center, there is a faint, semi-transparent image of several hands holding together interlocking puzzle pieces. The text is overlaid on this background.

Georgia

S A R T

Sexual Assault Response Team

a multidisciplinary victim-centered
approach for responding to victims
of sexual assault

2021 GUIDE

SART

Georgia Sexual Assault Response Team Guide

a multidisciplinary victim-centered approach for
responding to victims of sexual assault

This document was created as part of the Georgia Sexual Assault Response Team Project.

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A MESSAGE FROM THE CREATORS OF THIS RESOURCE

The Georgia Criminal Justice Coordinating Council began the Georgia Sexual Assault Response Team (SART) Project in 2015. Our ultimate – and admittedly ambitious – goal was to create a unified, consistent, comprehensive, and compassionate approach in how we, as Georgia’s criminal justice professionals, respond to crimes of sexual violence in our communities. Six years later, we have trained 29 of the 49 state judicial circuits, numerous counties and more than 500 SART professionals in Georgia, with more trainings scheduled for the second half of 2021.

We created this reference guide as a resource for SARTs across the state. In the process, we have been fortunate to meet face-to-face with many of those professionals who are doing the incredibly important work of responding to sexual assault victims in Georgia. We have heard heroic stories of dedicated law enforcement, prosecutors, SANEs, and victim advocates responding 24/7 to cases of sexual violence in metropolitan areas and small towns. We have listened to the challenges facing SARTs and been inspired by our colleagues’ work and their willingness to share and learn.

High functioning SARTs are comprised of knowledgeable, collaborative, and communicative team members dedicated to achieving one goal: supporting victims of sexual assault while they work to make their communities safer. SART team members must be willing to understand their role, as well as those of their fellow team members, while “staying in their lane.”

Our message is simple: a victim-centered, trauma-informed, and offender-focused sexual assault response by all SART members is best practice. By implementing these principles into the mission and philosophy of our SARTs, we are increasing our communities’ ability to hold offenders accountable.

In this second edition of the guide, we have updated laws and best practices. This includes House Bill 255, also known as the Sexual Assault Reform Act of 2021. This legislation requires the submission of sexual assault protocols to the Criminal Justice Coordinating Council, provides for a statewide Sexual Assault Kit Tracking System (SAKTS) and related reports, and requires law enforcement agencies to enter certain information into the FBI’s Violent Criminal Apprehension Program (ViCAP). Refer to [Appendix B5- HB 255](#) to see the bill’s wording in its entirety.

We have also addressed a number of issues that we learned from our partners in this vital work. For those of you who have used the original guide, please see the new sections:

- [Media](#)
- [Body-Worn Camera Considerations](#)
- [School Resource Officers](#)
- [DNA in Sexual Assault Cases](#)
- [Utilizing the Violent Criminal Apprehension Program \(ViCAP\)](#)
- [Self-Administered Sexual Assault Evidence Collection Kits](#)
- [Audiotaping or Videotaping the Forensic Medical Exam Interviews](#)
- [Faith Considerations](#)

As always, we wish to be a resource to you in your work to combat sexual violence in your community. We are available to you for technical assistance, support, and training. So please reach out to us.

Best regards,

Amy Hutsell, Program Director, CJCC together with the Georgia SART Trainers, State Expert Committee and CJCC’s Sexual Assault Unit

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INTRODUCTION

PROJECT STATEMENT

The purpose of this project is to outline a statewide, unified, consistent response to cases of sexual assault from law enforcement, prosecutors, courts, and victim service providers. The goals of the project include increases in (1) access to victim services, (2) offender accountability, and (3) knowledge and skills for victim services and the criminal justice system to appropriately respond to sexual assaults throughout the state of Georgia. This project supports and strengthens existing Sexual Assault Response Teams (SARTs) and assists in the creation of new SARTs. The ultimate outcome is that each judicial circuit has a trained SART to support a coordinated response to sexual assault, ensuring that victims are safe and offenders are held accountable.

GEORGIA SEXUAL ASSAULT PROTOCOL AND COMMITTEE STATUTES

In 2004, the Georgia Legislature enacted Chapter 24 of Title 15 of the Georgia code mandating that each judicial circuit form a sexual assault protocol committee to ensure coordination and cooperation between all agencies involved in sexual assault cases and improve assistance to sexual assault victims. Please note that the membership of the protocol committees established in each judicial circuit differs from the membership of the SART entrusted with carrying out the plan developed by the protocol committee. SART membership will be discussed in detail in Chapter 2 of this Guide. The code section (O.C.G.A. Section 15-24-2) is included below for reference.

§ 15-24-2. Establishment of sexual assault protocol and committee; representatives to committee; annual meeting and review

- (a) Each judicial circuit shall be required to establish a sexual assault protocol as provided in this Code section.
- (b) The chief superior court judge of each judicial circuit shall establish a sexual assault protocol committee as provided in subsection (c) of this Code section and shall appoint an interim chairperson who shall preside over the first meeting. The chief superior court judge shall appoint persons to fill any vacancies on the committee. Thus established, the committee shall thereafter elect a chairperson from its membership.
- (c) (1) Each of the following agencies of the judicial circuit shall designate a representative to serve on the committee:
 - (A) The office of the sheriff of each sheriff's office in the judicial circuit;
 - (B) The office of the district attorney;
 - (C) The magistrate court;
 - (D) The office of the chief of police of a county of each county within the judicial circuit in counties which have a county police department;
 - (E) The office of the chief of police of the largest municipality in the county of each county within the judicial circuit; and

- (F) The county board of health of each county within the judicial circuit.
- (2) In addition to the representatives serving on the committee as provided for in paragraph (1) of this subsection, the chief superior court judge shall designate:
 - (A) A local citizen of the judicial circuit;
 - (B) A representative of a sexual assault or rape crisis center serving the judicial circuit or, if no such center exists, then a local citizen; and
 - (C) A health care professional who performs sexual assault examinations within the judicial circuit or, if no such person exists, then a local citizen.
- (3) If any designated agency fails to carry out its duties relating to participation on the committee, the chief superior court judge of the circuit may issue an order requiring the participation of such agency. Failure to comply with such order shall be cause for punishment as for contempt of court.
- (d) The protocol committee shall adopt a written sexual assault protocol, a copy of which shall be furnished to each agency in the judicial circuit that handles cases of sexual assault. The protocol shall be a written document outlining in detail the procedures to be used in investigating, collecting evidence, paying for expenses related to evidence collection, and prosecuting cases arising from alleged sexual assault and shall take into consideration the provisions of Article 4 of Chapter 5 of Title 17. The protocol may provide for different procedures to be used within particular municipalities or counties within the judicial circuit. The protocol committee shall adopt a written sexual assault protocol no later than December 31, 2004. The protocol committee may incorporate sexual assault protocols used in the judicial circuit as they existed on or before July 1, 2004.
- (e) The purpose of the 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; 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.
- (f) Upon completion of the writing of the sexual assault protocol, the protocol committee shall continue in existence and shall meet at least annually for the purpose of evaluating the effectiveness of the protocol and appropriately modifying and updating same.

GEORGIA SART PROJECT CORE PARTNERS

The Criminal Justice Coordinating Council (CJCC) has formed core partnerships with the following agencies as part of the statewide project:

Administrative Office of the Courts (AOC)

Gwinnett Sexual Assault Center & Child Advocacy

Georgia Network to End Sexual Assault (GNESA)

Center (GSAC-CAC)

Georgia Public Safety Training Center (GPSTC)

Institute of Continuing Judicial Education (ICJE)
Prosecuting Attorney’s Council of Georgia (PAC)
Satilla Advocacy Services, Inc. (Satilla)

The Cottage, Sexual Assault Center & Child
Advocacy Center, Inc. (The Cottage)

GEORGIA SART STATE EXPERT COMMITTEE

The Criminal Justice Coordinating Council and their core partners would like to express their appreciation to the members of the Sexual Assault State Expert Committee for their dedication, support, and guidance demonstrated in creating the SART Guide.

Committee Chairs

Amy Hutsell (CJCC)
Liz Flowers (CJCC)
Rebecca Arnold (CJCC)

Guidelines Subcommittee Members

Anne Ealick-Henry	Kyle Bair
Frank Pennington II	Jay Eisner
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Ann Burdges	Sharla Jackson
Elisa Covarrubias	Sgt. Ernest Britton

Other Current Members of the State Expert Committee

Terry Anderson	Brian Carlisle	Rep. Scott Holcomb	Jodi Spiegel
Grace Atchinson	Eddie Chase	Keith Howard	Shannon Weathers
Jennifer Bivins	Michelle Dickens	Jennifer McEwen	Daysha Young
Angela Bowen	Diana Faugno	Sarah Pederson	
Lalaine Briones	Paul Freeman	Susan Schuenemann	
Judge Allison Burleson	Jennifer Graham	Sally Sheppard	
Kristy Carter	Virginia Greenbaum	Theresa Schiefer	

A special thank you to Sarah Bridges, formerly of GNESA. In her previous role as SART Coordinator and Co-Chair of the State Expert Committee, Sarah was very instrumental in the development of this Guide. We would also like to acknowledge the contribution of Kim Day of International Association of Forensic Nurses (IAFN) for her extensive review of and input on this Guide. We would like to thank additional contributors to this guide: Nikitris Deloach, Michelle Dickens, and Danielle Mumshaw.

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USING THE SART GUIDE

The purpose of this Guide is to help Georgia communities understand the benefits of the SART response, the principles guiding SARTs, and the information to form and sustain a community SART. The information in this Guide provides a framework for local communities and offers the flexibility necessary to tailor a response that considers local needs, issues, and resources. This Guide also includes specific topic areas, ideas, and questions posed by various organizations throughout the nation in the development and sustainability of community SARTs. It has been designed to be used by communities that are in the first stages of SART development, as well as by communities that have an established SART and would like to strengthen it. This Guide is intended to be read in its entirety, with each section building on the information presented in the sections prior.

TERMINOLOGY

Coordinated Community Response (CCR) – Coordinated Community Response refers to immediate and long-term community response to sexual assault that is coordinated among involved responders. The idea is that while each responder provides services and/or interventions according to agency specific policies, they also work with responders from other agencies and disciplines to ensure that they coordinate responses. The desired result is a collective response to victims and offenders that is appropriate, streamlined, and as comprehensive as possible. Coordinated Community Response to sexual assault is a concept that developed out of a need to reduce the historically fragmented approach to these cases and the negative impact of fragmentation on victim well-being, offender accountability, and prevention of future assault. Team members include SART members (i.e., those providing immediate response) and other involved professionals working with victims (i.e., those providing long-term community response).

Co-Victims of Sexual Assault (Collateral Victims of Sexual Assault) – Collateral victims of sexual assault are recognized by the Violence Against Women Act (VAWA) Sexual Assault Services Program (SASP) as victims of crime. Co-victims include family and household members of adult, youth, and child victims of sexual assault and others collaterally affected by the sexual assault including romantic partners, friends, co-workers, and roommates. Perpetrators of sexual assault are excluded from this category.

Crisis Intervention – Crisis intervention uses methods to offer immediate, short-term help to individuals who experience an event that produces emotional, mental, physical, and behavioral distress or problems.

Cultural Competence – Cultural competence means providing services, supports and/or other assistance that are conducted in a manner that is responsive to the beliefs, interpersonal styles, attitudes, language and behaviors of individuals who are receiving services, and in a manner that has the greatest likelihood of ensuring their maximum participation in the program.

Diverse Populations – Diverse population include, but is not limited to, people of any age, marital status, gender, education, sexual identity and orientation, culture, race, ethnic background, religion or spiritual belief, socio-economic status, level of physical, mental, or emotional functioning, residency, citizenship or immigration status, spoken language or means of communication, and HIV status.

Forensic Medical Exam (FME) – The sexual assault forensic medical exam is an examination of a sexual assault victim/patient by a healthcare provider (Sexual Assault Nurse Examiner (SANE), Sexual Assault Forensic Examiner (SAFE), Sexual Assault Medical Forensic Examiner (SAMFE), licensed medical doctor, physician’s assistant, nurse practitioner, registered nurse) who has specialized education and clinical experience in the collection of evidence and treatment of these victims/patients. The examination includes:

- gathering information from the victim/patient for the forensic medical history;
- an examination;
- coordinating treatment of injuries, documentation of biological and physical findings, and collection of evidence from the victim/patient;
- documenting findings;
- providing information, treatment, and referrals for sexually transmitted infections, pregnancy, suicidal ideation, alcohol and substance abuse, and other non-acute medical concerns; and
- scheduling follow-up as needed to provide additional healing, treatment, or collection of evidence.

This exam is referred to as the “forensic medical examination” under VAWA. However, it is also sometimes referred to as medical forensic examination (MFE).

Georgia Crime Victims Compensation Program – The Georgia Crime Victims Compensation program was created as a response to the financial losses incurred by victims of crime. The Program helps victims and their families through the emotional and physical aftermath of a crime easing the monetary impact placed upon them by providing financial benefits for expenses such as medical bills, loss of earnings, mental health counseling, funeral expenses, and crime scene sanitization. The Georgia Crime Victims Compensation Program is administered by CJCC (O.C.G.A. § 17-15-1, et. seq.).

Pursuant to O.C.G.A. § 17-5-72, victims of sexual assault in the State of Georgia may request, at no cost to the victim, a forensic medical examination for sexual assault, regardless of whether the victim participates in the criminal justice system or cooperates with law enforcement in pursuing prosecution of the underlying crime. The Georgia Crime Victims Compensation Program should be billed directly for all expenses relating to a forensic medical examination (i.e. lab work, emergency room fees, physician’s fees, Sexual Assault Nurse Examiner (SANE) fees, all clinical fees associated with the exam, sexually transmitted infections testing, etc.). Neither the victim nor any collateral sources (e.g. insurance) may be billed for a forensic medical examination. The Program sets the maximum payment for the forensic medical exam and medications. Payment to the provider will be considered as payment in full.

O.C.G.A. § 17-15-16 provides that the portion of a forensic interview used for the identification of the interviewee's needs may be paid for by the Georgia Crime Victims Compensation Program for crimes occurring in Georgia on or after July 1, 2014.

Survivor – The term survivor is used when referring to victims who are involved in long-term healing or who have healed from sexual assault.

Sexual Assault – Sexual assault includes all forms of sexual offenses, including rape, aggravated sodomy, statutory rape, attempted rape, sexual battery, prostitution, trafficking, or commercial sexual exploitation. Please refer to [O.C.G.A. Title 16](#) for more information and for more information to Georgia statutes relating to sexual assault go to [Georgia Sexual Assault Statutes 2016](#).

Sexual Assault Nurse Examiner (SANE) – A registered nurse who has received specialized training and education to conduct sexual assault forensic medical exams.

Sexual Assault Response Team (SART) – A multidisciplinary team that provides specialized immediate response to victims of recent sexual assault by implementing a comprehensive, sensitive, coordinated system of intervention and care for sexual assault victims. The team typically includes victim advocates, health care personnel, law enforcement representatives, and prosecutors. However, SART components vary by community. Many SARTs meet on a regular basis and often engage in procedural reviews to ensure that the best victim-centered services and resources are being provided in their communities.

Sexual Assault Victim Advocate – A sexual assault victim advocate may offer victims and co-victims (collateral victims) a range of services throughout the entire process of responding to sexual assault victims to ensure continuity of care. These services include: 24-hour crisis hotline, in-person medical accompaniment, crisis intervention, advocacy, information and referral, system coordination and collaboration, interpretation or translation, legal advocacy (civil, criminal, and immigration), and follow-up services to ensure victims' interests are represented, their wishes respected, and their rights upheld. In addition, sexual assault victim advocates may provide support groups, counseling, and accompaniment to related appointments to help meet the needs of victims, their families, and friends. The priority of the sexual assault victim advocate is the victim.

Trauma-Informed Approach – A trauma-informed approach is a strengths-based framework that is grounded in an understanding of (and responsiveness to) the impact of trauma. It emphasizes the profound neurological, biological, psychological, and social effects of trauma and violence for both the providers and survivors and that creates opportunities for survivors to rebuild a sense of control and empowerment. A trauma-informed approach is used by a program, organization, or system that responds to sexual assault by fully integrating knowledge about trauma into policies, procedures, and practices.

Underserved Population – A population for which there is a disparity between the presence of that population in the agency's service area and the presence of that population among the persons receiving

the agency's services. Populations that may be underserved include foreign born persons, persons with limited English proficiency, persons with disabilities, persons who are gay, lesbian, bisexual, or transgender, persons of certain racial or ethnic backgrounds, older persons, men, and others.

Victim – The sexual assault victim is someone who has been sexually assaulted. The term victim is used throughout this Guide because the focus of services is based upon the type of victimization experienced. A victim can be female or male, a person whose gender identity may not conform to his or her sex or may be someone who doesn't identify as either male or female. There may be instances where individuals are unable to consent due to age, unconsciousness, incapacitation, or disability. In these cases, others may suspect sexual victimization and may lawfully be able to seek help for them. The definition of victim includes those who are prostituted, trafficked, or otherwise commercially sexually exploited.

Victim-Centered – An approach used when working with victims of sexual assault that focuses on restoring control to the victim, helping the victim identify and explore options, and supporting the victim's right to make decisions to guide their own recovery.

Victim-Witness Program Advocates – System-based advocates who are employed by a public agency (typically a police department, sheriff's office, or prosecutor's office). Although their range of responsibilities varies, the primary goal of these professionals is to support the victim in the context of a criminal case and to protect the victim's rights as established by state and federal law throughout the criminal justice process. They can also assist the victim in applying for compensation or accompanying the victim to interviews and court proceedings. Because of their position within the criminal justice system, victim-witness program advocates often have unique access to other criminal justice professionals and information. They can be volunteers or paid staff and can share information with law enforcement gained from conversations with the victim. Victim-Witness Program Advocates are also referred to as VWAP or Victim-Witness Assistance Program.

CHAPTER 1: SEXUAL ASSAULT RESPONSE TEAMS

WHAT IS A SART?

A Sexual Assault Response Team (SART) is a multidisciplinary, inter-agency collaboration that unites its members in a coordinated, victim-centered approach to responding to sexual assaults. Its goals are to provide the best victim-centered response to sexual assault victims, to mitigate the effects of sexual assault on individual victims and their loved ones, to increase victim and community safety, and to prevent further victimization. It allows those who respond to sexual assaults a way to intervene that addresses each victim's circumstance and respects the unique roles of the different professionals involved in responding to sexual assault. It is a team approach implementing a comprehensive, sensitive, coordinated system of intervention and care for sexual assault victims. This approach makes the victims' needs a priority, hold offenders accountable, and promotes public safety. The partners in a SART are both public and private agencies that provide direct services to sexual assault victims. SARTs can also be part of a Coordinated Community Response (CCR). For example, sexual assault center victim advocates, medical personnel/sexual assault nurse examiners (SANEs), law enforcement officers, and prosecutors may be joined by mental health specialists, counselors, addiction treatment providers, domestic violence victim advocates, parole and probation workers, and campus or community safety personnel. The SART provides a means for collaboration, relationship-building, and education between the various professionals.

SART Goals

- provide the best victim-centered response to sexual assault victims
- mitigate the effects of sexual assault on individual victims and their loved ones
- increase victim and community safety
- prevent further victimization

A SART provides an opportunity to:

- become familiar with the roles and responsibilities of each discipline that responds to sexual assault;
- develop and build relationships with the individual responders and their agencies so that the best information and referrals can be provided to the victim and to each other;
- identify available, valuable community resources, avoid duplication of services, and collaborate on effective delivery of services to sexual assault victims;
- develop/establish protocols to provide a seamless response that ensures that victims and responders are well informed and that the needs of the victim and the needs of the criminal justice system are considered throughout the legal process;
- share information, knowledge, and expertise among the SART members;
- establish rapport with the various SART members in order to provide an opportunity for resolution in the event of a challenge or miscommunication; and
- educate the partners and the public to increase awareness of sexual assault and the scope of the problem, decrease victim-blaming, identify solutions, and provide leadership.

The SART model has become the standard for responding to sexual assault victims. Models range from informal, cooperative partnerships to more formalized coordinated, multidisciplinary responses on local, regional, or state levels. SARTs function in various ways depending upon the needs of the community they serve and often provide a wide range of services. Because team members work together, the specific roles and responsibilities of the SART agencies are interwoven into team guidelines and protocols that coordinate responsibilities based on expertise.

SART GOALS AND OBJECTIVES

The mission of a SART is to provide a sensitive and competent multidisciplinary response, to support efforts to restore well-being to the victim, and to bring the offender(s) to justice. To accomplish this mission, the goals of the SART are to ensure:

- competent, coordinated, and effective intervention;
- a sensitive and caring response to victims of sexual assault by all disciplines;
- cultural competency;
- complete, consistent, and accurate case investigations;
- high quality and consistent forensic medical examinations;
- the provision of medical and forensic follow-up care;
- crisis intervention and follow-up counseling referrals; and
- effective support of the mission of the criminal justice system.

TWO SETS OF NEEDS

A high functioning SART recognizes that the sexual assault victim and the criminal justice system have two distinct yet overlapping sets of needs. Sometimes there are inherent conflicts between these two sets of needs. Sometimes, they are the same. Through professional collaboration of sexual assault centers, health care providers, law enforcement agencies, and prosecutors, both sets of needs can be accommodated. However different the needs may be, all involved professionals agree that victim safety is first and foremost.

The needs of the sexual assault victim may include:

- safety;
- choice of next steps;
- coordinated response;
- sensitive intervention;
- cultural competency;
- medical assessment and treatment of any injuries;
- early emotional support and advocacy;
- information about investigative, FME and evidence collection, and criminal justice procedures;
- accessible, prompt, high-quality medical forensic examination;

- prompt and efficient response to minimize time at the hospital;
- prophylaxis against sexually transmitted infections;
- assessment of possible pregnancy risk and prophylaxis with oral emergency contraception, if requested;
- follow-up forensic and/or medical care;
- emotional support and/or mental health care;
- emotional support and/or mental health care for family members;
- justice;
- trauma recovery;
- referrals; and
- empowerment with information and education.

The needs and goals of the criminal justice system are:

- protection of the victim and the community;
- participation by the victim in the investigative and judicial process;
- accessible, prompt, high quality FMEs to provide medical intervention and promote efficient investigation;
- forensic and physical follow-up evaluation, if indicated;
- optimal recognition, collection, handling, and storage of potential evidence;
- accurate documentation of physical findings and evidence-based interpretations;
- identification and apprehension of the offender;
- competent case investigation;
- reliable analysis of evidence;
- credible expert testimony;
- effective prosecution; and
- competent representation for the defendant by defense counsel.

So how do SARTs help victims? **SARTs diminish the short and long-term impacts of trauma by activating interdisciplinary expertise to assess and address victims' needs from the initial victimization to recovery.** SARTs form cooperative partnerships that can validate victims' concerns, inform victims of available options for addressing those concerns, and improve service availability for diverse populations. The team can also improve cross-discipline communication and enable victims to provide feedback on their cases. Specifically, SARTs help victims by:¹

- providing support for victims during medical procedures and interviews;
- supporting victims emotionally as they navigate the criminal justice system;
- designating specific facilities for FME that make timely responses a priority and offer victims privacy;

¹ Kentucky SART Advisory Committee. (2014). SART Toolkit: Resources for Sexual Assault Response Teams.

- offering medical assessments and prophylactic treatment for sexually transmitted infections and addressing reproductive health concerns;
- ensuring that medical and legal providers collect evidence effectively and follow a chain of custody;
- building a network of community referrals to meet victims' practical, emotional, spiritual, and economic needs (e.g., temporary shelter, transportation, employment intervention, home security, assistance with [GA Crime Victims Compensation claims](#)); and
- promoting a collaborative process for information gathering that is respectful to victims and minimizes repetition of questions.²

How do SARTs help responders? **Because SARTs are a multidisciplinary team, they provide a range of resources and shared expertise to help make services for victims a priority and to ensure quality evidence collection.** SARTs provide cross-training, develop guidelines and protocols for consistent responses to sexual assault, and increase their expertise by consulting with a network of government and community-based service providers. These benefits mean:

- better informed decisions through an understanding of cross-agency roles;
- more efficient use of limited resources;
- improved responses based on victim-identified needs and best investigative practices;
- streamlined access to victim services;
- increased offender accountability;
- consistent responses through the civil and criminal justice systems;
- seamless service referrals;
- safer communities through sexual assault prevention education; and
- address sexual violence as a major public health and criminal justice concern.

How do SARTs improve the criminal justice process? **For cases involving both SANEs and SARTs, the average time between the assault and the report was 5.6 days. For non-SART cases, however, an average of 33 days elapsed between the assault and the report by the victim.**³

First, SART cases are reported more quickly than non-SART cases. Second, more evidence (including more DNA evidence) is found in SART cases. SART cases yielded an average of 3.1 types of evidence compared to only 1 type in non-SART cases. DNA evidence was collected in 37% of SART cases, but only 10% was collected in non-SART cases.

² U.S. Department of Justice (2013). *A National Protocol for Sexual Assault Medical Forensic Examinations: Adult/Adolescent*, 2nd edition.

³ Nugent-Borakove et al. (2006). Testing the efficacy of SANE/SART Programs: Do They Make a Difference in Sexual Assault Arrest and Prosecution Outcomes? <https://www.ncjrs.gov/pdffiles1/nij/grants/214252.pdf>

Research has shown that victims who receive a SART intervention averaged higher participation rates in the criminal justice system

Research has also shown that victims who receive a SART intervention averaged higher participation rates in the criminal justice system (making police reports, giving formal statements, testifying and/or appearing at court hearings, and cooperating with prosecution). Additionally, SART involvement is 1) a factor in the identification and arrest of a suspect, 2) is the strongest predictor that charges will be filed, and 3) helps to increase the likelihood of convictions in sexual assault cases. Sexual assault conviction rates were 60-80% higher than average when there was SART intervention.⁴

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.

MEDIA ADVOCACY, EDUCATION, AND COMMUNITY AWARENESS

Media Advocacy plays a significant role for victim service providers, especially in the education of media on the facts of sexual violence and abuse, and how to effectively raise public awareness while protecting the confidentiality and privacy considerations of survivors.

In 2020, investigative news journalism spotlighted numerous high-profile sexual assault investigations that notably transformed and advanced public awareness and understanding of sexual assault victimization.

DEVELOPING A PLAN: 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.

⁴ The White House Council on Women and Girls (2014). Rape and Sexual Assault: A Renewed Call to Action. <https://www.ncjrs.gov/App/Publications/Abstract.aspx?id=266766>

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.

⁵ Anne Seymour and Bonnie Bucqueroux, *A News Media Guide for Victim Service Providers*, (Washington D.C., Justice Solutions NPO, 2009.)

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.

Additional resources on developing a Media Advocacy Plan can be found at the following:

A News Media Guide for Victim Service Providers

<http://www.victimprovidersmediaguide.com/>

Media Toolkit for Sexual Assault Prevention

https://www.nsvrc.org/sites/default/files/publications/2018-10/Toolkit6_FINAL508.pdf

MEDIA Resources (Various): EVAWI Media Documents, Toolkits, and Information available at:

<https://www.evawintl.org/Library/Documents.aspx?StaticCategory=true&CategoryID=177>

Your Voice, Your Choice: A Survivor Media Guide – *CounterQuo*

<https://www.evawintl.org/Library/DocumentLibraryHandler.ashx?id=614>

CHAPTER 2: BUILDING A COMMUNITY SART

DEVELOPING YOUR SART

As noted in the Introduction, pursuant to state law (O.C.G.A § 15-24-2), each judicial circuit is required to establish a multidisciplinary protocol in response to sexual assault. While the legislation does not explicitly require the development of a local SART, protocol development is an effective means to formalizing a SART to serve your community. The Chief Superior Court Judge of each judicial circuit in Georgia is responsible for 1) establishing the committee, and 2) appointing a committee chair.

To begin building your SART, determine a lead agency or individual to help facilitate the meetings (examples include the local sexual assault center, the District Attorney's Office, and the Chair of the protocol committee). Next, schedule a meeting of responders and partners who have a commitment to improving the community's response to sexual assault victims and the criminal justice process. For the community SART to grow, it is essential to have good communication and collaboration with all community partners. The SART's initial objective is to become familiar with the role of each agency before setting team goals and objectives. How the SART is structured and the decision-making processes of individual SARTs will vary depending upon the needs of the local community. Regardless of the structure of each SART, several key decisions must be made. The Criminal Justice Coordinating Council's (CJCC) Sexual Assault and Human Trafficking Unit can provide technical assistance and training to assist in SART protocol development.

Some questions to consider are, what is the SART's mission or philosophy and what are the SART's goals? It is important that the SART members agree on a common vision and commitment. Common philosophies of successful SART programs include:

- the right of sexual assault victims to have access to competent, compassionate care (crisis services, health care, mental health, etc.);
- the right of sexual assault victims to have high quality, sensitive, supportive FMEs delivered in an accurate and timely manner, regardless of the victim's decision on reporting to law enforcement;⁶
- the right of sexual assault victims to have forensic evidence collected free of charge, regardless of whether reporting to law enforcement; and
- the need for community investment in improving the response to sexual assault victims and ending the crime of sexual assault.

The SART should also develop goals and objectives specific to the development and implementation of the SART program. For example, one goal for the SART program could be to provide access to quality evidence collection by a specially trained healthcare provider. The objective for that goal would be to arrange for a 24-hour on-call schedule of SANEs to perform the FME. Another example of a goal is to provide compassionate response to sexual assault victims. An objective to meet this goal is to provide training for

⁶ U.S. Department of Justice (2013). *A National Protocol for Sexual Assault Medical Forensic Examinations: Adult/Adolescent*, 2nd edition.

SART members on how to respond to sexual assault victims. It is also helpful for SARTs to establish appropriate timeframes and responsible parties for accomplishing the goals and objectives. See Appendix A4 for a Sample SART Protocol.

STEPS TO BUILDING YOUR SART⁷

Much research and work has been done to assist communities in organizing community SART programs. One widely used method is the Eight-Step Model Process developed by Boles and Patterson in their book, *Improving Community Response to Crime Victims: An Eight-Step Model for Developing Protocol* (1997). The Eight-Step Model Process is listed below:

- Step 1: Inventory of Existing Services
- Step 2: Victim Experience Survey
- Step 3: Community Needs Assessment
- Step 4: Writing the Protocol
- Step 5: Formal Agency Adoption of Protocol
- Step 6: Training
- Step 7: Monitoring
- Step 8: Evaluation

This section will explain each step in-detail to assist during your SART planning.

STEP ONE: INVENTORY OF EXISTING SERVICES

The first step in organizing your SART is an inventory of existing services. The purpose of taking inventory of existing services is to examine agencies in your community currently addressing victims of sexual assault and to become aware of all services and resources available to these victims. The inventory should be as comprehensive as possible, and it should include services from your local sexual assault center, law enforcement agencies, prosecutors' offices, medical facilities, mental health programs, victim services organizations, culturally specific service providers, faith-based agencies that may be providing survivor support services, and other social service agencies that are able to assist sexual assault victims. The result of the inventory of existing services is a comprehensive directory of agencies and organizations providing services to victims of sexual assault within your community.

⁷ Kentucky Association of Sexual Assault Programs. (2002). *Developing a Sexual Assault Response Team: A Resource for Kentucky Communities*. <http://www.kasap.org/pdf/DevelopingSART.pdf>

To conduct the inventory, your SART needs to develop a questionnaire to identify five issues:

- service availability
- accessibility
- quantity
- quality
- legitimacy

A sample inventory of existing services form can be found in [Appendix A1](#).

STEP TWO: VICTIM EXPERIENCE SURVEY (VES)

The second step in the process is the Victim Experience Survey (VES). This confidential survey is conducted to determine the victims' assessment of how well the system is responding to their needs. The VES should assess the feelings of the victim regarding how their case was handled and how they were treated by each agency/organization. To find out information about how each agency/organization responds to sexual assault victims, it is important to assess victims throughout the criminal justice process, including those whose cases:

- are not reported to authorities;
- are not pursued because the perpetrator is not apprehended;
- are not filed (or dropped) after the initial investigation;
- are pled out before or during trial;
- are completed through trial, but may or may not obtain a guilty verdict; and/or
- result in a guilty verdict with sentences that may or may not include incarceration.

Several agencies can be responsible for conducting this survey. The logical choices include the local sexual assault center or law enforcement, as these agencies will have the most contact with the victim during the criminal justice process. It is recommended that your SART members work closely with the local sexual assault center in developing and implementing the survey. The centers can be very helpful in creating a victim-sensitive survey and an appropriate implementation approach. The primary focus should be placed on victim experience, not the goal of the system. The survey packet and an introductory letter can be mailed to victims through a lottery process to ensure randomization. Once the responses are returned and counted, the information will be used in the third step of the Eight-Step Model Process.

A sample VES and Introductory letter can be found in [Appendix A2](#).

STEP THREE: COMMUNITY NEEDS ASSESSMENT

The third step in the process is the community needs assessment. This step is intended to answer two primary questions.

- What services does the community require to meet the needs of sexual assault victims?
- What should the SART do to meet these needs?

When conducting a community needs assessment, there are several questions that your SART must explore to develop a SART program unique to your own community.

- What is the population of your county, city, or community? Is it urban, rural, suburban, or mixed?
- How many sexual assault cases have been reported for the past year in your county, city, or community? Keep in mind that this is only a small percentage of the actual number of sexual assaults occurring because most sexual assaults are not reported.
- How many cases were prosecuted? How many resulted in convictions?
- How many of the cases were adults, adolescents, and children?
- How many victims were seen by the local sexual assault center in the past year? How many FMEs were conducted? How many of the exams conducted were non-reported cases?

In addition to these general community assessment questions, there are specific questions targeted toward agencies that will be working with sexual assault victims in some way.

The following are some of the agencies and samples of questions pertinent to their involvement in the process.

SEXUAL ASSAULT CENTER

- What local sexual assault center serves your area?
- Does the sexual assault center offer 24-hour on-call services?
- How many survivors does the sexual assault center provide services to each year?
- What kind of services do they provide?
- What training is required or provided to sexual assault center staff/volunteers?
- What does the sexual assault center think about the effectiveness of the current medical response to sexual assault victims?
- Given what they know about SART programs, what does the sexual assault center see as the benefits and difficulties in developing, implementing, and sustaining a SART program in this community?

LAW ENFORCEMENT

- How many law enforcement agencies exist in your county, city, or community?
- Do any of them have a special unit that investigates sex crimes?

- To what facilities do law enforcement officers usually take sexual assault victims?
- How effective does law enforcement consider the current medical response to sexual assault victims?
- What is law enforcement's role in maintaining proper chain-of-custody?
- What training do the law enforcement officers have in dealing with sexual assault cases?
- Given what they know about SART programs, what does law enforcement see as the benefits and difficulties in developing, implementing, and sustaining a SART program in this community?

HOSPITALS AND EXAM FACILITIES

- How many hospitals and/or examination facilities exist in your county, city, or community?
- Do all of the hospitals examine and treat sexual assault victims?
- How many sexual assault examinations does each hospital/exam facility perform on adults and adolescents each year?
- Who usually conducts the exams in each hospital?
- Are specially trained staff available to conduct sexual assault exams?
 - If there are specially trained staff, are they available 24/7?
- What challenges do facilities face when working with sexual assault victims?
- What types of policies and procedures have been developed to treat sexual assault victims?
- What type of referrals do facilities provide to victims?
- Does the hospital/exam facility contact the sexual assault center to coordinate response by an advocate to provide on-site support and crisis services?
- Given what they know about SART programs, what do the hospital/exam facilities see as the benefits and difficulties in developing, implementing, and sustaining a SART program in this community?

PROSECUTORS

- How many sex crimes does the prosecutor's office review each year?
- How many do they indict each year?
- What percentages of dispositions are guilty?
- Does the community have specialized prosecutors for sexual violence cases? If so, what specialized training is received?
- What is their experience with the forensic evidence collected in the hospitals/exam facilities?
- Is the evidence they need provided to them?
- Do they encounter any difficulties when medical staff testify?
- Is there a victim witness program in the prosecutor's office?
- Given what they know about SART programs, what does the prosecutor's office see as the benefits and difficulties in developing, implementing, and sustaining a SART program in this community?

VICTIM WITNESS PROGRAMS

- Is there a victim/witness program in your community?
- What agency (or agencies) houses/sponsors the victim/witness program in your community?

- What services does the program provide?
- In what way, if any, do they interact with the local sexual assault center?
- How many sexual assault victims does the program serve each year?
- Does the program provide services to victims in cases where an arrest has not been made?
- Considering what may be known about SARTs, what does the victim/witness program see as the benefits and difficulties in developing and implementing a SART program in this community?

OTHER

- What other committees, task forces, or coalitions already exist that address related issues, such as sex offender treatment, violence prevention, child abuse, or domestic violence?
- What funding sources might be available?
- How are the current services funded?

Once you have completed this community needs assessment, the SART must compile a report of their findings, which will then be used in the next, vital step of the process—writing the protocol.

STEP FOUR: WRITING THE PROTOCOL

The fourth step in the process, and the most time-consuming, is writing the protocol. **The purpose of writing a multiagency protocol is to define the roles and the responsibilities of each agency as it responds to the needs of victims. It is essential to remember that each community is unique, and a protocol developed for one community is may not be a sufficient protocol for another community.** There is no “cookie cutter” approach that works for everyone. At this point your SART members should be familiar enough with each other and the community needs to develop an appropriate protocol based on these needs.

Many protocols are developed using an agency responsibility checklist, which specifies what each specific agency should be doing when working with victims of sexual assault. Once the checklist is assembled, it can be easily transformed into a written protocol and distributed to all agencies and personnel involved. Some communities have even developed “pocket protocols” which are small, index-card sized, laminated booklets that SART members can easily carry with them to reference as needed. These booklets usually contain the responsibility checklist in an easy-to-read format.

A Memorandum of Understanding (MOU) can serve as your written protocol until your protocol has been completed. A sample (MOU) has been included for your reference (see [Appendix A3](#)). A sample SART protocol template has also been included for reference (see [Appendix A4](#)), keeping in mind that the approach needs to be appropriate for your community’s specific needs.

STEP FIVE: FORMAL AGENCY ADOPTION OF THE PROTOCOL

After the protocol is written, each agency affected should review it carefully and secure an official acceptance of the protocol by the agency director on behalf of the organization. This is also an excellent

time to consider expanding the membership of the SART so that every agency identified in the protocol can participate in the decision-making process.

STEP SIX: PROTOCOL-BASED TRAINING

The SART should also organize and develop a protocol-based training program designed to accomplish two objectives. These objectives are to ensure:

- all personnel from each applicable agency are aware of how the protocol affects each of their positions; and
- personnel affected by the protocol have the necessary expertise to carry out their responsibilities.

The training curriculum should be interdisciplinary, which reflects the character of the protocol. Individuals from various agencies who will be working together to respond to reports of sexual assault should begin their relationships by training together. This means that all “first responders” from law enforcement, sexual assault centers, and medical facilities should be trained together to address their specific roles, but to also understand the roles of other professionals.

STEP SEVEN: MONITORING PROTOCOL IMPLEMENTATION

The SART has the responsibility of overseeing the implementation of its protocol. Monitoring enables your SART to know how well the implementation process is progressing, whether there are problems, and the nature of any problems being experienced. This information is useful for keeping the project operating as intended.

Monitoring

The SART has the responsibility of overseeing the implementation of its protocol.

Monitoring is done through a combination of actual observation by a monitoring team and collection of data from program sites. The SART should appoint a monitoring team that would be responsible for developing a data collection form, as well as performing on-site monitoring. The team is responsible for reporting its findings to the SART and the agencies they monitor. This process is intended to assist with the implementation of the protocol.

As they perform their tasks, the monitoring team should look for strengths as well as weaknesses. The strengths should receive at least as much attention as the weaknesses in the report. When a problem is identified, the team should attempt to identify a probable cause and suggest solutions. Monitoring is intended to be supportive of the agency’s efforts and not intended to put the agency in a bad light.

STEP EIGHT: PROTOCOL EVALUATION

Protocol evaluation is the eighth step in this cyclical process. This step is closely related to the previous step of monitoring, as they both help determine how effective the protocol is at meeting victims' needs.

The SART needs to appoint an evaluation committee, which will collaborate with the monitoring committee on data collected and utilized. The purpose of this evaluation is to provide programs with information useful to them for guided decision making. The SART needs to formulate a work plan that includes the following questions:

- Who will collect the data?
- When will the data be collected?
- How will the data be collected?
- How will the data be verified?
- How will the data be analyzed?

Upon completion of the evaluation of the data collected the evaluation committee will then submit a report outline to the SART. This allows for further decision-making regarding how well the program is functioning for the community.

Completing this eighth step by no means infers that the process is finished. This should be a cyclical process that will consistently be changed and monitored to meet the ever-changing needs of victims and the system. Per [O.C.G.A. § 15-24-2](#), *"The SART Protocol Committee shall continue in existence and shall meet at least annually for the purpose of evaluating the effectiveness of the Protocol, and appropriately modify and update same."*

VICTIM-CENTERED APPROACH

An effective SART strives to reduce further trauma to a sexual assault victim as she/he is involved with the criminal justice system. This allows the victim to see the criminal justice system as an ally that gathers relevant information in a manner that is fair and without prejudging the facts. To accomplish these goals, a SART should be victim-centered in its response. This means that each member of the SART recognizes the value of this approach. Research has increasingly demonstrated that victims of sexual assault who experience a supportive and compassionate response, regardless of the criminal justice outcome, have lower rates of post-traumatic stress than victims who experience secondary trauma in the form of disbelief and blame. It is the role of a SART to create response protocols that mitigate the harm trauma victims may experience.

A victim-centered response recognizes that the one person to whom all responders are responsible in the event of a sexual assault is the victim. The victim is therefore central to the actions of each SART member and the response. It is critical to the success of the investigation that victims believe reporting to and participating in the criminal justice system is a safe and viable option. If victims do not believe this is the case, they may not come forward, they may not report, and they may not wish to participate in the criminal justice process. Each victim who chooses to report provides the SART with an opportunity to increase victim and community safety.

Victim-Centered

An approach used when working with victims of sexual assault that focuses on restoring control to the victim, helping the victim identify and explore options, and supporting the victim's right to make decisions to guide their own recovery.

To best develop a victim-centered response, you need to consider how you will respond to victims with specific needs – victims who are members of a vulnerable population? Will your response differ if the victim is a teenager who engaged in underage drinking? How will you respond to a victim who is gay, lesbian, bisexual, or transgender? What is your response to victims with a disability, victims with mental illness, or who do not speak English? Having the ability to respond to community members of varying needs will be an indicator of a sustainable and encompassing program. For additional guidance please see [Chapter 5, Sexual Assault Victim Considerations](#).

In practice, a victim-centered collaborative response includes:

- giving time and consideration to the victim's needs and wishes;
- prioritizing the safety and well-being of the victim, including considering the impact that various systems' responses may have (e.g., media, plea negotiations, etc.);
- acknowledging that effectively providing for victim safety requires victim input;
- recognizing that the harm and trauma experienced by a victim does not relate to the level of violence used by the offender; rather, it relates to the victim's belief that she/he is supported and believed;
- prioritizing the privacy of the victim and her/his right to (reasonable) confidentiality;
- providing competent, professional, thorough, compassionate, and knowledgeable responders during every step of the response. This includes promoting regular training opportunities for SART members;
- demonstrating professionalism and respect between responders;
- recognizing the importance of supporting the work and role of each responder;
- recognizing that victims of sexual assault are never responsible for their victimization, regardless of the circumstances leading up to or surrounding the assault (e.g., lifestyle, choices, behavior);
- recognizing that the response of friends, family, and (system) responders, or the lack thereof, can either increase or mitigate the harm and trauma that victims suffer as a result of the assault;
- recognizing that offenders are always responsible for the assault; and
- referrals for immediate and ongoing services.

The following chart explains the difference between a Victim-Centered response (recommended) and a Case-Centered response (not recommended) and is adapted from the Minnesota Model Sexual Assault Response Protocol Project:

CASE-CENTERED (NOT RECOMMENDED)	VICTIM-CENTERED (RECOMMENDED)
<p>Law Enforcement Interview The interview with the victim seeks to:</p> <ul style="list-style-type: none"> • Identify elements of a crime; • Evaluate the victim as a potential witness; and • Determine the victim’s credibility. 	<p>Law Enforcement Interview The interview with the victim seeks to:</p> <ul style="list-style-type: none"> • Identify the nature of the harm done to the victim as well as the elements of any crime; • Acknowledge the violation; • Listen for concerns about the current and future well-being of the victim; • Evaluate the victim’s wishes about the future of the case; • Address the case requirements; and • A by-product of the successful trauma-informed interview will be to give law enforcement the necessary information to evaluate the credibility of the victim as a witness.
<p>Press Releases</p> <ul style="list-style-type: none"> • A media or press release is timed according to case preferences and the media’s request for public data. Typically, the victim learns of case progress through media reports. 	<p>Press Releases</p> <ul style="list-style-type: none"> • Every effort is made to inform the victim of information to be released to the media before it is made public. Appropriate discretion is used regarding certain case details and/or in line with culturally specific concerns.
<p>Plea Bargains</p> <ul style="list-style-type: none"> • A plea agreement is reached between prosecution and defense counsel minutes before a previously scheduled court hearing on the case. The plea is taken at the hearing, the offender simply answers yes or no to questions asked by his or her attorney to establish the elements of the crime. The victim finds out in court – or afterwards – that the case has been pled and that it is all over. 	<p>Plea Bargains</p> <ul style="list-style-type: none"> • Possible plea agreements have been discussed with the victim and her or his advocate prior to the hearing. If the purpose of the hearing changes, the prosecutor works with the advocate to make sure the victim is both notified and present to hear the change in plea. The hearing time is changed, if necessary, to accommodate the presence of the victim. Whenever possible, the offender is asked to tell, in his or her own words, what

	happened with questions from the attorneys to help establish the elements of the crime for the record.
<p>Jury Decision</p> <ul style="list-style-type: none"> A jury is ready to deliver their verdict at the end of a long deliberation. All parties are contacted to return to the court for the verdict, including the victim who wants to be present. The court declines to wait for the arrival of the victim before reading the verdict. She or he finds out about it after everyone has left the courtroom. 	<p>Jury Decision</p> <ul style="list-style-type: none"> A jury is ready to deliver their verdict at the end of a long deliberation. The advocate has left a cell phone number to call for immediate notification of the victim. The court awaits the arrival of the victim before allowing the reading of the verdict.

VICTIM-BLAMING

One of the more challenging responsibilities for SART members is eliminating victim-blaming by educating the community as well as other SART members about the myths and misconceptions that are often associated with sexual assault. Victim-blaming typically utilizes the argument that if the victim had 1) not made a choice, 2) engaged in a particular activity, or 3) acted in a particular way, she/he would not have been sexually assaulted. This argument is erroneous for several reasons 1) there is no activity, choice, or behavior where sexual assault is an inevitable consequence, 2) victims exist who do not necessarily engage in activities, choices, or behaviors that are widely viewed as risky, and 3) the only common denominator among incidents of sexual assault is the presence of someone who chooses to sexually offend. For example, drinking or using drugs at a party to the point of passing out might be considered a “high risk” behavior. However, sexual assault is not a natural or inevitable consequence of the behavior of drinking or using drugs to the point of passing out. Not all women and men who drink to the point of passing out are sexually assaulted. A sexual assault will only occur if there is an individual (an offender) present who is willing to engage in sexual contact with someone without consent. It is not the behavior of the victim that leads to or results in sexual assault, rather, it is always the conscious choice of the offender.

OFFENDER-FOCUSED

The term offender-focused refers to the investigative and prosecutorial efforts made to hold offenders accountable for their actions and behaviors. **An offender-focused response recognizes that offenders purposefully and intentionally select victims with whom they can successfully commit a sexual assault – victims who are perceived by offenders as vulnerable, accessible, and lacking credibility.** An offender-focused response will therefore focus on the actions, behaviors, history, character, lifestyle, and values of the offender.

Offender-focused also recognizes sex offenders:

- are often repeat or serial offenders;
- often target individuals known to them, whether it is through a brief encounter or a close relationship;
- often commit other crimes against persons including stalking, domestic violence, child abuse, and child sexual abuse;
- often commit various other crimes against the community;
- usually use instrumental violence, manipulation, and coercion, rather than a weapon or more apparent forms of violence; and
- have a history of evading detection through deception and manipulation.

Successful sexual assault investigations and prosecutions will therefore incorporate this information and seek to identify additional victims, corroborate details that explain the planning and premeditation involved, illustrate victim selection, and address grooming.

SART MEMBERS

To be effective, the core membership of a SART should consist of 1) sexual assault victim advocates, 2) medical personnel/SANEs, 3) law enforcement, and 4) prosecutors. These are the primary disciplines that respond to sexual assault in the community.

There are, however, multiple agencies and individuals within a community who could also be invited to participate on a SART, for example, any organization to whom a victim is referred for services or follow-up, as well as agencies whose clients may be survivors. When considering a list of potential SART members, including anyone with a stake in the issue, will provide a well-rounded, diverse group. Additionally, a diverse group of members will help draft and develop the goals and protocols and create the most effective SART possible. The SART should reflect the racial and cultural diversity of the community.

The list below includes suggestions for *additional* members.

- hospital/facility administration
- public health
- domestic violence victim advocates
- addiction treatment
- shelter providers
- civil/victims' rights attorneys
- culturally specific service providers
- forensic science professionals (lab)
- immigration or refugee service providers
- mental health providers

- child welfare teams
- college campus staff (Title IX Coordinators, Title IX investigators, law enforcement, advocates, student health, counseling services)
- children advocacy center staff
- senior and disabilities services
- social services providers
- military or VA service providers

Inclusion of a wider range of community partners in the SART will allow outreach and education efforts to reach the entire community. Examples of such SART partners are agencies providing services to special populations that may not be seeking services or are underrepresented in the services provided. Some of these agencies may be providing services to victims who have never been served in terms of sexual assault response.

TRUST BUILDING

SARTs that develop strong and trusting relationships among the individuals and agencies facilitate an effective, collaborative response. As in all other collaborative efforts, trust building takes time. The trust established within a SART can positively impact the management of challenges that could arise. Historical conflicts should not stand in the way of effective collaboration among SART members. Depending upon the strength of the relationships and rapport between SART members and the agencies they represent, it is recommended that the development phase of the SART include ample time for discussion and clarification of roles of the different members and their agencies. The desired outcome is for SART members to call on each other for assistance and direction, as well as to hold each other accountable on behalf of victims.

While SART members may interact with the victim in different ways, it is important to remember that each SART member should understand and support each other's role. As such, the victim may bond with or trust one responder more than another. All SART members can become skilled at "advocating for each other" with the victim, thus creating a better experience for the victim and the entire SART.

DECISION MAKING AND CONFLICT RESOLUTION

Given the diversity in the roles and responsibilities of the SART members, assume that there will be differences of opinions and the possibility of disagreement or conflict. **Each agency must follow its own policies and procedures as well as those of the SART.** A victim-centered response establishes a place from which to begin and end all discussions, developments, and decision-making, starting with the question, "what is in the best interest of the victim?" Anticipating issues that could arise, as opposed to reacting to tense situations, will help the group in establishing guidelines for resolution. Problems may arise from conflicts in mission and goals, lack of understanding of each other's roles, "turf" issues, or personal differences. The challenge is to build strong relationships that can withstand conflicting points of view.

Open discussion can prevent personalization and polarization. Use the skills of different team members to educate each other around agency protocols and philosophical differences.

DIFFICULT PERSONALITIES

While difficult personalities may exist within your SART, it should not interfere with the collaborative efforts of the SART. The positive results they produce for the good of the victim must be emphasized. SARTs should endeavor to utilize existing pathways and relationships to build bridges and come to mutual understandings.

CONFLICT RESOLUTION

One of the most challenging tasks is to resolve the occasional conflict that could compromise the victim-centered SART goal. Discussion and training on individual roles and agency policies and procedures can prevent potential conflict. These discussions allow the team to reach a consensus about the best approach to maximize the SART's ability to achieve its goals. The optimal way for handling this process is to be direct, honest, and respectful about the conflict within the SART. Depending on the type of conflict, this may be going to the individual directly or addressing a process issue among the team. As a primary recourse for conflict resolution, circumventing the directly involved parties by taking the issue to more senior agency leadership should be avoided unless it is absolutely necessary. Solutions with buy in are stronger and often more lasting than those imposed upon.

However, an unsolved, persistent, or recurrent problem may need to involve agency management. If this occurs, continue to be positive and constructive. SART members should understand that agency policy can play a role in the actions of a SART member. As such, appropriate resolution must take place at a level higher than the SART. Policy established at a higher level should not affect the trust and relationships built over time.

THE LIST BELOW CONTAINS THE EIGHT BASIC OPERATING PRINCIPLES TO RESOLVE SART CONFLICT:

1. a decision-making philosophy that balances a victim-centered approach with a public safety perspective;
2. a commitment to the collaborative SART approach;
3. understanding that mistakes and conflicts are expected and that they introduce training opportunities;
4. understanding that problems and/or conflicts are also opportunities for team development;
5. communication and collaboration among the SART regarding conflicts can result in improved quality management of services for victims;
6. constructive methods for resolving conflicts and disagreements can be developed in response to problems;
7. always taking a constructive approach no matter how difficult the problem; and
8. recognizing that some problems cannot be resolved immediately but require ongoing commitment to systematic problem solving.

EXCHANGE OF INFORMATION

During the SART formation it is important to discuss the exchange of information, how often it is shared, and the level of confidentiality each member holds. The team should consider what information needs to be shared among the SART members and with victims while responding to a case. Due consideration should also be given to confidentiality protections, case integrity, and safety concerns. Confidentiality is essential. SART members should consider the applicable laws, policies, and procedures that vary among disciplines.

CASE REVIEW

As part of their meetings, some SARTs include a discussion of the response to specific sexual assault cases. Prior to any discussions related to specific cases, it is of critical importance that a confidentiality policy be adopted. Part of this policy may include obtaining the permission of a victim for case review purposes. Usually this information would be obtained by the victim advocate and/or medical personnel responding to the sexual assault (see [Appendix A5 for Sample Confidentiality Forms](#)). A victim-centered response recognizes the importance of evaluating what and how information is shared so that the privacy and safety of the victim remains paramount.

It is important to determine the appropriateness for all SART members to be a part of these discussions. It is recommended that a SART have a separate case review committee made up of the first responders (victim advocate, medical, law enforcement, and prosecutor). This smaller group reviews cases, including a constructive critique of the responders' actions, to determine how well the coordinated, multidisciplinary response functioned in each case. Any proposed policy or protocol changes that arise out of these reviews can be provided to the entire SART group and discussed in general meetings without including specific victim information. The SART should discuss whether they are going to review cases and who to involve in those cases. Some things to consider in those discussions are:

- implications of Crawford/hearsay (see [Crawford v. Washington, 541 U.S. 36: 2004](#));
- formality of meetings;
- SART member participation; and
- identifying the hosting agency.

CHAPTER 3: ROLES AND RESPONSIBILITIES OF SART MEMBERS

ROLES AND RESPONSIBILITIES OF THE VICTIM ADVOCATE

Victim advocates play a critical and unique role in the response to sexual assaults. They are professionals who are trained to support and assist sexual assault victims in overcoming the barriers associated with the crimes they have encountered. Specifically, an advocate's responsibilities are to:

- listen and empathize with the victim's feelings;
- reduce the isolation of the experience;
- inform, explain and support;
- ensure that the victim's needs are met to the fullest extent possible;
- explain the roles of the members of the SART;
- empower the victim with accurate knowledge about the criminal justice system;
- prepare the victim for what they might expect; and
- provide referrals for immediate and ongoing services.

Advocates are uniquely positioned to accompany victims through the health care, social service, and criminal justice systems in ways that are culturally and linguistically appropriate. Advocates support victims through this process by listening, believing, empowering, serving as a buffer, interrupting victim-blaming, and honoring the choices that victims make.

TYPES OF ADVOCATES

There are several types of victim advocates, each playing a different role in maintaining a certain level of responsibility regarding sexual assault victims. However, the two main types of advocates are community-based and system-based. A community may have neither, one, or all advocate types represented.

Community-based advocates: Community-based advocates are individuals who work directly with the victims of sexual assault, providing supportive services to help them maneuver through the healing process and the criminal justice system. These advocates usually work for a non-profit organization within the community and their primary purpose is to have an exclusive focus on the interest of the victim. The most common example of an organization where a community-based advocate is employed is a sexual assault center, but other organizations include local hospitals or other social service agencies. The professional role of the community-based advocate is to provide victims with the emotional support and proactive assistance they need, regardless of whether they choose to report the crime and participate in the criminal justice process. This allows the advocate to develop an important relationship with a victim and assist them in healing from the impact of the assault. Other direct services that community-based advocates may provide to victims of sexual assault include FME accompaniment, crisis intervention services, information and referral resources, safety planning, assistance in problem solving, counseling and case management, emergency shelter and financial assistance.

Culturally-specific advocates: Culturally-specific advocates are essentially a smaller subset of advocates within the community-based advocate classification. These advocates work for an organization that provides services and assistance to specific populations of victims such as ethnic groups, faith groups, individuals with disabilities, immigrants and refugees, or those who are members of the LGBT+ community.

System-based advocates: System-based advocates address the systematic issues that impact victims. They are usually employed by a public agency such as a law enforcement agency or office of the prosecuting attorney. Their roles and responsibilities vary, as do the specific terms they may use to describe themselves. The primary focus of these advocates is typically to serve as the primary contact for victims for their employing agency and to facilitate the victim's participation in the criminal justice system.

Victim Witness Assistance Program (VWAP) Advocates

Advocates who provide court notification services to victims and court accompaniment as well as an array of additional services and assistance as pertains to the criminal justice system.

Victim-witness advocates: The victim-witness advocates are typically based in the district attorney's offices. They provide support and communication to victims whose cases are being prosecuted. These advocates operate on the principle that crime victims deserve support and assistance while navigating the criminal justice system. Some advocates provide court notification services to victims and court accompaniment as well as an array of additional services and assistance as pertains to the criminal justice system. These are also referred to as Victim Witness Assistance Program (VWAP) Advocates.

BEST PRACTICES FOR ADVOCATES

CRISIS INTERVENTION

Crisis Intervention is a very important service that advocates provide to victims of sexual assault. It is not a form of counseling or therapy, rather it is a short-term service that provides victims with the opportunity to express their feelings and receive reassurance that their emotions are normal and acceptable. For an advocate, this type of service includes actively listening, validating, identifying and assessing immediate needs for safety and security, dispelling myths, developing a safety plan, and empowering the victim by providing accurate and helpful information and resources.

TRAUMA-INFORMED RESPONSE FOR ADVOCACY

Sexual assault is a traumatic crime that can cause harm to a victim's emotional, spiritual, physical, and psychological well-being. Victims of a sexual assault often experience re-traumatization because of the sometimes insensitive and inadequate responses given by those who work on their behalf. As a victim advocate, it is important to recognize and understand the impact of trauma on victims of sexual assault. This understanding begins with the way a victim is greeted on the telephone, and includes the comprehensiveness of care provided, the safety and comfort of offices and meeting spaces, and the attitudes of advocates toward victims. A trauma-informed response to advocacy emphasizes creating

services and programs that are sensitive and directly responsive to the trauma that many victims experience after a violent crime. The goal of this approach is to support the healing of victims while avoiding triggers that lead to additional stress. It is designed to reduce trauma and to support resiliency in a way that incorporates culturally specific experiences of trauma and provides culturally relevant services. These services are not specifically designed to treat symptoms or certain syndromes related to sexual violence, but instead provide safe spaces for healing based on the principles of respect, dignity, empowerment, and hope.

INFORMATION AND REFERRAL

As one of their professional duties, victim advocates provide sexual assault victims with the accurate information they need to make decisions that lead to a smooth recovery. They also make referrals to appropriate agencies that can further assist victims in their progression from victim to survivor of sexual assault. Another responsibility of advocates is to provide victims with information on the status of court cases, compensation programs, and other resources that may be beneficial to them. It is vital that advocates remain knowledgeable, keep their information accurate, and maintain up-to-date referral databases.

In general, it is important for victims to receive information in writing, in their preferred language, which they can refer to as needed. The written information should cover an array of issues, including medical follow-up, victim impact, post-traumatic stress, coping mechanisms, and contact information for other services. Other effective ways to assist sexual assault victims include (1) providing a clear idea of what to expect from other responders, (2) discussing medical procedures, billing issues, and the criminal justice process, and (3) providing an outline of how the case will proceed.

CONFIDENTIALITY/PRIVILEGE

The two main types of communication in advocate-victim relationships are privileged and confidential communication.

Privileged communication is addressed in Georgia law (see Communications Between Victims and Agents Providing Services textbox) and states no advocate of a domestic violence or sexual assault program can be forced to give court testimony or provide to a court records pertaining to any victim they have served - except in very narrow circumstances as outlined in the law. To qualify for the privilege 1) an advocate must be a current or former employee or volunteer with a program whose main purpose is to provide domestic violence or sexual assault services to victims and their families, 2) the program cannot be under direct supervision of a law enforcement agency, prosecuting attorney's office, or government agency, and 3) the advocate must have completed a minimum of 20 hours of family violence and sexual assault intervention and prevention training. This law applies primarily to community-based advocates. If a party to a legal action wants information or documents to be disclosed in a criminal or civil proceeding, they must present a court order. Domestic violence and sexual assault agencies need to have policies and procedures in place

to address how they will handle subpoenas to ensure that victims' information is kept confidential and advocate privilege is enforced, if possible. Advocate privilege is a qualifying privilege and not an absolute.⁸ Limitations and exceptions of advocate privilege exist in criminal and civil proceedings. An advocate is required to report suspected child and/or elder abuse or neglect. A victim can waive advocate privilege giving the advocate the permission to testify in court proceedings or provide documentation to the court. For further information about limitations, please refer to [Georgia Code O.C.G.A. § 24-5-509](#).

Confidential communication is communication made with the expectation of privacy and that is not accessible or known to others. Advocates should educate themselves on the basics of maintaining confidentiality and understand the scope of confidentiality with each agency involved. Advocates should use this knowledge to determine the best method for maintaining their records of contact with victims. Victims will not seek assistance if they do not feel a sense of security; thus, an integral part of protecting a victim's confidentiality begins with establishing a relationship based on trust and respect. Advocates must be committed to maintaining the highest possible level of confidentiality in their communication with victims.

All advocacy agencies and programs must provide victims with a reasonable expectation of confidentiality with respect to their conversations and exchanges. A best practice for community-based advocates is to obtain written permission from victims prior to contacting or sharing information with any other service providers or responders. Victim-witness advocates and other system-based advocates, on the other hand, are not in a position to guarantee confidentiality to victims because they are employed by a law enforcement or prosecuting attorney's office. Since system-based advocates are employed by a government agency, anything said to them is part of their employment and can be discoverable.⁹ It is, therefore, a best practice for these advocates to inform victims (prior to the victim's disclosure) about the level of confidentiality that can and cannot be afforded to them.

COMMUNICATIONS BETWEEN VICTIMS AND AGENTS PROVIDING SERVICES O.C.G.A. § 24-5-509(b)

An agent of a program cannot be compelled to disclose any evidence in a judicial proceeding that the agent acquired while providing services to a victim, so long as such evidence was necessary to enable the agent to render services, unless the privilege has been waived by the victim or a court determines otherwise.

MANDATORY REPORTING FOR ADVOCATES

Per Georgia code, advocates are mandatory reporters. Mandatory reporting applies to suspected cases of child and adolescent abuse (under age 18) of physical and sexual assault and neglect. Mandatory reporting

⁸ Georgia Coalition Against Domestic Violence. (2012 August 22). Basic Information on Georgia's Advocate Privilege Law. <https://d3vnvedzfq7zpv.cloudfront.net/content/uploads/20170511115851/information-about-Georgias-advocate-privilege-law.pdf>.

⁹ Lonsway, K.A., Jones-Lockwood, A., & Archambault, Sgt. J. (2017) *Breaking Barriers: The Role of Community-Based and System-Based Victim Advocates*. Retrieved from <http://www.evawintl.org/library/DocumentLibraryHandler.ashx?id=31>.

does not apply to adult victims unless the patient is disabled or over 65 years of age. Please see [Appendix B3 for Georgia Mandatory Reporting Laws](#).

VICARIOUS TRAUMA

Victim advocates witness the emotional pain of survivors of sexual assault daily. **Vicarious trauma is the indirect exposure to trauma or emotional duress that occurs when an individual hears about the firsthand account of another person's traumatic experiences.** Professionals who work with victims of sexual abuse or whose work addresses issues of sexual abuse are vulnerable to this type of trauma. The symptoms mimic those of post-traumatic stress disorder and can include the inability to listen, compassion fatigue, depression, sleeplessness, burnout, intrusive imagery, and changes in one's worldly outlook. As an advocate, it is difficult to hear about the effect that sexual abuse has on victims and their loved ones. Confidentiality protections limit whom advocates can share the details of the case with and this causes a barrier for advocates that need to process their own feelings about a case. There is also the pressure of having to balance multiple demands and interests, leading to insufficient recovery time between cases, and feelings of exhaustion and being overwhelmed.

Client care is compromised if an advocate is emotionally depleted or cognitively affected by vicarious trauma. The development of vicarious trauma may lead to advocates leaving their professions because they believe that they can no longer effectively service their clients. Some strategies that both sexual assault victim advocates and their agencies can use to minimize the effect of vicarious trauma include (1) accessing training on sexual assault and trauma, (2) adopting agency policies that help advocates identify how they are being affected and help them develop strategies to deal with the stress and pressure, (3) engaging in self-care routines, including recognizing and containing one's own reactions, (4) finding ways to heal, and (5) regularly engaging in reflective, supportive conversation with supervisors and colleagues about the work.

FORENSIC MEDICAL EXAM

Pursuant to the [National Protocol for Sexual Abuse Medical Forensic Examinations](#), it is best practice for a victim advocate to be present during a forensic medical exam. The advocate's role during the victim's forensic medical exam is to provide emotional support. The advocate will often be the first to interact with the victim; therefore, they are in a unique position to empower, inform, and to establish a supportive, safe environment. However, the advocate must not directly assist in the forensic collection of evidence in any way. It is important for advocates to be able to discern their role in providing emotional support. They must also support the need of the forensic examiner to develop rapport with the patient. It is important for advocates to understand that they provide continuity of care and their relationship with the victim does

not end after the exam. Their role is unique in that they often provide comprehensive, long-term services designed to address any needs relating to the assault.¹⁰

ADVOCATE AS AN EXPERT WITNESS

Victim advocates may be asked to testify in cases involving sexual assault crimes based on their experiences with common reactions of sexual assault victims and the role that they may play in dispelling common rape myths. There are advantages and disadvantages to using victim advocates as expert witnesses in sexual assault cases. One advantage of using advocates as expert witnesses is that they are generally accessible and cooperative throughout the court proceeding. Additionally, their testimony can be effective given their personal observations, the length of time they have worked in the field, and the number of victims they have assisted. On the other hand, one of the disadvantages of using victim advocates in the role of expert witness occurs due to their profession itself. A victim advocates' sole mission is to work on behalf of victims. Their credibility is sometimes undermined, and their statements damaged during cross-examination proceedings with the belief that their testimony is biased. Another disadvantage of using an advocate in this capacity occurs when the advocate lacks experience in being an expert witness or with courtroom procedures in general. At no time should an advocate be called as an expert witness when the advocate has personally worked with the victim in the case. It is essential that an advocate be prepared and objective to be effective in their role as an expert witness.

UNDERSTANDING THE SART ROLE

Response systems differ depending on the responding agency; therefore, it is important for advocates to organize their roles and responsibilities in a manner that facilitates an integrated and collaborative set of procedures. This unified victim-centered approach to the intervention and care of sexual assault victims must strive to balance two distinct set of needs 1) those of the sexual assault victim, and 2) those of the criminal justice system. This balance is achieved by ensuring that all responders act according to established

Multidisciplinary Response

A coordinated, multidisciplinary response mitigates the effects of trauma on individual victims and their loved ones, increases victim and community safety, and prevents future sexual victimization.

protocols and policies created by the entire team. A coordinated, multidisciplinary response mitigates the effects of trauma on individual victims and their loved ones, increases victim and community safety, and prevents future sexual victimization. By understanding the advocate role and how each SART team member interacts with the victims they serve, advocates help build a stronger response to sexual assault cases with more effective outcomes for victims, communities, and the criminal justice system. Since advocates provide ongoing support that can last for months or even years at a time, the initial bond that develops between an advocate and victim is critical. There is no other field whose sole function is to advocate for the interest

¹⁰ U.S. Department of Justice Office of Violence Against Women. (2013). *A National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents*. Second edition. NCJ 228119, p. 24. <https://www.ncjrs.gov/pdffiles1/ovw/241903.pdf>.

of the victim; therefore, victims may trust an advocate more than other responders. Furthermore, the advocate's ability to focus exclusively on the victim allows other responders to focus on their primary responsibilities of medical care, investigation, or prosecution. It is crucial that an advocate understand other responders' methods and goals to be able to help the victim connect with and trust the other SART members that may become a part of their journey.

DEVELOPING ADVOCACY RESPONSE

The following checklists help discuss the roles and responsibilities of sexual assault victim advocates and assist with development of advocacy response, which will be used to determine the SART's first responder protocols. As the SART reviews these points, be sure to let victim advocates voice all of their concerns and opinions. It is vital that each of the first responders review their agency procedures and responses in light of SART collaboration.

The SART should discuss the following questions as the answers will lead the team in development of the advocacy response.

- If there are multiple community-based advocacy providers, who will provide services and when? Will this be affected by local jurisdiction of law enforcement?
- If there are system-based advocates (from law enforcement or district attorney's offices), when will they be used? Can these advocates be used if the victim wishes to engage in anonymous reporting?
- Will advocates be called in by the hospital? By law enforcement?
- Will both community-based and system-based victim advocates be contacted as part of first responder protocol?
- How will the confidentiality rules of each SART member agency be observed within the SART? How will the confidentiality of the victim be maintained, and information shared with the SART members? Remember that community-based victim advocates have a different level of confidentiality and privilege than system-based victim advocates.
- In providing services, how does the victim advocate prioritize the needs of the victim, medical personnel, law enforcement, and prosecutors?
- How will a victim who does not want to report a sexual assault access an advocate?
- What process should be in place in cases where the victim chooses not to report but wants the system to know about the perpetrator?
- What is the value of offering victim advocacy in teams? Can one advocate meet the needs of both the victim and the victim's family/friends?
- How will victim advocates continue to educate SART members of trauma, vicarious trauma, and other important issues? Will these trainings be required for law enforcement, medical personnel, and prosecutors?
- Will victim advocates be able to offer multi-lingual and multicultural services? If not, what steps need to be put in place so that victims get the information they need?

When a victim presents to the hospital or to law enforcement, a victim advocate should be called out immediately, regardless of whether the victim requests one. Many times, victims are reluctant to “bother” someone, and they may not understand what an advocate does. However, because of a lack of information about the victim advocate’s role or due to the victim’s state of trauma, victims who initially say no to calling an advocate will often use one if the advocate is already there, prepared to assist the victim in the process. The victim should simply be informed of the advocate’s presence rather than putting the burden of requesting a victim advocate on the victim.

Medical personnel and law enforcement can help ease the introduction of a victim advocate. When the victim starts asking questions such as “what happens next?” or “how do I...?”. That is the time for a first responder to say, “There is an advocate in the waiting room who can help you answer these questions. I will invite them in to speak with you.” If there is some sort of face-to-face contact between the victim and the advocate, the chances of the victim calling the advocate for support later in the process will be greater than if the victim advocate is merely another phone number on a list.

In addition to providing services to the victim, a victim advocate should also foster a positive working relationship with the other first responders. Many SARTs have identified the pre-SART relationship between law enforcement and advocacy as particularly strained. Sometimes, victim advocates feel that only they, and not law enforcement, have the victim’s best interest at heart. Sometimes, law enforcement feels that advocates “get in the way” of their interviews with victims. These issues can be resolved during the early SART meetings. The time immediately following the victimization is the ideal place for victim advocates to support and facilitate law enforcement’s efforts in the SART response. Answering any questions the victim might have about the criminal justice process in a way that validates the victim’s decision if they decide to report, helping to introduce the officer to the victim in a positive manner and reassuring the victim that an advocate can be with them throughout the criminal justice process are all important aspects of sustaining the working relationships that the SART strives to improve.

RELATIONSHIP BETWEEN THE VICTIM ADVOCATE AND THE MEDICAL PERSONNEL/SANE

Existing SARTs report that the most common point of tension between a SANE, a victim, and an advocate arises when an advocate is asked to leave the room during a portion of the forensic medical exam. It is important that this scenario be considered in advance and that the victim advocate has a complete understanding of and supports the reasons this can occur. Some examples of legitimate reasons are that:

- a SANE may feel the advocate’s presence is hindering the victim’s full disclosure (possibly due to embarrassment over describing graphic sexual acts or due to illegal activity the victim may have been engaged in);
- a SANE may feel the victim was “talked into” having an advocate present (by a family member or friend); or
- the advocate’s presence is interfering with medical treatment.

It is important that when asked to leave by medical personnel, the advocate does so without a confrontation in front of the victim. A victim needs to feel that all first responders are united in their response. A discussion of the SANE's decision can occur once the victim is no longer being medically treated.

The response of the victim advocate is a crucial component to the overall response to sexual assault victims to assure that their needs and voice is central to all the processes of the SART. Advocates hear directly from victims – more than anyone else – what works, what does not work, and what is particularly successful or harmful.

ROLES AND RESPONSIBILITIES CHECKLIST

- Determine whether the victim is safe (both physically and emotionally) and provide safety planning if needed
- Determine the immediate medical care needs of the victim and whether the victim wants to go to the hospital or another medical provider for STI/pregnancy care
- Assess and accommodate the special needs of the victim, including but not limited to language or cultural barriers, physical, mental, age, gender, rural, etc.
- Provide crisis intervention, support, information and referrals to the victim and family/friends
- Provide non-judgmental information about options
- Determine whether the victim wants to report the assault
- If not reporting, provide information on the evidence collection timeline and how it affects the victim's future options
- If reporting, contact law enforcement or follow SART protocol
- Provide transportation to medical facility for medical evaluation if necessary
- Inform victim of preserving options through evidence collection and evaluation
- Assess whether victim has need of clothing/food/shelter/transportation
- Access services and resources for victim or assist them in accessing services and resources as needed
- Accompany, support, and provide information throughout all aspects of the process
- Provide continuing follow-up care after the initial response by regularly checking-in with victim on their needs, concerns, comfort, and questions
- Ensure the victim understands the systems in which they find themselves, including the roles and objectives of each agency and individual involved in the response
- Serve as a liaison between the victim and professional agencies
- Advocate on behalf of the victim's self-defined needs, decisions, wishes, questions/concerns
- Provide support, information, and referrals to family/friends of the victim
- Provide accompaniment when requested (FME, courtroom, etc.)

ROLES AND RESPONSIBILITIES OF LAW ENFORCEMENT

Law enforcement also plays a critical role and has important responsibilities in the establishment of a SART protocol and the daily function of a SART. Law enforcement participation in a model SART includes a judicial circuit's county police department, municipality law enforcement agencies, and county sheriff's department. Other agencies that may also participate include campus security, park rangers, Immigration and Customs Enforcement (ICE), military police, and other federal law enforcement agencies.

INVOLVEMENT IN DEVELOPING A SART PROTOCOL

Pursuant to O.C.G.A § 15-24-2, the following law enforcement agencies should have one representative on a circuit's SART protocol committee:

- the office of the sheriff of each sheriff's office in the judicial circuit;
- the office of the chief of police of a county of each county within the judicial circuit in counties that have a county police department; and
- the office of the chief of police of the largest municipality in the county of each county within the judicial circuit.

It is important to note that this is the minimum requirement under the law, and a judicial circuit may, at the discretion of the Chief Superior Court Judge, elect to have each municipality within the circuit represented on the SART protocol committee.

The Chief Superior Court Judge may also elect to have other agencies such as campus security and/or law enforcement represented on the SART protocol committee. For more information see [O.C.G.A. § 15-24-2 in the Introduction](#).

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. To see a compilation of the laws surrounding sexual assault in Georgia, please visit [Georgia Sexual Assault Statutes](#).

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 (as discussed in [Chapter 2](#) of this guide) 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.

For more information on a victim-centered approach, please see [Appendix B:1 Case Centered vs. Victim Centered Chart](#).

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.

OFFENDER-FOCUSED RESPONSE FOR LAW ENFORCEMENT

An offender-focused investigation is defined as one that addresses the behaviors of the offender. Research suggests that in addition to force, offenders use manipulative means such as coercion or threat of force to complete their attacks. A comprehensive understanding of the ways in which offenders use instrumental violence or degree of force necessary to commit an attack will benefit the investigator's ability to analyze the corroborative evidence regarding lack of consent. In an offender-focused response, investigators

¹¹ Campbell, R. (2012 December 3). The Neurobiology of Sexual Assault Presentation. *National Institute of Justice*. <https://nij.gov/multimedia/presenter/presenter-campbell/Pages/welcome.aspx>

should consider the likelihood that perpetrators are repeat offenders and may commit cross-over crimes such as domestic violence, stalking, and child abuse.

911 COMMUNICATIONS^{12,13}

Communications personnel play a very important role in sexual assault investigations as they are often the victim's first contact with the criminal justice system. 911 operators should first determine if the victim is in danger. Once the victim's safety has been established, 911 operators should determine if an emergency medical response is required. If the assault just occurred, 911 Operators should obtain information from the victim to assist in suspect apprehension. They should inquire as to whether the suspect is a known to the victim or if they are a stranger. They should also gather information about the suspect's history of violence and use, or possession of, a weapon.

911 Operators should inform victims that they should not bathe, change clothes, douche, eat, or drink. If possible, the victim should not urinate until a responding officer arrives with a clean urine collection container. If the victim cannot wait for medical personnel or law enforcement, the Operator can instruct the victim to urinate in a clean jar or other container with a lid.

HELPFUL HINTS FOR 911 OPERATORS

- A victim may be frustrated easily or feel apprehensive about reporting a sexual assault to law enforcement. 911 Operators can help alleviate this anxiety by calmly explaining the reporting process and why questions are necessary.
- 911 Operators should be patient as a victim may have gaps in memory or be vague about their assault. This is especially common with drug facilitated sexual assaults or traumatized victims.
- Victims often feel ashamed or guilty. A 911 Operator can assist an investigation by letting the victim know she/he has done nothing wrong.

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.

¹² Lonsway, K.A and Archambault, J. (October 2017) *Preliminary Investigations: Guidelines for First Offenders*. Retrieved from <http://www.evawintl.org/library/DocumentLibraryHandler.ashx?id=40>

¹³ International Association of Chiefs of Police. (2005). *Investigating Sexual Assault- Model Policy*. <http://www.evawintl.org/library/DocumentLibraryHandler.ashx?id=93>

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. The following are three examples of this type of critical thinking.

- A victim is assaulted by a known offender. The likely criminal defense to a known offender assault is consent. The responding officer should consider, document, and/or collect evidence of force, threat or fear.
- A victim is assaulted by a stranger. The likely criminal defense to a stranger assault is mistaken identity. The responding officer should consider, document, and/or collect evidence to assist in identification of the suspect.
- A victim is assaulted by a known offender using drugs or alcohol to facilitate the assault. The likely criminal defense is consent. The responding officer should consider, document, and/or collect evidence of the victim's state of intoxication, as well as evidence indicating that the suspect knew or should have known the victim's inability to consent. It is irrelevant if the consumption of alcohol or drugs was voluntary or covert.

Writing the Report

When writing a report, responding officers should be specific about documenting facts and observations, such as the victim's emotional state.

For example, the report should indicate that the victim was "tearful and trembling" rather than just "upset." Similarly, the officer should report that the victim's shirt was torn and a shoe missing, rather than just describing the victim's appearance as disheveled.

Upon arrival at the scene, the responding officer should first determine victim safety and establish the need for emergency medical attention. Responding officers should not leave a victim unattended unless handling a critical threat. If no emergency medical services are needed, the responding officer should follow local protocol in terms of SART notification. Contact should be made with a victim advocate as soon as possible following local protocol. Advocacy needs should be assessed prior to contacting victim services agencies. For example, any special needs such as mental/physical impairment or Limited English Proficiency should be identified. Family members, interested parties, and victim advocates should not be used as interpreters.

Rather, law enforcement should refer to local protocol to obtain the best possible interpretation services for Limited English Proficiency or hearing-impaired victims.

Responding officers should be aware that most sexual assault victim advocates have communication privilege and they should not expect a community-based victim advocate to disclose information, unless there is a written waiver of confidentiality. However, one of the roles of the victim advocate is to explain the criminal justice system to the victim including consequences of withholding or distorting information regarding the assault.

Proper evidence collection is critical to the investigation. Evidence deteriorates over time. In an acute assault, victims should not bathe, change clothes, douche, eat, drink or (if possible) urinate. The responding officer should determine whether the victim has engaged in any of these activities. The officer should be

certain to communicate to the victim that unknowingly engaging in any such activity does not mean the investigation cannot move forward. The responding officer should secure the crime scene to ensure evidence is not destroyed. The crime scene should be photographed prior to processing evidence. Responding officers will also want to prepare a diagram of or video tape the crime scene.

Responding officers should also identify and isolate potential witnesses. If the witnesses cannot be isolated due to size of group (such as party attendees or night club patrons), assign an assisting officer to monitor the group. Additionally, identifying the outcry witness (defined as the first person the victim told about the assault) is very helpful in confirming a victim's credibility.

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.

¹⁴ International Association of Chiefs of Police. (2017). Deliberations from the IACP National Forum on Body Worn Cameras and Violence Against Women.

<https://www.theiacp.org/sites/default/files/all/de/DeliberationsfromtheIACPNationalForumonBWCsandVAW.pdf>

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.

When creating body-worn camera policies and procedures, consider:

- How to protect victim privacy
- Who will access recordings internally and externally?

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.

The issue of body-worn cameras in response to violence against women is an important discussion topic for each Georgia Sexual Assault Protocol Committee, and their local SART responders. Individual police agency policy and standard operational procedures can and will influence distinctions amongst responding officers and their ability to control camera operations. It is important to understand those distinctions and to effectively communicate limitations of their use to the victim's for understanding and agreement. For

more information on topics and issues regarding the use of body-worn cameras by law enforcement in response to violence against women, please refer to the Deliberations from the IACP National Forum on Body-Worn Cameras and Violence Against Women¹⁵¹⁶.

INVESTIGATION- LAW ENFORCEMENT PRESENCE DURING A FORENSIC MEDICAL EXAM

Any information provided during the history portion of the FME becomes part of the investigative record if it's stated in the presence of a law enforcement officer. Some of the information provided during the examination is critical for proper medical care but is not relevant to the criminal investigation. Sensitive information, such as the patient's sexual history and health, should not be discussed with law enforcement in the room. Further, a law enforcement officer's presence may inhibit the sharing of necessary medical information and makes such information part of the investigative record and is an intrusion of the patient's privacy. Law enforcement officers' presence in the examination rooms with sexual assault victims is unnecessary and inappropriate. The presence of law enforcement during a very private and often embarrassing exam causes much discomfort for sexual assault victims and is not part of a victim-centered approach.

INVESTIGATION- SUBMITTING SEXUAL ASSAULT KIT TO GBI CRIME LAB

In 2016, the Georgia legislature passed Senate Bill 304, regulating the submission of sexual assault kits to the Georgia Bureau of Investigation's Department of Forensic Sciences (GBI Crime Lab). A copy of the law is available at [Appendix B4 – SB 304](#).

Use of DIY sexual assault kits is discouraged in the state of Georgia. See section [DIY SAK](#) in Chapter 3 [Health Care Providers](#).

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.

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 in the possession of law enforcement for a minimum period of 12 months or until such time as the victim decides to report the crime to law enforcement. These kits are referred to as non-reported SAKs or non-

¹⁵ International Association of Chiefs of Police. (2017). Deliberations from the IACP National Forum on Body Worn Cameras and Violence Against Women.

<https://www.theiacp.org/sites/default/files/all/de/DeliberationsfromtheIACPNationalForumonBWCSandVAW.pdf>

¹⁶ International Association of Chiefs of Police. (2014). Body-Worn Cameras - Model Policy.

<https://www.theiacp.org/sites/default/files/all/b/BodyWornCamerasPolicy.pdf>

investigative SAKs. 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.

In some Georgia jurisdictions, law enforcement agencies maintain an agreement, MOU, or protocol that allows the area's sexual assault center to maintain possession of the non-reported or non-investigative SAKs on behalf of law enforcement. This issue should be discussed and addressed by local SARTs to determine the best local practice.

A suggested Victim Notification sample is provided in [Appendix A6](#) for jurisdictions investigating cold sexual assault cases that have resulted from testing of SB 304 inventory of SAKs. For more information on statewide resources for cold case sexual assault investigations, please contact the Sexual Assault and Human Trafficking Unit at CJCC, (404)657-1956.

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 POSSIBLE 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.

For more detailed information on best practices regarding DNA and evidence collection and testing in a sexual assault investigation, please see our separate addendum at SVRGA.org

INVESTIGATION- PRELIMINARY VICTIM INTERVIEW

To establish that a crime occurred, law enforcement must conduct a preliminary interview of the victim. From the beginning, officers have the opportunity to gain the victim's trust and confidence by expressing sympathy and concern for the victim's safety and well-being. This trust helps the victim have confidence in the criminal justice process and encourages participation. **Officers should explain the team approach to investigations and describe SART members' roles including the role of the advocate.**

Sexual assault victim advocates can be very helpful in assisting the victim in making informed decisions. Victims should be given the opportunity to have a victim advocate present during the preliminary interview. A spouse, parent, boyfriend, or friend is not an appropriate source of support for a victim during a law enforcement interview because the victim may be hesitant to reveal certain aspects of the assault in the presence of a loved one or close friend due to embarrassment or concern for the loved one's feelings.

Officers should explain that the initial interview is preliminary in nature and a follow up interview will be necessary. The follow up interview may be conducted by the same officer or by a detective if the agency has an investigative unit. Interviews should be conducted in a private space.

Pursuant to the International Association of Chiefs of Police, *Investigating Sexual Assault – Model Policy (2005)*, during the interview, the officer shall:

- obtain contact information for the victim, including temporary accommodations;
- explain the nature of the preliminary interview and the need for follow-up contacts;
- ask victims to explain what they remember and how they felt;
- revisit the possibility of a support person for victims who initially declined the offer; and
- explain that other professionals such as forensic examiners, detectives, evidence technicians, and prosecutors may have additional questions.

At the conclusion of the initial interview, the officer shall:

- give the victim the investigative agency's contact information;
- encourage the victim to contact the investigative agency with any additional information or evidence;
- inform the victim that visible evidence of injury may appear later and to contact the investigative agency for additional photographs or other documentation;
- provide referrals for victim service organizations, including how victims may request temporary protection orders;
- provide transportation when reasonably possible; and
- inform the victim about next steps in the investigation.

INVESTIGATION- DRUG-FACILITATED SEXUAL ASSAULTS (DFSA)

In the case of suspected DFSA, law enforcement must obtain a urine sample as soon as possible and have up to 120 hours. A blood sample (collected in a grey top tube) must also be collected if the assault took place within 24 hours of the sample collection. Voluntary consumption of illegal substances or underage drinking should not be used to discredit a victim or discourage participation in a criminal investigation. The investigative priority is the sexual assault, not misdemeanor violations. Depending upon investigative needs, the individual agency may also consider the use of private laboratories or the FBI Crime Lab. Please refer to [DFSA fact sheet](#). The use of laboratories that can detect low levels of a drug is essential, as delays

in reporting often present challenges to the toxicology screening process. As a reminder, hospital toxicological testing does not suffice for chain of custody laboratory testing for drugs of the DFSA. In addition, routine toxicology testing is not recommended for every sexual assault.¹⁷

INVESTIGATION- SUSPECT INTERVIEW AND ARREST

The local protocol should be followed for identifying a suspect and conducting a suspect interview. However, it should be noted that victim participation in a pretext phone call (see Pretext Phone Calls text box) should be contingent upon the victim's emotional and physical state. A victim advocate should be present, if possible.

Time should be allowed for the investigators to interview the witnesses and apply investigative techniques. Therefore, an immediate arrest of the suspect may not always occur. In deciding to make an immediate arrest, an investigator should consider whether the suspect may flee the jurisdiction, destroy evidence, or is a threat of influence or harm to the victim or threat to public safety. This reasoning should be explained to the victim. The investigator, along with the victim advocate, should address any safety concerns the victim or her/his support system may have.

Pretext Phone Calls

A pretext phone call is a recorded call between the victim and the suspect. Under supervision of a law enforcement officer, the victim initiates the call without the suspect being aware that the call is being recorded. For more information, visit <https://www.ncjrs.gov/pdffiles1/nij/179946.pdf>.

UTILIZING THE VIOLENT CRIMINAL APPREHENSION PROGRAM (VICAP)

Established by the Department of Justice in 1985, the Violent Criminal Apprehension Program (ViCAP), serves as the national database for violent crimes. The system can be a valuable tool for investigating sexual assault and law enforcement personnel are strongly encouraged to take advantage of this free, beneficial resource.

WHAT IS VICAP?

ViCAP is a web-based database hosted through the Law Enforcement Enterprise Portal (LEEP) secure site. It allows law enforcement agencies to collect, collate, enter, and analyze their own violent crime information on a local level and facilitates the identification of similar cases on regional, state and national basis at no cost.

¹⁷ U.S. Department of Justice Office of Violence against Women (2013). *A National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents*. Second edition. NCJ 228119, p107. <https://www.ncjrs.gov/pdffiles1/ovw/241903.pdf>

HOW ViCAP CAN ASSIST WITH INVESTIGATIONS:

Cases entered into ViCAP are reviewed by federal crime analysts. The submitting law enforcement agency will receive a ViCAP Crime Analyst Report (CAR) after their case has been reviewed. The report contains a case synopsis, summary of analytical findings, recommendation of additional investigative resources, description of resources utilized, and appendixes with additional details.

Law enforcement professionals can also utilize the database to search for cases that have similar characteristics to those in their own jurisdiction. This is possible because ViCAP captures and stores significant information from cases nationwide, including: administrative data, victimology, offender/ suspect description, incident dates/ locations, crime scene characteristics, modus operandi/ signature, trauma/ cause of death, sexual activity, weapons, vehicles, attachments, and physical/ forensic evidence.

ViCAP can also assist law enforcement by compiling subject timelines, coordinating seminars and case consultations (this provides a venue for investigators to share information), and providing on-site analytical assistance.

TYPES OF CASES MAY BE ENTERED INTO ViCAP:

- **Homicides** (and attempts) that are apparently random, motiveless, or sexually- oriented, or are known or suspected to be part of a series.
- **Sexual Assaults** committed by a stranger, or those known or suspected to be part of a series.
- **Missing Persons** where the circumstances indicate a strong possibility of foul play and the victim is still missing
- **Unidentified Human Remains** where the manner of death is known or suspected to be homicide.

Solved case may also be entered into the ViCAP database. The addition of these cases can prove extremely valuable by identifying commonalities between cases and linking perpetrators of solved crimes to those that remain open.

HOW TO LOG ON AND BEGIN USING ViCAP:

To access the ViCAP database, a valid Law Enforcement Enterprise Portal (LEEP) account and permission granted by an authorized LEA Manager (LEAM) are required. First time users should contact the LEAM for their agency to activate their user role within ViCAP. When completed, the user will receive an email with a code to enter in the Token Code Page. (This is a one-time occurrence.)

- Log on to LEEP: www.cjis.gov.
- Scroll down the list of programs and locate ViCAP at the bottom.
- Accept the Rules of Behavior

FOR ADDITIONAL ASSISTANCE OR QUESTIONS:

GBI Supervisory Intelligence Analyst (ViCAP):

Terri St. Romain Easterling

770-234-3106

Terri.st.romain@gbi.ga.gov

Georgia FBI ViCAP Contact:

Alexandra McConnell

703-632-4189

almcconnell@fbi.gov

INVESTIGATION- DELAYED REPORTS

Victims often delay reporting their assault to law enforcement. This may be for many reasons (examples listed below).

- feelings of shame
- embarrassment
- shock
- denial
- self-blame
- uncertainty
- fear of not being believed
- concern regarding family members and or their reactions or feelings
- fear of law enforcement or the criminal justice system
- fear of the consequences of reporting
- recreational use of alcohol or drugs

A delay in reporting is very common and does not indicate that the victim is being untruthful.

FALSE REPORTING AND RECANTATION

The definition of a false report is *the report of a sexual assault that did not happen*. A sexual assault was not completed *or* attempted. A decision that an assault *did not happen* must be made based on evidence. Law enforcement's investigative analysis of the evidence in a case must not be influenced by a victim's behaviors that may indicate increased risk. A suspicion of a false report is not an evidence-based reason to suspend an investigation or determine a case unfounded. If an evidence-based investigation *fails to prove* an assault occurred, the investigation would be unsubstantiated or inconclusive.

Additionally, victims often omit parts of their account of the assault. They can also give inconsistent information as part of their statement. This can be caused by a variety of reasons such as embarrassment, humiliation, or sincere lack of recall caused by scientifically proven neurobiological changes related to the trauma the victim experienced or by ingestion of drugs or alcohol. This should **not** be confused with a false report. The “red-flags” that often raise suspicion of false reporting in sexual assault cases are in reality the dynamics of the trauma of sexual assaults.

Victim Recantation is a retraction of a report of a sexual assault. Recantations are often not an indication of a false report, as victims frequently recant to avoid proceeding further with the criminal justice process. A victim may recant, even when the assault actually occurred, for a variety of reasons (examples listed below).

- the victim did not fully comprehend the emotional toll of an investigation
- in known offender cases, the victim may get pressure from friends, family, or the suspect herself/himself
- in known offender cases, the victim may actually have concern about the suspect’s well-being and/or the impact on the family
- investigative delays may leave the victim feeling uninformed and frustrated with the criminal justice system
- the victim may feel humiliated and embarrassed about details of the assault
- the victim’s support system may express disapproval, leaving the victim with a feeling of isolation
- the victim may fear repercussions from the criminal justice system if the assault included voluntary illegal activity on the part of the victim; or they may fear being subject to deportation, reprisal, and/or immigration issues

When a victim recants, it is incumbent upon the investigator to determine if there are external factors that have contributed to the victim’s desire to disengage from the criminal justice system. Recantations are definitely challenging, but they should not automatically result in the case being declared unfounded.

Waiver of Prosecution/Agreement to Prosecute forms should not be used by law enforcement agencies in the state of Georgia for any reason with respect to sexual assault investigations. Waiver of prosecution forms could result in a loss of benefits under the Georgia’s Crime Victims Compensation Program. Similarly, polygraphs or other lie detection techniques (such as voice stress analysis) should not be used on victims of sexual assault. The use of such techniques is prohibited by Georgia law, is inappropriate for individuals in trauma, and can severely impact the success of a prosecution as it undermines the victim’s trust in the criminal justice system.

Use of Polygraph

O.C.G.A. § 17-5-73

No prosecuting attorney, investigating law enforcement agency, or governmental official shall ask for or require any victim of a sexual assault to submit to a polygraph examination or any truth-telling device as a condition precedent to investigating such alleged crime.

TIPS FOR SUPERVISORS¹⁸

- respond to assist officers, deputies, and investigators with sexual assaults
- exhibit sensitivity to victims and ensure that they are dealt with properly by all subordinates
- assist officers, deputies, and investigators in locating the resources they need to investigate sexual assaults
- encourage problem-solving partnerships with community organizations such as sexual assault centers and/or victim services agencies
- include information on victim services regularly on roll-call training
- create opportunities for on-going training to improve investigative skills
- work to increase interagency communication between law enforcement and prosecution
- incorporate victim service issues into investigators' evaluations
- recognize and reward investigators for providing effective victim services
- participate in regular SART case review meetings with SART team members (see [Case Review section](#) for reference)
- carefully review investigators' reports and provide feedback

DEVELOPING A LAW ENFORCEMENT RESPONSE

Law enforcement officers have unique roles and responsibilities in the SART. It is preferable to include within the SART all local branches of law enforcement in the community such as the sheriff's office, city police, campus police, park rangers, and military police. Each agency will have the chance to discuss its priorities and protocols with the group and be able to develop SART protocols that are acceptable to everyone.

There are important duties that will be shared between patrol officers, detectives, investigators, and other branches of law enforcement. During protocol development is the time to openly discuss the skills and needs that are specific to each group. It is vital that each of the first responders review their agency procedures and responses in light of SART collaboration.

The SART should consider the following questions as the answers will help guide the team in development of the law enforcement response.

- All members of the SART are charged with making their roles and responsibilities victim-centered. Does this conflict with the way sexual assault victims are currently treated by law enforcement? Are members aware of the signs of sexual assault trauma and the resources available to them?
- When is the best time and place to conduct the initial victim interview?
- Who should do the initial interview? (A patrol officer? A detective?)
- How can a victim advocate be helpful during police interviews?

¹⁸ Lonsway, K. et al. (2009). False Reports: Moving Beyond the Issue to Successfully Investigate Sexual Assault and Prosecute Non-Stranger Sexual Assault. *End Violence Against Women International, Online Training Institute*, EVAW107.

- What are the training needs and resources for patrol officers pertaining to interviewing victims, suspects, and witnesses and in collecting evidence?
- What would be the best practice for follow-up interviews of a victim? How many interviews are sufficient? Who will conduct interview(s)? Where would be the ideal place to conduct the interviews? What protocol will be followed if the victim is under the influence of drugs/alcohol?
- What evidence should always be collected?
- What resources are available and what considerations should be made when determining the appropriate way to collect evidence from a suspect?
- What is the advocate's role in pretext phone calls?
- What will the specific roles be of dispatch? Patrol officer? Detective? Sergeant?
- What are the resources if the victim or suspect has special needs?
- Are multilingual and multicultural services available to communicate equally with victims?
- What will happen if the victim is an undocumented individual?
 - See [Chapter 5: Victim Specific or Cultural Considerations](#) for information pertaining to questions 11-13.
- How will confidentiality rules of each SART member agency be observed within the SART? How will the confidentiality of the victim be maintained, and information shared with the SART?
- How will case review meetings be structured? Where will case reviews be held? Who are the essential participants for the case reviews?
- How long will non-investigative sexual assault evidence collection kits be maintained in the local jurisdiction?

SCHOOL RESOURCE OFFICERS

The role of a school resource officer (SRO) can vary greatly depending on their work jurisdiction and the specific school to which they are assigned. The primary role of an SRO is considered that of "critical response" (e.g., active shooter, threat assessments, etc.). Other aspects of SRO responsibilities run the spectrum from basic crime prevention and public awareness to gang intervention and intelligence. Some SROs may also be knowledgeable of mental health and drug addiction resources. SROs can serve as a valuable source of information and referral for students, staff, and faculty.

In regard to sexual assault, most SROs serve in a collaborative role: possibly as a first responder, as a liaison with school administrators, and/or as a liaison with local law enforcement for investigative purposes. SROs should be aware of and adhere to current sexual assault response protocols at their school. It is recommended that a sexual assault protocol committee include and acknowledge SROs as an important community and resource partner in response to sexual assault. SROs can lend their knowledge, experience, and a distinct perspective to the strengthen community collaboration.

An SRO can provide insight to the committee on how school administrative policy, and/or standardized police procedure may influence the response and investigation of sexual assault/abuse involving students or staff that may occur on school property, or disclosures of sexual abuse reported to school authorities.

The direct involvement of SROs on the sexual assault protocol committee will also enhance their understanding of local multidisciplinary response protocols, services, and resources that are trauma-informed and representative of “best practices.”

It is also recommended that they join their local Sexual Assault Response Team (SART). Being an active member of a local SART can help ensure that SROs have the necessary tools and understanding to respond effectively to a report of sexual assault in a victim-centered manner. In Georgia, SROs are encouraged to attend POST-approved trainings that focus on sexual assault scenarios to gain further education on appropriate methods to address sexual assault disclosures and allegations within their school community¹⁹.

¹⁹ This section was based upon the Georgia Association of School Resource Officers’ (GASRO) Governance and National Policy and Training Guidelines

ROLES AND RESPONSIBILITIES CHECKLIST

- Protect and serve the needs of the victims and the community
- Collect and preserve evidence
- Identify and interview the victim and witnesses
- Identify and interview/interrogate the suspect
- Apprehend the suspect
- Conduct the investigation
- Assist with the prosecution – testimony, information, investigation
- Provide information to the victim regarding the investigative status of their case
- Provide a victim-centered response (as defined by your SART)
- Assess and address victim safety
- Encourage specialization for sexual assault cases
- Develop both rapport and trust with the victim
- Arrest perpetrators of sexual assault
- Reduce the fear of sexual assault
- Provide victims with information about the Georgia Crime [Victims Bill of Rights](#)
- Ensure victims have an understanding of their legal rights, as informed by law enforcement
- Have a complete familiarity with relevant sexual assault laws
- Gain a thorough understanding about the methods, patterns, and characteristics of perpetrators
- Work in a collaborative and coordinated fashion with prosecution, other law enforcement professionals, victim advocates, medical professionals, and crime labs
- Respect the human dignity and the uniqueness of the victim, unrestricted by considerations of race, culture, age, gender, social status, economic status, personal attributes, the nature of health problems, or the nature of the crime
- Maintain appropriate confidentiality of records, photographs, and communications, while ensuring that all records are promptly and properly transferred, as required, to appropriate persons or agencies
- Report appropriately according to local, state, and federal mandates
- Follow the chain of custody when collecting, securing, and turning over evidence
- Secure photographs in a locked space, handle them with respect and dignity for the victim, and reveal photographs only to those with a need to know
- Obtain required training and updates to serve victims of sexual assault
- Provide input and recommendations to the SART as an interdisciplinary member
- Obtain the report from the sexual assault examiner regarding the FME for the assaults reported by victims
- Present case to the District Attorney
- Work to operate under victim-centered guidelines – informing the victim of all information, interview times, and agency procedures

ROLES AND RESPONSIBILITIES OF THE HEALTH CARE PROVIDER

Please note that the term “patient” rather than “victim” is used in the medical section to reflect the relationship between the medical personnel and the person to whom they are providing care.

The role of the health care provider is “responding to the trauma of sexual assault and abuse and intervening through actions in systems to mitigate the impact of sexual violence on individuals, families, groups, communities, and society.”²⁰

Licensed health care providers who can perform the FME include physicians, physician’s assistants, registered nurses, nurse practitioners, SANEs, and SAFEs. SANEs or SAFEs are the preferred choice when a community has the resources to provide them, as they are trained in meeting the specific healthcare needs of the patient who has experienced sexual assault, performing the forensic medical examination, and have the ability to provide expert testimony in court. When specially trained examiners perform the FME it can reduce the trauma already associated with the process.²¹

The responsibility of the health care provider is to:

- assess patients for acute medical needs and provide stabilization, treatment, and/or consultation;
- gather information for the forensic medical history;
- collect and document forensic evidence, and document pertinent physical findings;
- offer information, treatment, and referrals for sexually transmitted infections (STIs), and other non-acute medical concerns;
- assess pregnancy risk and discuss treatment options with the patient, including reproductive health services; and
- testify in court if needed.

WORKING WITH VICTIM ADVOCATES

Victim advocacy is a critical component of the medical response. The SANE/SAFE coordinates with advocates to ensure patients are offered crisis intervention, support, and advocacy before, during, and after the exam process and encourages the use of other victim services. It is encouraged and best practice for the sexual assault victim advocate to be in the examination room to provide emotional support throughout the examination process. The victim advocate may provide assistance to the SANE/SAFE during the exam; however, victim advocates should not participate in any evidence collection procedures.

²⁰ American Nurses Association. (2017). *Forensic Nursing: Scope and Standards of Practice*. Second edition, p. 15.

²¹ Campbell, R., Patterson, D., & Lichty, L. F. (2005). The Effectiveness of Sexual Assault Nurse Examiner (SANE) Programs: A Review of Psychological, Medical, Legal, and Community Outcomes. *Trauma, Violence, & Abuse*, 6(4), 313-329.

MEDICAL SCREENING

The purpose of the medical assessment is to determine the absence or presence of an emergency medical condition. Forensic medical examinations are performed on medically stable patients. Patients who require medical attention (e.g., fractures, strangulation, etc.) will have medical needs addressed first. Where no emergency medical condition exists, it is best practice for the entire examination to be performed by a single trained practitioner (as available), minimizing trauma. Any health care needs identified during the medical screening or physical exam that do not require immediate medical intervention will be addressed prior to discharge. This includes recommending any necessary follow-up care to the appropriate medical provider.

Forensic Medical Exam (FME)

An examination of a sexual assault patient by a healthcare provider (Sexual Assault Nurse Examiner (SANE), Sexual Assault Forensic Examiner (SAFE), Sexual Assault Medical Forensic Examiner (SAMFE), licensed medical doctor, physician's assistant, nurse practitioner, registered nurse) who has specialized education and clinical experience in the collection of evidence and treatment of these patients.

FORENSIC MEDICAL HISTORY

A forensic medical history is obtained for the purposes of diagnosis, treatment, and evidence collection. The forensic medical history should include a patient's general medical history, current medications, allergies, vital signs, sexual history, and information concerning the sexual assault. The forensic medical history should be done in a private setting. Since this history contains sensitive information (sexual history and health) crucial to the forensic medical exam and is confidential personal health information, law enforcement should not be present for the patient history. See [Investigation- Law Enforcement Presence During Medical Forensic Exam](#) for more information.

The forensic medical history will guide the sexual assault forensic examiner's physical assessment and evidence collection. The examiner will need to be aware of and responsive to verbal and nonverbal cues from the patient during history taking. It is essential to assure that any communication needs of the patient are addressed so that accurate information can be obtained and documented.

PHYSICAL EXAMINATION

The SANE/SAFE will conduct a general physical assessment and anogenital examination. The exam is guided by the scope of informed consent and the forensic medical history. The purpose of the physical/anogenital examination is to identify any injuries or findings. Visual inspection is a common technique to detect physical trauma during the physical examination, however, not all injuries are easily seen or the result of the sexual assault. A detailed history is critical to understanding the presence and potential cause of injuries or findings. The physical examination includes identifying traumatic injury that may include abnormal redness, abrasions, bruises, swelling, lacerations, fractures, bites, burns, and other forms of physical trauma. Potential traumatic findings should be palpated to assess for tenderness and induration.

EVIDENCE COLLECTION TIMEFRAME

There is a potential that evidence can be compromised or lost altogether if not collected in a timely manner. The National Best Practices for Sexual Assault Kits: A Multidisciplinary Approach indicates that many jurisdictions have extended the standard cut off time for evidence collection from five days (120 hours) to one week. In addition to the collection of forensic evidence, there are health care needs of the patient that can be delivered up to 120 hours of the assault.²² This includes treatment for sexually transmitted diseases and pregnancy prevention options for the patient. In Georgia, an examination should be offered to the patient if the assault occurred more than 120 hours prior, depending upon the circumstances of the sexual assault. In addition to the collection of forensic samples, injuries received during the assault may persist beyond 120 hours and documentation of the injuries can be compelling evidence. The community SART protocol should also determine if there are resources for follow-up forensic medical care and documentation of further physical evidence as needed as well as the local evidence collection timeframe.

EVIDENCE COLLECTION

Proper collection of evidentiary materials is essential, as well as maintaining chain of custody. It is essential because of its potential use for suspect identification and use in the criminal justice proceedings. All evidence must be air dried, appropriately packaged, labeled, and properly sealed. The gathering of evidence may include but is not limited to:

- collecting the patient’s clothing and packaging it in individual paper bags;
- observation and assessment of the body surface and body cavity areas for injury or potential areas of biological or transfer of trace materials;
- scanning the patient’s body with an alternate light source;
- collecting reference samples of the patient’s DNA through buccal swabs or blood samples;
- collecting drug and alcohol toxicology samples as indicated by the assault history and referring to local protocol for lab analysis;
- collecting any foreign materials, stains, and dried or moist secretions;
- collecting post-assault tampons/sanitary pads;
- collecting oral, vaginal, penile, and anal samples as indicated by the assault history;
- collecting other trace evidence that may be present (i.e., leaves, grass, fibers, hair);
- ensuring proper specimen collection, drying, preservation, packaging, and labeling; and
- maintaining the chain of custody on all items.

SELF-ADMINISTERED SEXUAL ASSAULT EVIDENCE COLLECTION KITS

In 2019, self-administered sexual assault evidence collection kits were marketed as “over-the counter” products by private businesses. These self-described “DIY” kits imply that a victim of a sexual assault can

²² US Department of Justice Office of Justice Programs. National Institute of Justice (2017), *National Best Practices for Sexual Assault Kits: A Multidisciplinary Approach*, p. 17.

safely and effectively self-administer the collection of potential biological evidence in the aftermath of their sexual assault. It further suggests the collected samples may be deemed the equivalent of evidence collected by a licensed healthcare provider such as a specially trained sexual assault nurse examiner or non-nurse forensic examiner – and accepted by law enforcement as evidence for crime lab testing.

Joining the International Association of Forensic Nurses, RAINN and multiple attorneys general across the country, the Georgia Sexual Assault State Expert Committee strongly opposes the use or promotion of any self-administered sexual assault evidence collection kit.

“All victims of sexual assault should receive a medical-forensic examination and collection of evidence from a licensed healthcare physician or RN provider; a sexual assault nurse examiner (SANE), or sexual assault non-nurse forensic examiner (SAFE). Such examinations are to be made available to a victim and completed at no charge, and regardless of whether sexual assault is reported for a law enforcement investigation or is not reported.”

Patients/ victims presenting as a result of sexual assault victimization hold very unique and distinct considerations that dually envelope healthcare and forensic legal considerations. True patient-centered responses must respond with protections for both healthcare and forensic needs.

SAFETY AND RISKS

Safety and risk for injury with self-administering collection of sexual assault evidence, although minimal, still remains a reality. A person in the aftermath of a sexual trauma attempting to swab their own body and orifices holds a real risk for accidental injury or additional trauma. Risks associated with transfer of biological evidence (DNA), contamination, etc., are not within the normal realm of an individual’s knowledge or skills. Additionally, a victim’s emotional or psychological trauma can lessen their ability to follow directions or manage details or to later recall how samples were collected and managed afterwards.

At times, there are safety concerns to the victim (the offender is known to them, goes to school with them, lives nearby, etc.). Ensuring that the victim has a safe environment to return to, or a plan in place if there are any home safety risks or concerns, is a critical part of a professional SANE exam that a victim who uses a DIY kit does not have access to.

QUALITY CONTROLS AND THE CRIMINAL JUSTICE SYSTEM

A self-administered sexual assault evidence collection kit is forensic in nature, and therefore, will be challenged and subjected to the highest level of scrutiny by the criminal justice system. Such challenges publicly debated are adversarial, aggressive, emotionally charged and can be significantly re-traumatizing for a victim. Legal challenges of information associated with such DIY samples could arise including:

- how and when the kit was ordered
- how the victim collected certain samples

- the location of the exam
- climate for sample transfer or cross-contamination
- gloves and handling of samples
- packaging
- security controls with storage
- photos
- access to evidence by others

CHAIN OF CUSTODY

One major concern is a documented, corroborated, and/ or verifiable chain of custody record associated with any evidence. Legal challenges associated with a chain of custody are vigorous even for law enforcement that are trained and skilled in managing evidence. The Georgia Bureau of Investigation (GBI) crime lab contracts with a standardized provider of sexual assault evidence collection kits that is compliant with content specifications and is designed for a coordinated deconstruction by the lab and distributed for efficient standardized bench analysis. A variety of kits with random contents and packaging may be inconsistent and in conflict with standardized lab protocols in bench-work analysis of such contents.

These all represent tangible and serious concerns about whether law enforcement will, or can, actually accept self-collected sexual assault evidence kits as evidence, and/or - what, if any, probative value it may hold in light of the array of challenges and the extreme level of scrutiny it, and the victim will likely have to endure.

COMPOUNDING EMOTIONAL AND PSYCHOLOGICAL TRAUMA OF VICTIMS

In addition to the scientific and legal challenges, the emotional, psychological, and physical trauma experienced by a sexual assault victim would be remarkably compounded with the added responsibility to safely and effectively collect potential biological evidence from parts of their own body, following a physically invasive and traumatic sexual assault. Early instructions released with self-administered sexual assault evidence collection kits suggested, “...engage a friend to aid in the collection” – this recommendation is devoid of both the personal humiliation and legal challenges and complexities of such a suggestion. Only a licensed healthcare provider is capable of completing a healthcare assessment of an individual that may have suffered internal (e.g., oral, anogenital) or other associated injury (e.g., head trauma, vaginal wall lacerations, bleeding, bruising, strangulation, etc.). Sexual assault victims are also potentially exposed to sexually transmitted infections (STIs) and should receive appropriate prophylactic treatment in accordance with their overall medical history.

Perhaps most importantly, self-administered sexual assault evidence collection kits deprive and further isolate patients/ victims from critically important access to advocacy. Sexual assault advocates are knowledgeable in assisting victims with acute and chronic trauma and ongoing emotional and psychological challenges. Access to trained sexual assault victim advocates will significantly improve the likelihood that a

victim will heal from this trauma and overcome emotional challenges. Advocates also offer contact information and referral to vital community resources best equipped to assist victims and families in their distinctive individual needs, this includes information and assistance with Georgia Crime Victims Compensation eligibility and applications.

CONFLICTS AND CONCERNS

These are just a few of the concerns currently voiced in response to the availability of “self-administered sexual assault evidence collection kits,” and there are many more. The promotion and messaging associated with such kits is definitely contradictory to the standards of response, care, and services represented in the Georgia Sexual Assault Standards, and the National Protocol for Sexual Assault Medical Forensic Exams, (IAFN, Rev. 2013). It must also be noted that the promotion of any self-administered sexual assault evidence collection kit stands in contradiction with the U.S. Department of Justice, Office on Violence Against Women (OVW), that requires each state to certify they provide a medical-forensic examination and collection of evidence to all victims of sexual assault, at no cost to the victim, regardless of the victim’s individual choice to report the assault to law enforcement for investigation, or not to engage the criminal justice system.

DOCUMENTATION

Documentation should:

- be objective (should not include opinions of medical personnel);
- include general information of the circumstances leading up to the assault (as told by the patient);
- include objective observations of demeanor, altered mental state, and physical appearance;
- use the patient’s language and terminology;
- include direct quotes from the patient;
- use simple descriptions rather than medical terminology (bruise vs ecchymosis, etc.);
- avoid pejorative terminology (alleges, refuses, non-compliant, etc.) that can be misunderstood and are inappropriate in medical charting; and
- avoid abbreviations.

AUDIOTAPING OR VIDEOTAPING THE FORENSIC MEDICAL EXAM INTERVIEWS

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.”

DRUG-FACILITATED SEXUAL ASSAULT (DFSA)

DFSA occurs when a person is unable to consent to sexual acts because they are incapacitated due to the effect(s) of a drug and/or other intoxicating substance. Ingestion may be voluntary, involuntary, or without their knowledge.

WHEN TO COLLECT

Urine and/or blood samples should not be routinely collected during the SANE examination. The SANE will assess the patient for signs and symptoms of a suspected DFSA during the examination. Sample collection should be obtained based on the case history and assessment by the SANE of the patient. Examples of appropriate conditions under which a SANE should collect a toxicology sample are as follows:

- loss of consciousness, loss of memory, memory impairment, or period(s) of “blackout”;
- suspicion, belief or knowledge of the patient of drug ingestion (voluntary or involuntary);
- when the symptoms of intoxication do not match the amount of alcohol consumed;

- medical conditions reported by patient, observed by others or examiner (e.g., dizziness, confusion, light-headedness, drowsiness, fatigue, impaired motor skills, nausea);
- report by patient of unexplained injuries;
- report by patient of loss or re-arrangement of their clothing;
- report by patient of “feeling like I’ve had sex but do not remember having sex”; and/or
- report by patient of “waking up” in a location and not knowing how they got there.

TIMING OF COLLECTION

Collect toxicology samples using the GBI Drug and Alcohol Facilitated Sexual Assault Blood and Urine Specimen Collection Kit as close to the suspected DFSA as possible. Instructions are provided within the kit.

It is preferable from a toxicology standpoint to collect a urine sample. **Blood should generally only be collected if patient is seen within 24 hours of assault.** Collect any sample with the patient’s informed consent. A DFSA kit may be collected for a reporting or non-reporting patient. Toxicology samples are collected using the following guidelines.

- Urine: Collect urine samples up to 120 hours after the suspected time of drug ingestion. Obtain a minimum of 60 mls of urine. First urination is preferred. Refrigerate as soon as possible. Urine may be frozen. Note: It is preferred that the patient does not urinate until after potential evidence is collected, however, if the patient is unable to wait for the SANE examination to urinate, the first responders or the patient may provide a sample and bring it in a sealed container such as a glass jar or tupperware to the examiner, documenting the chain of custody.
- Blood: Collect blood samples up to 24 hours after the suspected time of drug ingestion. Obtain blood samples in the grey-topped (sodium fluoride/potassium oxalate) tubes provided in the DFSA kit. Refrigerate as soon as possible. Blood samples should never be frozen. Note: Blood sample collection must be obtained by a physician, registered nurse, or trained phlebotomist.

REPORTING / NON-REPORTING PATIENTS

Patients may not want to report the assault to law enforcement or to participate in the criminal justice process. The sexual assault patient should be cared for in the same manner, with the same examination options and treatment, regardless of whether the patient wants to report the assault or not. All patient records should reflect thorough, complete documentation, including the forensic medical history, as some patients may decide days, weeks, or months after their exam to report the assault to law enforcement. The examination documentation will then become part of the investigation.

Sexual assault patients should be offered the following reporting options:

- report the assault to law enforcement and have the FME, to include the collection of evidence;
- not to report the assault to law enforcement and to not have evidence collected; and

- not to report the assault to law enforcement now but to have the FME and evidence collected. The advantage of collecting evidence without a report is to allow for the potential of evidence retrieval without putting pressure on the patient to make a decision about reporting before patient is able to do so.

Whatever the patient decides should be supported by the medical personnel and offered victim advocacy services.

TREATMENT OPTIONS FOR PATIENTS

Prophylactic treatment for the prevention of sexually transmitted infections including HIV and pregnancy prevention (emergency contraception) should be offered and provided to all patients following current recommended medical standards. Pregnancy testing is indicated in all patients at risk for pregnancy to ensure that the patient is not in the early stages of pregnancy. Testing for STIs should be considered on an individual basis.²³ The need for follow up STI testing should be outlined in the patient discharge paperwork. The [CDC Sexually Transmitted Disease Treatment Guidelines](#) and updates are a resource for appropriate treatment protocols.

STRANGULATION

Every sexual assault patient should be assessed for strangulation and the forensic medical history should include questions to determine if strangulation has occurred during the assault. Strangulation is the restriction of the flow of blood and oxygen to the brain or body as a result of external pressure on the neck. Strangulation may cause serious complications or death hours or even days after the incident. Even though there may be visible injuries to the neck, in some cases, patients who have been strangled don't show immediate injury. Patients may report voice changes that can range from hoarseness to the complete loss of voice. These voice changes may be subtle and not recognized by the examiner in a single encounter. Patients have also reported difficulty swallowing or breathing. Involuntary urination and defecation may occur and can be embarrassing for the patient to disclose but the patient should always be asked if this happened. If strangulation is suspected, medical personnel should immediately assess and monitor the patient for complications and if necessary transfer the patient to an appropriate facility. Please visit International Association of Forensic Nurses' website for a [Non-Fatal Strangulation Documentation Toolkit](#).

MANDATORY REPORTING FOR SANES

SANes are considered mandatory reporters. Mandatory reporting applies to suspected cases of child and adolescent abuse (under age 18) of physical and sexual assault and neglect. Mandatory reporting does not apply to adult victims unless the patient is disabled or over 65 years of age. Medical personnel are also

²³ US Department of Justice, (2013), *A National Protocol for Sexual Assault Medical Forensic Examinations: Adult/Adolescent 2nd ed.* p. 111.

legally required to report any non-accidental injuries to law enforcement. Please see [Appendix B3](#) for Georgia Mandatory Reporting Laws.

FOLLOW-UP CARE

Depending upon the circumstances of the sexual assault, patients may need follow-up medical care for:

- injuries;
- re-evaluation of injuries observed during the examination;
- evaluation or treatment of STIs;
- monitoring of HIV prophylaxis or for other complications; and /or
- other ongoing medical needs related to the assault.

Specific follow-up instructions and referral sources should be provided to address these needs.

FINANCIAL OBLIGATION

The victim of a sexual assault is not financially responsible for the costs involved in the forensic medical exam. Pursuant to [O.C.G.A. § 17-5-72](#) victims of sexual assault may request (at no cost to the victim) a forensic medical examination for sexual assault, regardless of whether the victim participates in the criminal justice system or cooperates with law enforcement in pursuing prosecution of the crime. The Georgia Crime Victims Compensation Program should be billed directly for all expenses relating to a forensic medical examination [i.e. lab work, emergency room fees, physician's fees, SANE fees, all clinical fees associated with the exam, sexually transmitted infections (STIs) testing, etc.] Neither the victim nor any collateral sources, (e.g. insurance), may be billed for a forensic medical examination.

SUSPECT EXAMS

Medical personnel may be asked to conduct a suspect exam as part of the criminal investigation. Examination and evidence collection from the suspect is as important as the examination and evidence collection from the victim. Important trace evidence, biological evidence, or physical findings may be found which could link the suspect to the crime or provide corroborative information to the investigation.

The medical facility asked to perform a suspect exam should make every effort to avoid using the same medical personnel for the victim and suspect exams. Neutrality, objectivity, and patient confidentiality are essential for both the victim and suspect exams. To prevent cross-contamination, different exam rooms should be used, as well. All measures taken to avoid cross-contamination should be meticulously documented.

DEVELOPING A MEDICAL RESPONSE

It is recommended that all medical professionals participate in education around sexual assault and the process of forensic evidence collection. Through participation in the SART, the members can collaborate on many things. For example, they can:

- decide on options for providing victims with clothing at the site of the exam;
- brainstorm on how to generate funds to assist hospitals or other medical facilities in getting specialized equipment; and
- provide an opportunity for prosecutors to offer practice sessions for nurses and doctors to try out their skills in testifying.

Additionally, taking steps to educate medical professionals in the community about the occurrence of sexual assault and the vital role they can play will help the SART in developing comprehensive forensic medical services.

The following information can help SARTs discuss the roles and responsibilities of SANEs and assist with development of the forensic medical response, which can be used to determine the SART's first responder protocols. It is vital that each of the first responders review their agency procedures and responses in light of SART collaboration.

The SART should discuss the following questions. Answers will help lead the team in development of the medical response.

- What is your community's current acute medical response for sexual assault? What are the roles of the different medical professionals (EMT, PA, FNP, etc.)?
- Is your current response as effective as it needs to be? Why or why not?
- Would the availability of trained SANEs improve your community's response to sexual assault? If yes, how?
- What are the benefits to the victim of having a specially trained examiner available?
- Are all medical professionals educated about the appropriate response to a sexual assault patient? Who is able to conduct the FME if there is no certified examiner?
- How will your community ensure that there is adequate medical follow-up for the victim?
- How does the forensic evidence that is collected fit into the larger evidence collection context?
- Will the medical professional encourage the presence of a sexual assault victim advocate in the room during the exam?
- Are there opportunities for continuing education?
- How will medical professionals keep current on all skills that are required to fully support the victim (testifying, state statutes and protocols, non-reporting requirements, etc.)?

ROLES AND RESPONSIBILITIES CHECKLIST

- Provide an effective medical response that meets the health care needs of the patient
- Inform the patient of all relevant procedures and practices
- Provide a victim-centered response
- Provide a continuity of care – from start to finish
- Work within a multidisciplinary effort and work collaboratively with the SART
- Ensure victim sensitive care from all staff
- Initiate the coordinated team response
- Explain the forensic medical examination in terms appropriate to the age and anxiety of the patient
- Ensure that the patient understands the medical-legal process before obtaining written consent to proceed with the forensic medical examination
- Ensure a guardian is contacted or a court order is obtained in the case of an unconscious patient, severely disabled patient, or a patient who is otherwise unable to give informed consent
- Provide the opportunity and support of having a victim advocate in attendance during the forensic exam
- Perform the initial assessment in a timely manner
- Assess the patient’s understanding and needs throughout the forensic medical exam
- Provide trained personnel to collect evidence and work with the victim
- Provide a prompt victim-centered exam and ensure that it is gentle, uninterrupted, and takes place in a dedicated room
- Identify, collect, and preserve evidence
- Communicate with law enforcement about the examination if the victim wishes to report the assault
- Provide follow-up information including information to meet psychological needs, physical needs, health care, and information and referral
- Refer the patient, as indicated for further medical care based on the patient’s request or medical findings
- Work with the advocate to help the patient identify personal supports for medical and emotional needs
- Maintain the competency of staff through continued training/education
- Provide peer review
- Provide for quality assurance
- Maintain confidentiality of records, photographs, and communications

ROLES AND RESPONSIBILITIES OF PROSECUTION

According to the National District Attorneys Association, the primary responsibility of prosecution is to see that justice is accomplished.²⁴ In responding to sexual assault cases, this means prosecutors provide for the safety, well-being, and protection of rights of the victim and the community by holding the offenders of these crimes accountable through the prosecution of sexual assault cases. To accomplish this task, prosecutors must work in collaboration with law enforcement, victim advocates, medical personnel, crime lab personnel, and the victim. Prosecutors are responsible for reviewing sexual assault reports to determine if enough evidence exists or could be obtained to file criminal charges. If the victim chooses to participate in the investigation and prosecution of the case, prosecutors then have the added challenge and responsibility of responding in a victim-centered way that meets the needs of the victim as well as the needs of the community.

The goal of providing a victim-centered, offender-focused, and trauma-informed approach is to decrease re-victimization by ensuring victims receive compassionate and respectful treatment and to hold the offenders accountable. Prosecutors maintain a victim-centered approach by giving serious consideration to the prosecution of each case, supporting the victim's rights under the Georgia Crime Victims' Bill of Rights, and providing direction as part of the SART to increase the number of cases that are suitable for filing. Prosecutors also determine if there is sufficient evidence against the offender or if additional investigation is needed. Offender-focused prosecution allows the use of prosecutorial tools such as Federal Rules of Evidence [404\(b\)](#), [608](#), and [609](#).²⁵

INITIAL CASE EVALUATION

Vertical prosecution is considered best practice in all sexual assault cases. This means that the same prosecutor is assigned to the case from beginning to end, allowing the victim to work with the same prosecutor and investigator from the time potential charges are first reviewed through the sentencing of the offender. Vertical prosecution has been shown to improve conviction rates, reduce victim trauma, and provide more consistent and appropriate sentencing.

VICTIM INTERVIEW

It is recommended that prosecutors meet with the victim in person before making a determination about whether charges should be filed against the offender. This allows the prosecutor to assess the victim's ability to participate in the criminal justice process and to learn how the victim hopes the case will be resolved. This meeting provides prosecutors a feel for the case beyond just reading a report. It also demonstrates to the victim that the prosecution is taking the case seriously.

²⁴ National District Attorneys Association. (2012). National Prosecution Standards. Third Edition. <https://www.ndaa.org/pdf/NDAA%20NPS%203rd%20Ed.%20w%20Revised%20Commentary.pdf>

²⁵ Federal Rules of Evidence, (2018). Article IV – Relevance and its Limits, Article VI- Witnesses.

Prosecutors should include a victim advocate during all interviews and meetings with the victim, as the advocate can provide emotional support to the victim as they share details that are important in the case.

Helpful Hint

Prosecutors are uniquely positioned to educate the community, jury by jury, about the dynamics of sexual assault and the tactics perpetrators use.

Prosecutors should also be mindful that victims might believe that the prosecutor is “their” attorney, representing their individual interests. This misconception should be addressed and clarified at the beginning so as not to result in misunderstandings and disappointment on the part of the victim.

Interviewing the victim provides prosecutors the chance to review the case from the victim’s perspective, explain the criminal justice process, uncover potential details that may have been overlooked in the investigation, and determine what outcome the victim desires. The victim needs a safe environment in which to explain what occurred during the assault and the relevant facts. To create a safe environment and establish rapport:

- ensure that an advocate is present for victim emotional support;
- allow adequate time for the interview;
- conduct the interview in a place where the victim feels safe and is able to speak freely;
- adopt a “seeking to understand” perspective in questioning the victim;
- assure that the victim is safe by ensuring the defendant is not present or in the area;
- review the victim’s rights and explain the prosecution process, including rape shield law, preliminary hearing, pleas, trial, potential sentencing, etc.; and
- inquire about any threats made towards the victim.

COLLABORATION WITH LAW ENFORCEMENT

Prosecutors should review the investigation reports carefully prior to meeting with the victim, as they may learn new information that can either strengthen or weaken the case against the offender. It is also important that prosecutors work closely with law enforcement to ensure the collection of evidence needed to substantiate a case. They should also meet with law enforcement to discuss the investigation prior to making a charging decision in the case.

Use of DIY sexual assault kits is discouraged in the state of Georgia. See section [DIY SAK in Chapter 3 Health Care Providers](#).

FILING CHARGES

The determination to file charges in a sexual assault case is more complex than merely evaluating the evidence. It is the nature of sexual assault crimes that little or no physical evidence may be present. However, corroborating witness statements, participation of the victim in the case, and other acts committed by the offender play a significant role in the prosecution of the case. Prosecutors understand

the danger in focusing on what appears to be negative victim characteristics or conduct. Instead, they should carefully consider all of the offender's conduct, behaviors, and characteristics. This includes the practice most offenders use in targeting victims who are vulnerable, who may not report the crime, or who may appear unsympathetic and not credible. Prosecutors should avoid basing the charging decision on the victim's actions that may increase risk or the culpability of the offender. Offenders are likely to present themselves as highly credible while their victims may not.

The prosecutor should discuss the decision to file or not to file charges personally with the victim. If charges are not filed, the victim is more likely to respect the prosecutor and the legal system if she/he feels respected and understands why the decision was made. This discussion should occur promptly, before the defendant is notified, and an honest explanation for the decision should be offered to the victim.

When the decision is made to charge the offender, prosecutors should work with victim advocates to support victims in the criminal justice process by:

- recognizing the emotional and psychological limits of victim;
- explaining to victims the process of the investigation and prosecution;
- explaining court attendance to victims;
- providing prompt notification of court proceeding dates, times, and any changes;
- discussing the estimated timeline of the case;
- preparing victims for testimony and estimating the amount of time they will be on the stand;
- preparing victims and family members for disclosure of traumatic information in the trial (911 tapes, photos, etc.);
- cautioning victims about the potential consequences of discussing the case with people outside the criminal justice system;
- ensuring victims are aware of the Georgia Crime Victims' Bill of Rights, including the right to refuse to be contacted on behalf of the defense;
- preparing victims on how to respond to inquiries from defense attorneys, investigators, and the media;
- informing victims about the potential for media presence in the courtroom and rules regarding the limitations on publicity regarding the victim; and
- being mindful of the need to separate victims from the offenders during any proceedings at the courthouse.

DEVELOPING PROSECUTION RESPONSE

Prosecutors have unique roles on the SART. Through them the SART can track prosecution rates and number of plea agreements reached, and work to educate the judges in the community. After 3-5 years of operation, it would be appropriate for the SART to begin tracking how prosecution rates have been affected by the presence of the SART.

Having a prosecutor at the table can be a great asset for the SART. Victim advocates, medical personnel, and law enforcement do not necessarily understand how all of their actions can affect the ability of the case to move forward. Prosecutors can offer a unique perspective to assist the team in seeing the “big picture” when it comes to the court system. Many medical personnel report being more confident in performing forensic medical exams when they understand how closely prosecution and defense examine each aspect of the exam.

The following checklists help the other SART members to understand and discuss the roles and responsibilities of the prosecution and assist with development of the prosecution response, which will be used to determine the SART’s first responder protocols. It is vital that each of the first responders review their agency procedures and responses in light of SART collaboration.

The SART should discuss the following questions as the answers will lead the team in development of the prosecution response:

- How do we define an optimal investigation of sexual assault crimes to aid us in having better cases to prosecute?
- What will we do if, after the law enforcement investigation, more investigation is needed?
- Are sexual assault cases difficult to prosecute? Why? What would you change?
- How can victim advocates assist in better prosecution of cases?
- How is gaining experience in prosecuting sexual assault cases beneficial to prosecutors?
- Should the District Attorney’s office review every sexual assault case reported to any law enforcement agency that serves the community?
- What should be the criteria in which we base whether to prosecute a case? Simply on merit? Or on merit plus community safety, victim impact, justice? Only if there is DNA evidence?
- Should every sexual assault case go to grand jury? What would be the benefit? The drawbacks?
- Should we develop specialized sexual assault prosecutors for adolescent and adult sexual assault cases?
- What are the benefits and drawbacks to meeting with a victim in person to assess the case? To let her or him know the case will not be going forward?
- How does establishing rapport with the victim work toward the end of developing a cooperative witness?
- When should the prosecutor have direct contact with the victim?
- Are there situations where advocates are not able to be present when prosecution is with the victim?

ROLES AND RESPONSIBILITIES CHECKLIST

- Evaluate the case for prosecution, considering all the merits and seriousness of the case as well as the interests of justice, needs of the victim, and community safety
- Ensure a collaborative and thorough investigation of the facts and circumstances of the case
- Hold perpetrators of sexual assaults accountable for their crimes
- Provide a victim-centered response
- Encourage the use of the term “victim” by judges rather than “accuser”
- Encourage specialization for SA prosecutors and facilitate vertical prosecution (one prosecutor from beginning to end)
- Increase the knowledge and expertise of all attorneys who prosecute SA cases in the dynamics of sexual assault and the laws
- Take the victim’s input into account throughout the process
- Meet with the victim in-person to both evaluate the case and to share information
- Work in a coordinated and collaborative fashion with law enforcement, medical personnel, and crime lab
- Evaluate cases submitted by law enforcement
- Inform victims of the case status from the time of the initial charging decision to sentencing
- Discourage case continuances
- Explain the reasons for continuances and seek mutually agreeable dates for hearings that are scheduled
- Arrange for interpreting services for victims and witnesses when necessary to assist a victim in understanding questions and frame answers
- Bring to the attention of the court the views of the victim on bail decisions, continuances, plea bargains, dismissals, sentencing, and restitution
- Pursue to the fullest extent that the law allows, those defendants who harass, threaten, or otherwise attempt to intimidate or retaliate against victims or witnesses
- Arrange for the prompt return of the victim’s property if it is no longer needed as evidence in court
- Seek no-contact orders as conditions of bail or own recognizance releases
- Include the victim whenever possible in decisions regarding the filing of the case, the reduction of charges, plea bargain offers, dismissal or other possible case dispositions
- Consult with law enforcement, medical personnel, and sexual assault victim advocates in the furtherance of the prosecution of the case
- Notify the victim of her/his rights regarding HIV testing of the defendant
- Refer the victim to advocates for information regarding crime compensation from the state
- Advise the victim of her/his right to have a support person and advocate present during interviews and in court
- Discuss the case with the forensic medical examiner and law enforcement prior to trial date

COURT PROCEDURE

INITIAL COURT APPEARANCE

Going to court can be a very frightening experience for victims. The initial appearance may be the first time the victim has seen the offender since the assault. Offenders and sometimes their family members may attempt to intimidate the victim. A trauma-informed, victim-centered approach recognizes the initial appearance is a critical emotional moment for the victim; the outcome of which may influence the victim's desire to move forward. Prosecutors can support victims by:

- discussing the advantages and disadvantages of the victim's attendance at court proceedings;
- making sure they are informed about all the facts of the case if they are stepping in for another prosecutor;
- planning ahead about where the victim will be waiting prior to and during all court proceedings; and
- making sure that the victim and the offender enter the courtroom at different times.

TRIAL PREPARATION

Utilizing a victim-centered approach, prosecutors recognize the need for victims to be fully prepared for the realities of the trial process: the timeline, expectations upon the victim, and the type of support from the prosecution team. It is extremely important to inform victims of any continuances and other delays. Prosecutors who involve the victim in preparing their case empower the victim and help improve the victim's testimony. This preparation should include:

- asking the victim if there are any dates that need to be avoided;
- providing the victim with advance notice of pre-trial motions;
- providing the victim advance notice of trial dates;
- ensuring that the victim is fully prepared and as comfortable as possible;
- providing courtroom orientation;
- encouraging the victim to report to police any violations of no-contact orders and keeping a log of the violations;
- ensuring that any interpretation or communication needs of the victim are prepared for before trial and ensuring victim presence during the trial;
- reminding the victim that what she/he shares with family and friends is not privileged information and is subject to subpoena;
- explaining the right of privilege held by sexual assault victim advocates and encourage the victim to use the victim advocates for emotional support;
- explaining to the victim that the courtroom is open during the trial;
- considering the use of expert witnesses – interviewing them in advance and preparing them for testimony;

- issuing timely subpoenas to the victim and witnesses;
- letting victims know that they can ask to take a break and repeat or clarify questions that are confusing or that the victim doesn't understand;
- preparing the victim for all testimony and anticipated cross examination; and
- explaining that a witness is required to simply answer questions and is not to give narrative answers or raise new topics.

Commonly Used Defenses

Defendants in sexual assault cases typically use one of three defenses 1) that the sexual act was consensual, 2) denial of anything to do with the crime, and 3) mistaken identity.

Defendants in sexual assault cases typically use one of three defenses 1) that the sexual act was consensual, 2) denial of anything to do with the crime, and 3) mistaken identity. Trial preparation requires preparing arguments to counter these defenses, as well as addressing the common myths and misconceptions surrounding sexual assault, credibility issues related to the victim, and demonstrating the criminal intent of the defendant.

Presenting the victim as a target and the defendant as a premeditated perpetrator can be extremely helpful. Defense attorneys often raise a host of issues intended to question the credibility of the victim and the legitimacy of the victim's story. Prosecutors may be able to use these credibility concerns to their advantage by arguing that, due to the victim's state of intoxication, history of drug/substance abuse, history of criminal involvement, she/he was, in fact, at a greater risk and more vulnerable to the predatory nature of a sexual offender. Who better for a perpetrator to target than someone who is vulnerable, accessible, and who is likely not to be believed?

JURY SELECTION/VOIR DIRE

Jury selection is critical to the outcome of a sexual assault trial. The potential jurors bring their own beliefs about sexual assault, misconceptions, and personal experiences. Some jurors may have experienced sexual assault or have a friend/family member who has experienced a sexual assault. Jurors have also been exposed to fictional accounts or dramatized accounts of sexual assault through the media that bear little resemblance to the reality of sexual assault. Identifying the potential impact of a juror's experiences and beliefs is essential in the jury selection process.

Voir Dire is the only opportunity prosecutors have to an interactive conversation with potential jurors and provides an opportunity to address the myths and misconceptions about sexual assault. A frank and non-judgmental dialogue can have a tremendous impact on the likelihood of a conviction.

DIRECT/CROSS EXAMINATION

The heart of the prosecutor's case is the direct examination of the sexual assault victim. This is the opportunity to introduce the victim to the jury by explaining the background of the victim and the context

of the assault. Potential cross-examination points should be incorporated and explained in the direct examination. Similarly, the cross-examination of the defendant should support the victim's testimony, demonstrating that the victim was selected intentionally by the defendant – due to perceived lack of credibility, vulnerability, or accessibility.

SENTENCING

The sentencing phase of a sexual assault trial can be especially traumatic for the victim and their family members. This is the victim's opportunity to face the offender and share the impact that the sexual assault has had on them, which can be both intimidating and redeeming. To prepare victims for sentencing, prosecutors should:

- ask victims if they want to be present in the courtroom, and support their decision if they don't wish to be present;
- prepare the victim about how to address the court; and
- offer to help the victim create a victim impact statement.

CHAPTER 4: SPECIFIC CONSIDERATIONS

COLLEGIATE RESPONSE

Twenty to twenty-five percent of college women and fifteen percent of college men will experience sexual assault during their college career. More than ninety percent of sexual assault victims on college campus will not report their assault.²⁶ College freshmen and sophomore women appear to be at greater risk of sexual assault than are upperclassmen. Eighty-four percent of the women who reported a sexual assault experienced the incident during their first four semesters on campus.²⁷ Students living in sorority houses are three times more likely and students living in on-campus dorms are 1.4 times more likely to be sexually assaulted than students living off-campus.²⁸ An analysis reviewing more than 200 studies found that being a victim of sexual assault is associated with an increased risk of anxiety, depression, suicidality, post-traumatic stress disorder, substance abuse, obsessive compulsive disorder, and bipolar disorder.²⁹

When students encounter sexual violence, their trust and sense of safety are violated. This violation can potentially interfere with their lives and educational goals. Campus administrators, law enforcement and security, advisors, and student health center personnel must be committed to providing a caring, effective, and consistent lawful response to any student who has been sexually assaulted.

An assortment of law enforcement, advocacy, medical, psychological, and administrative services must be made readily available to students who have been sexually assaulted. As such, all campuses are encouraged to develop a relationship with and/or assign a campus liaison to participate in the community's SART, the entity responsible for coordinating forensic, medical, legal, and support services in instances of sexual assault.

Protocols and policies for all types of campus-based law enforcement and security departments must address the progression of both on- and off-campus processes, which may occur simultaneously and independently from one another.

Helpful Hint for Faculty

Students who need assistance often turn to faculty or staff members they feel comfortable with. Should a student seek assistance or ask to talk about an incident of sexual assault, the faculty or staff member should recognize that the victim is showing a great deal of trust in them.

²⁶ Cullen, F., Fisher, B., & Turner, M., The Sexual Victimization of College Women (NCJ 182369). (2000). Retrieved from the U.S. Department of Justice, Office of Justice Programs, National Institute of Justice: <https://www.ncjrs.gov/pdffiles1/nij/182369.pdf>

²⁷ Gross, A., Winslett, A., Roberts, M., & Gohm, C. (2006 March 1). An Examination of Sexual Violence Against College Women. *Sage Journals*. <http://journals.sagepub.com/doi/abs/10.1177/1077801205277358>

²⁸ Mohler-Kuo, M., Dowdall, G. W., Koss, M.P., & Wechsler, H. (2004 January). Correlates of Rape While Intoxicated in a National Sample of College Women. *Journal of Studies on Alcohol*. <http://archive.sph.harvard.edu/cas/Documents/rapeintox/037-Mohler-Kuo.sep1.pdf>

²⁹ Dworkin, E.R., Menon, S.V., Bystrynski, J., & Allen, N.E., (August 2017). Sexual Assault Victimization and Psychopathology: A Review and Meta-Analysis. *Clinical Psychology Review*. <https://www.sciencedirect.com/science/article/pii/S0272735817300880?via%3Dihub>

When developing protocols, applicable federal and state laws must be addressed, including:

- Title IX
- The Clery Act
- The Campus Sexual Violence Elimination (SaVE) Act

TITLE IX

Title IX is a landmark federal civil right that prohibits sex discrimination in education. Under Title IX, colleges and universities must have an established procedure for handling complaints of sex discrimination, sexual harassment, or sexual violence. Every school must have a Title IX Coordinator who manages complaints. The Coordinator's contact information should be publicly accessible on the school's website.

The school, when necessary, will act to ensure a complainant can continue their education free of ongoing sex discrimination, sexual harassment, or sexual violence. The school can issue a no-contact directive under Title IX to prevent the accused student from approaching or interacting with the complainant. Schools must ensure that any reasonable changes to housing, classes, or sports schedules, campus jobs, or extracurricular activities, and clubs are made to ensure the complainant can continue their education free from ongoing sex discrimination, sexual harassment, or sexual violence. Additionally, these accommodations should not overburden the complainant or limit their educational opportunities; instead, schools can require the accused to likewise change some school activities or classes to ensure there is not an on-going hostile educational environment.

In cases of sexual violence, the school is prohibited from encouraging mediation rather than a formal hearing of the complaint.

THE CLERY ACT

The Clery Act was named after Jeanne Clery, who was raped and murdered in her dorm room by a fellow student on April 5, 1986. Her parents championed the Jeanne Clery Disclosure of Campus Security Policy and Crime Statistics Act ([Clery Act](#)) in her memory. This Act is federal law that requires colleges and universities to report crimes that occur within a defined geography. This information is available each year in an Annual Security Report (ASR).

The Clery Act requires a list of educational resources (such as medical care, mental health resources, and other support options that are available either on campus or within the local community) to be made

Important Note

Title IX uses the words accused, accuser, and complainant instead of victim, survivor, or suspect. This is due to the fact that a sexual assault is considered a violation under federal civil rights law or Title IX. Please refer to [U.S. Department of Education Office for Civil Rights](#) for more information.

available to students on or around campus. The Act also requires publication of reported incidents of a specific crime while alerting the public to possible safety risks or incidents on campus.

VIOLENCE AGAINST WOMEN ACT: THE CAMPUS SAVE ACT

The [Campus Sexual Violence Elimination \(SaVE\) Act](#) increases transparency on campus of incidents of sexual violence, guarantees victims' enhanced rights, emphasizes disciplinary proceedings, and requires campus-wide prevention education programs.

The Campus SaVE Act amends the Clery Act, which requires campuses to provide annual statistics on incidents of campus crimes, including sexual assaults occurring on campus and reported to campus authorities or local police. The Act broadens this requirement to mandate fuller reporting of sexual violence to include incidents of domestic violence, dating violence, and stalking.

Colleges must publish the following victims' rights and college responsibilities:

- information on obtaining orders of protection, no-contact orders, and victim notification;
- information on how the college will protect the confidentiality of the victim;
- written notification of available services for mental health, victim advocacy, legal assistance, and other available community resources;
- written notification about victims' right to change academic, living, transportation, or work situations *even if they do not formally report*; and
- written explanation of a student or employee's rights and options, *regardless of whether the crime took place on campus or off campus*.

Suggestions for Faculty/Staff

1. believe what the student tells you
2. be a patient, active listener
3. reassure the student that they are not alone and that what happened is not ok
4. don't try to make decisions for the student
5. offer information on available resources
6. offer support
7. educate yourself

Colleges must publish the following procedures for reporting sexual violence:

- information on how to preserve evidence of the crime;
- information on to whom and how to formally report the incident;
- the right to decline formally reporting to authorities, including law enforcement agencies;
- the Campus SaVE Act must provide prompt, fair, and impartial disciplinary proceedings that ensure equitable process to both parties;
- officials conducting disciplinary proceedings must be trained annually on sexual violence investigation and determinations;
- both the accuser and the accused have a right to have an adviser of their choice present during the disciplinary process;

- both the accuser and accused are required to receive the final results of a disciplinary proceeding in writing; and
- both the accuser and accused have a right to appeal disciplinary proceeding decisions or changes to the final result.

SEXUAL ASSAULT VICTIM SERVICES

Every campus plan to address sexual assault must include a strategy for delivering and coordinating a continuum of services to address victim needs. The plan should identify an individual or group on campus to oversee the victim services delivery system and conduct regular reviews of effectiveness. At a minimum, the victim services plan must ensure that:

- victims have access to services provided by people with expertise in various aspects of sexual assault, including support for emotional, medical, and legal needs
- services for victims are available at all times, including non-business hours and academic breaks
- victims are informed about campus resources and community-based services (e.g., local sexual assault center) and their programs and services
- victims are assured that trained law enforcement or campus security officers are available and prepared to respond appropriately; and
- services are accessible and appropriate for all members of the community campus, including students, faculty, staff, minority groups, individuals with disabilities, lesbian/gay/bisexual/transgender/questioning/queer (LGBT+) campus community, non-traditional college students, commuting or parenting students, and on-campus friends of victims.

CAMPUS LAW ENFORCEMENT AND SECURITY

Campus law enforcement and security departments play a significant role in institutional responses to sexual assault. Their response to reports of sexual assault must be based on protocol, supported by training, and sensitive to victim needs.

Campus law enforcement and security departments must have a clear protocol for situations when the victim chooses not to officially report a crime. In such cases, authorities must be prepared to refer victims to appropriate support services and respect requests for confidentiality and anonymity.

To achieve these goals, every campus plan to address sexual assault must include first responder and investigation protocols for campus law enforcement or security departments.

PROTOCOLS FOR DEPARTMENTS THAT DO NO INVESTIGATE SEXUAL ASSAULT REPORTS

When the campus is not the primary investigative agency for sexual assault, administrators must implement a written policy and protocol establishing procedures for the following:

- notifying the appropriate investigative law enforcement agency;
- providing written information to the victim about contacting appropriate campus and community sexual assault support services;
- informing the victim about forensic medical examination services and how to access these services;
- interacting with other offices on campus such as judicial affairs, housing, student health center, counseling center, and campus ministries;
- complying with the federal Clery Act;
- confidentiality of the case as outlined by Title IX and the Office of Civil Rights; and
- following up with the victim.

PROTOCOLS FOR DEPARTMENTS THAT INVESTIGATE SEXUAL ASSAULT REPORTS

Every campus with a law enforcement or security department with the responsibility for investigating reports of sexual assault must develop a protocol that includes the following:

- procedure for notifying and mobilizing all critical campus units in the event of a sexual assault;
- requirement to notify victims of the right to have an advocate or support person present during their interviews with law enforcement or Title IX Coordinator;
- procedure for contacting a qualified support person for the victim (e.g., a sexual assault victim advocate/counselor or other specially trained individual);
- procedure for connecting the victim with medical forensic evidence examination services if the victim desires;
- steps for complying with legal reporting requirements, including those mandated by the Clery Act;
- resource information for both on- and off-campus services providers for victims;
- policy for transporting the victim to off-campus offices (e.g., local law enforcement, medical forensic examination site, etc.);
- procedure for obtaining alternative living arrangements for the victim, if requested;
- procedure to ensure confidentiality as allowed by law;
- procedures for releasing information to the media and issuing timely warnings to the campus community, pursuant to confidentiality policies and the Clery Act;
- responsibilities of both on- and off-campus law enforcement agencies;
- procedures for working with the local District Attorney's office;
- protocol for working with victims who choose not to officially report an incident, but still wish to seek medical and/or emotional support services;
- training plan for relevant entities regarding the implementation of the protocol; and
- procedures for regularly evaluating and updating the protocol.

RURAL COMMUNITIES AND SARTs

Georgia's rural communities face unique challenges in their response to sexual assault. In a broad context, rural communities have high rates of sexual assault victimization, and yet low rates of reporting. Community resources are often lacking compared to more urban areas. Anonymity and confidentiality can be more difficult to achieve in rural communities. Victims may feel isolation due to social constructs that dictate secrecy and discourage reporting of sexual assaults. These factors often result in low prosecutions rate and limited ability of communities to hold offenders accountable.

CHALLENGES FACING RURAL AND REMOTE COMMUNITIES³⁰

High rates of sexual assault victimization. While the perception of many people is that cities are dangerous, the data indicates that sexual assault may be more prevalent in rural and remote communities than urban ones.^{31,32}

Low rates of reporting and other help seeking by sexual assault victims. There is considerable evidence to suggest that sexual assault is vastly under-reported, but many people believe that the problem of under reporting may be even more significant in rural areas than urban ones.³³ Victims in rural and remote communities may be particularly unlikely to report the crime to law enforcement and seek other forms of assistance from community service agencies, given their lack of anonymity and fear that “everyone will find out” and possibly side with the offender.

Lack of services, including public safety and victim assistance. Rural and remote communities often have very few services and other resources, including personnel, equipment/technology, and training. Moreover, services are often underfunded because the amount of time and money that is required to respond to a single case in a rural area is higher than in an urban one.²⁵

Physical isolation of residents from services. In many rural and remote areas, there are considerable distances and difficult terrain to cross for victims to physically access services. To get a sense of how isolated some communities and individuals are, picture 80% of the American population crowded on 20% of the land.²⁵ Census data from 1997 indicates that this is the reality; in fact, 20% of Americans live in non-metropolitan areas.²⁷

³⁰ Little, K., Lonsway, K. A., and Archambault, J. (2017 June) Sexual Assault Response and Resource Teams (SARRT): A Guide for Rural and Remote Communities. *End Violence Against Women International*.

<http://www.evawintl.org/library/DocumentLibraryHandler.ashx?id=33>

³¹ Lewis, S. (2003). *Unspoken Crimes: Sexual Assault in Rural America*. Enola, PA: National Sexual Violence Resource Center (NSVRC), Pennsylvania Coalition against Rape (PCAR).

³² Ménard, K. S., and Ruback, B. R. (2003). Prevalence and Processing of Child Sexual Abuse: A Multi-Dataset Analysis of Urban and Rural Counties. *Law and Human Behavior*.

³³ Royse, B., (1999 September). *Non-Stranger Sexual Assault, Rural Realities*. National Non-Stranger Sexual Assault Symposium, Proceedings Report, Denver Sexual Assault Interagency Council.

Lack of specialization among service providers. Because services and resources are limited in rural areas, many community professionals serve as “general practitioners,” without the specialized training and expertise that are needed to respond effectively to sexual assault crimes.

Lack of resources for residents to access services. Services are often extremely limited in rural and remote communities. Residents often do not have the resources to access those services that do exist. Residents often do not have sufficient transportation options, phone service, childcare, and time off from work in order to seek services. Residents also often have limited financial capacity, given the higher rates of poverty seen in rural areas as compared to urban ones.³⁴ This means that victims may be extremely concerned that reporting or otherwise disclosing the sexual assault may threaten their own economic survival or that of other family members – particularly if the offender is the victim’s intimate partner or family member (e.g., brother-in-law). While many of these factors are not unique to rural and remote communities, their effect may be intensified by the lack of social and economic resources that residents face as compared to those in urban areas.²⁵

Lack of anonymity/confidentiality for victims. Since many people in rural communities know each other, it is extremely likely that victims will re-encounter both offenders and their families and friends. It is also likely that victims will be reluctant to report the crime to law enforcement or seek services because they fear that everyone will find out about the sexual assault.

Distrust of outside assistance. Residents in rural areas often feel uncomfortable seeking assistance outside their own families or social circles. In fact, people often choose to live in rural areas because they want solitude and privacy. Victims may be especially reluctant to seek outside help if they perceive that sexual assault is not taken seriously by the criminal justice system or that the courts will be biased because they are built on gender norms that favor men.²⁵

Social norms that dictate secrecy for personal problems and discourage reporting of sexual assault. Such community norms include beliefs that a family’s reputation is more important than an individual’s problems, that violence against women is a normal part of life and/or not a priority problem to be addressed, that intimate partner sexual violence is a private matter, and that certain behaviors mean that a victim was “asking for it.” Although victims will typically experience confusion, fear, and betrayal in the aftermath of a sexual assault, they can be influenced by friends and family members to accept it as simply a part of reality or “just the way it is.”²⁵ Unfortunately, first responders and other community professionals are not immune to societal misconceptions about sexual assault, victims, and offenders. These norms also affect a court’s capacity to seat a fair and open-minded jury, because the population in rural areas tends to be more homogenous than in urban communities, because social norms are often dictated by a few prominent individuals or families, and because residents in rural areas typically have less exposure to broader social norms that challenge the status quo.²⁵

³⁴ Nord, M. (1997). Rural Poverty Rate Unchanged. *Rural Conditions and Trends*. 9(2), 81-84.

Lack of prosecution of sexual assault in general, and of drug and alcohol facilitated sexual assault in particular. Very often sexual assault cases are not prosecuted in rural areas because of the perception that it takes too much time or too many resources on the part of the prosecutor, with little chance of conviction. In DFSA, the public/jury perception may be that victims are responsible for their sexual assault if they were voluntarily drinking or using drugs.

Lack of cooperation and respect among agencies. This lack of cooperation and respect could be due to a sense of territorialism among community professionals and the lack of policies addressing evidence documentation and collection and crossing jurisdictional boundaries. While none of these problems are unique to rural areas, they can be intensified by the fact that fewer people are involved and relationships between agencies can be dictated by personal relationships.

Although the challenges are significant, a strong SART can help rural communities overcome them by improving the coordination and consistency of services provided by law enforcement, victim advocates, forensic medical personnel and prosecutors.

HOW DO GEORGIA'S RURAL COMMUNITIES BENEFIT FROM A SART?

- A rural SART can be customized in terms of their response to address specific local challenges and barriers to effective services for victims.
- The process of developing a SART improves the community's understanding of its own unique challenges and barriers and promotes collaboration in how to overcome those challenges.
- A strong SART improves the likelihood that a victim will participate in the criminal justice system due to a positive, victim centered response from service providers.
- Collaboration among SART members can encourage reports of sexual assaults and victim participation because when first responders are perceived as compassionate and helpful, victims are more likely to seek assistance.
- First responders are more satisfied with their work when they are part of a supported, coordinated effort.
- Collaborative effort involved in creating a written protocol (pursuant to O.C.G.A. § 15-24-2) increases cross-disciplinary communication, likelihood of feedback, and relationship building.
- Empowering SART members by encouraging collaboration builds upon the already existing strength of close-knit communities to do what is necessary to take care of one another.

HELPFUL HINTS FOR RURAL COMMUNITIES DEVELOPING A SART

- **Recognize it takes time and consistent effort to develop a SART.** Regularly scheduled meetings supported and encouraged by agency leaders are essential in developing a high functioning SART. Agency heads should take the lead in establishing the importance of developing a SART and a community SART protocol.
- **Identify Core/Essential Responders**
 - county and municipality law enforcement officers and investigators
 - systems and community-based victim advocates
 - SANEs or other emergency health care providers and emergency medical technician
 - Prosecutors
 - crime lab personnel
 - military personnel (if applicable)
 - college campus responders (if applicable)
 - corrections and/or jail personnel
- **Identify Additional/Optional Service Providers**
 - 911 communications personnel
 - public health representatives
 - culturally specific service providers
 - mental health counselor
 - staff from domestic violence shelters
 - clergy
 - social workers
 - school district representative
 - probation/parole officers
 - sex offender treatment providers
 - researchers
- **Develop an action plan.** Some helpful actions include (1) confirm SART member commitment by developing MOU for participating agencies, (2) discuss agency roles, (3) determine geographic area of response, (4) determine lead agencies, and (5) identify professional training.
- **Develop a SART Protocol.** Georgia state law mandates that each community develop a Sexual Assault Response Protocol. (See the [Introduction](#) of this guide for more information on O.C.G.A. § 15-24-2). Please contact CJCC, Sexual Assault and Human Trafficking Unit (404-657-1956) for more information and technical assistance in developing your Sexual Assault Response Protocol.
- **Meet regularly.** Meet monthly during the development stage of the SART and then less frequently once the SART is established. Instituting quarterly case review meetings can then provide excellent opportunities to collaborate, evaluate, and provide additional training on current sexual assault response best practices. These meetings will enhance and improve your community's SART response, provide an opportunity to communicate local or state policy updates, identify general gaps in service, and allow for discussion of challenges associated with individual cases.

COMBATting ARGUMENTS AGAINST RURAL SARTs

If your community is struggling to create a SART due to lack of support from local agencies, consider these responses to common arguments.

“Our rural Georgia community does not support a coordinated sexual assault response.”

Remember, most SARTs face challenges – that is not unique to rural communities. However, communities with successful SARTs face those challenges through the collaborative process. Try to point out that the coordinated approach benefits the criminal justice community by supporting the disciplines that have a common goal of *holding offenders accountable*.

“A coordinated team approach will not work in rural Georgia.”

Although problems such as physical isolation and lack of transportation are common in rural communities, these problems can be resolved. Dealing with the problems head-on in an attempt to find solutions will mitigate long term ramifications such as public health and safety issues that can be burdensome to rural communities.

“We do not have the resources in our rural Georgia community to support a team approach.”

While it is true that developing an effective SART does require a front-end investment of resources in terms of time and energy, the SART then becomes an effective tool to increase efficiency and effectiveness of the criminal justice response. Additionally, it is not necessary for communities to have the most advanced services to incorporate the SART concept. For example, physically isolated victims benefit tremendously when first responders simply have a plan in place to address their very specific needs.

“Sexual assault is not a problem in our rural Georgia community”

The low rate of reported sexual assaults is not an indication of the prevalence of the crime. Statistically, we know that most victims do not report to law enforcement for a myriad of reasons. In rural communities those reasons and the percentage of non-reporting sexual assaults are even greater because the perceived consequences of reporting are complex. For example, victims may be hesitant to present to a rural hospital when the likelihood of seeing someone they know is increased. Their neighbor or family member may be on staff at the hospital. A strong SART may play a significant role in increasing the number of victims who are comfortable reporting by collaborating on ways in which service providers can ensure confidentiality.

“Sexual assault response is not a popular cause in our rural Georgia community. We would rather put our efforts into innocent victims of child abuse.”

Stakeholders should recognize that facts about sexual assault are often unknown to the general public. The reality of the problem is often very surprising to the people when they are made aware. This lack of awareness does not lessen the community’s responsibility to their residents in terms of their personal safety and mental health. Engaging community leaders in the process of developing sexual assault response protocols can be beneficial in combatting these misperceptions. Mayors, chiefs of police, religious leaders, and other government leaders can help by endorsing the process.

“We don’t have a rape crisis center in our community, so we cannot have a SART.”

It is true that a successful SART does not exist without the critical community-based advocacy component. However, rural Georgia communities that lack this resource should consider (1) starting a community-based advocacy center, (2) speaking with a sexual assault center in neighboring communities about the potential of a satellite office, and/or (3) developing paid or volunteer sexual assault victim advocacy positions within existing agencies. Communities wishing to start a sexual assault center should contact the CJCC, Sexual Assault and Human Trafficking Unit to inquire about minimum standards and funding opportunities at 404-657-1956.

“We have no trained forensic examiners in our community, so we can’t have a SART.”

It is also true that a successful SART must have trained forensic medical personnel to perform high quality FMEs. A lack of resources and awareness of the benefits of a SANE program compound this challenge for rural communities. It is critical for SART leaders to address this community need by (1) identifying an examination site, (2) developing a plan to create a SANE program, (3) identifying a person or persons who are willing to be trained to perform forensic medical exams, and (4) provide training for examiners. In Georgia there are two agencies that provide training for sexual assault nurse examiners. Please see the Sexual Violence Resource of Georgia website (SVRGA.org/training) for current training opportunities.

While your community is developing its SANE program, consider reaching out to neighboring communities that have existing programs to help in an interim capacity. Please contact the CJCC, Sexual Assault and Human Trafficking Unit for more information regarding funding that may be available for forensic medical equipment. Also, the [SANE Development and Operation Guide](#) covers the SANE model, assessing the feasibility of a SANE program, starting a SANE program, and SANE program operation (staffing, training, program coverage, policies and procedures).

Although the unique challenges in sexual assault response facing Georgia’s rural communities are complex, they are not unsurmountable. Please use this resource as a guide to assist in overcoming these challenges.

INCARCERATED VICTIMS

SEXUAL ASSAULT IN DETENTION

Sexual assault that occurs behind bars is a widespread crisis in prisons and jails across the country. Since 2007 the Bureau of Justice Statistics (BJS) has conducted a series of national surveys to determine the reported number of staff sexual misconduct and inmate-on-inmate non-consensual acts. The 2015 BJS survey report states that 24,661 allegations of sexual victimization were reported to correctional

Agency Protection Duties §115.65 / §115.365

When an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate.

administrators in prisons, jails, and other adult correctional facilities. The number of allegations increased 180% from the 2011 to 2015 report.³⁵

In another study, BJS found that one in twelve former jail inmates and one in eight former prison inmates who were sexually abused prior to their incarceration stated that they were sexually victimized by another inmate, highlighting the extreme risk to victims of previous abuse. Unfortunately, the BJS data still represents only a fraction of the true number of detainees who are victimized, especially those held in county jails. The number of admissions to local jails over the course of a year is approximately 17 times higher than the nation's jail population on any given day. The BJS surveyors were only able to cover a very small portion of jail detainees over an entire year.

Coordinated Response

§116.65/§115.365

The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Sexual assault in detention facilities mirrors that of the outside community. Inmates who are gay, transgender, young, mentally ill or incarcerated for the first time and for non-violent offenses tend to be victimized. Incarcerated victims of sexual assault experience the same emotional pain as other sexual assault victims. While there are services provided to victims in detention, incarcerated victims have less access to supportive community resources, such as confidential counseling, often provided by community-based agencies. This absence of confidential counseling after the trauma of a sexual assault causes many victims to develop serious long-term

problems like Post-Traumatic Stress Disorder (PTSD), depression, and alcohol and other drug additions. Moreover, the high rates of HIV and other sexually transmitted infections in detention place incarcerated victims at a greater risk for infection. Ninety-five percent of inmates return home upon release, bringing their emotional trauma and medical conditions back to their communities. Sexual assault in detention needs to be addressed not just by the corrections community, but by the community as a whole to ensure the safety and well-being of all inmates.

The Prison Rape Elimination Act (PREA) was signed into law in September of 2003 to address the problem of sexual assault of people in the custody of detention agencies. PREA applies to all correctional and detention facilities, including prisons, jails, juvenile facilities, military and Tribal facilities and Immigration and Customs Enforcement (ICE) facilities.

Major provisions of PREA 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 grant funds to help state and local governments implement the purposes of the Act.

³⁵ U.S. Department of Justice Office of Justice Programs, Bureau of Justice Statistics. (July 2018). Sexual Victimization Reported by Adult Correctional Authorities, 2012-15. <https://www.bjs.gov/content/pub/pdf/svraca1215.pdf>

SART AND DETENTION

A SART within a detention facility can provide support to the PREA Coordinator, ease staff discomfort with handling sexual assault disclosures, and serve as the core component of the facility's coordinated response. The SART should operate from a solid protocol, based on PREA standards. The protocol should be developed by a multidisciplinary team (representative of the staff, contractors, and volunteers who are tasked with responding to sexual assaults). One benefit of the SART is that, while all staff must know the basics of responding to sexual assault, SART members can become specialists – receiving both initial and on-going training in how to follow the SART protocol. Such expertise will further enhance the facility's ability to comply with PREA standards.

The coordinated response standard requires a written plan for handling incidents of sexual abuse. As such, it can be used to spell out the roles and responsibilities of the various SART members. The SART protocol can serve as the written coordinated response plan.

The SART will be integral in making sure that the facility's response policies are effective. For example, the SART protocol should describe:

- how to preserve evidence ([§115.21/§115.321](#));
- the requirement that all sexual abuse allegations are referred for investigations ([§115.22/§115.322](#));
- the multiple ways that an inmate can report ([§115.51/§115.351](#)); and
- how victims can reach out for outside, confidential support services ([§115.53/§115.353](#)).

The SART protocol is an important tool for defining staff duties, including all staff and agency reporting responsibilities, and first responder duties mandated under the standards. The facility may already have a sexual harassment policy and may have an agreement with the local sexual assault center in the community. The jail can build on these to meet the PREA standards. The facility must also have a policy against retaliation and the SART can verify that its implementation is consistent with PREA requirements.

SART MEMBERS

Depending upon the size and the number of facilities under an agency's authority, it may be effective to establish an agency-level SART composed of:

- the agency PREA Coordinator or designated Facility PREA Compliance Manager;
- facility director or designee;
- facility medical and mental health staff;
- a representative from the community-based SART;
- a community-based sexual assault victim advocate;
- a law enforcement investigator;

- DJJ Investigator (PREA or designee);
- DJJ Office of Victim Services Advocate or Designee;
- a SANE; and
- a prosecutor.

This model reinforces the multidisciplinary team approach of the SART and improves services for the victim, both while incarcerated and post-incarceration, by extending the connection to care in the community. The agency PREA Coordinator should coordinate the SART. When there is more than one facility, the PREA Coordinator should be involved in selecting SART members and work with the facility-level PREA Compliance Manager to supervise the team.

If a community's sexual assault center wishes to participate in a correctional facility SART, having a sexual assault victim advocate from that program can provide the facility the opportunity to include trained, community-based victim advocates in an immediate response to victims at the facility. The responsibilities of the facility and the victim advocacy program should be detailed in a MOU or within the SART protocol ([§115.21](#)/[§115.321](#)).

The SART should meet on a regular basis to evaluate the facility's PREA compliance, plan training, and review incidents. Meetings might be held every other week at first and become monthly once solid systems are in place.

MEDICAL AND MENTAL HEALTH CARE

The SART can be a way to build cooperation and communication between custody staff and the medical and mental health staff. It is important that the SART role in a response be clearly defined and that they receive training in how to preserve evidence until the victim is seen by a medical forensic examiner. Involvement of medical and mental health staff in the SART can also help a facility meet several of the standards related to medical and mental health care.

§115.81/§115.381 Screening History – medical and mental health staff work with classification staff to identify and help inmates who need services or who might be at risk for abuse.

§115.82/§115.382 Acute Care – Victims receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Victims are also offered timely information about access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate.

§115.83/§115.383 Ongoing Care – SART protocols clearly outline how victims will receive emergency and on-going care; medical and mental health staff work with the team to make sure all needed services are provided and care improves both the well-being of the victim and the victim's ability to participate in any investigation.

PREA AND GEORGIA DEPARTMENT OF JUVENILE JUSTICE

In response to the PREA, the Georgia Department of Juvenile Justice (DJJ) has instituted measures to inform juvenile residents on the existence of the Prison Rape Elimination Act, provided ways for juvenile residents to report a sexual assault, and is committed to thoroughly investigating reported sexual assaults in their facilities. Education about PREA is provided during orientation and again anytime a juvenile is transferred to a new facility. All facility staff are mandated to report sexual assault. DJJ's Office of Investigations PREA Unit conducts administrative and criminal offenses investigations pertaining to PREA violations. Forensic evidence is forwarded to the GBI or other law enforcement entities for analysis. PREA violations may be forwarded to other law enforcement at the request of DJJ Office of Investigations Director. The following flowchart explains the PREA response to juvenile victims while in custody.

Georgia Department of Juvenile Justice Sexual Assault Facility Flowchart

PREA
Prison Rape Elimination Act

Reporting Inside the Facility: *Grievance Process, telling or reporting to staff (Counselor, Medical, Mental Health, Chaplain, and PREA Compliance Manager, Director or anyone that the resident trusts); DJJ Office of Victim Services; DJJ Office of Ombudsman, Office of Investigations, PREA Hotline Numbers.*

1st Responder:
Separate the alleged victim and abuser; immediately contact Senior Staff/Notify Control Room Operator; Protect Evidence.

Control Room:
Immediately contact Senior Staff on duty, Medical, Facility Leadership, Mental Health and the Facility PREA Compliance Manager.

Medical and Victim Services:
Assessment of the Victim's acute medical needs and notifying the Facility Director of victim status; Offer victim services.

Facility Leadership:
Notify the Office of Investigations PREA Unit. Provide guidance on coding and assign investigator. If coding is PY1 or PS1 the investigator will arrive at the facility immediately. GYA generated to notify Regional Administrator, Deputy Commissioner and Commissioner.

Investigator:
Conducted all investigations according to departmental, state, and federal standards; All interviews and investigative work will be conducted by PREA investigator (s). The PREA investigators collected sexual assault kits, and all other forensic evidence. The collected evidence will be forwarded to GBI, or other law enforcement entities equipped to analyze forensic evidence. Investigators will be readily available for information need on all administrative and criminal case for local prosecutions.

Investigator and/or Medical Staff/Senior Facility Leadership:
Explanation of the need for Forensic Medical Exam offering the victim the option of undergoing exam at local hospital; Facility Leadership or DJJ Investigator contacts the Judicial Circuits SART for SANE/SAFE or Out-side Victim Advocate, etc. and to inform SART to meet youth victim at local hospital.

Facility Leadership/Transportation and Security:
Facility Leadership coordinates victim transportation and security to local hospital and provide any special needs the victim may need or have.

Facility Leadership/In-House Victim Advocate:
The Facility Leadership will offer the presence of an in-house victim advocate or a staff member to go with the youth to the local hospital (Mental Health Counselor or Staff that the youth trusts).

DJJ Mental Staff or Rape Crisis Center:
Provide crisis intervention counseling or the victim may request an outside advocate. If the victim requests an outside advocate, SART will be notified of the request by Facility Leadership and the in-house staff advocate will follow-up with the victim.

1st Responder/SIR Documentation
Complete the Special Incident Report (SIR) before the end of shift.

Facility Leadership/DFCS
Immediately report incident to Department of Family and Children Services (DFCS) – Mandated Reporters; Ensure that SIR is completed and entered into SIR Database within 24 hours.

Facility PREA Compliance Manager:
Within 10 days of the conclusion of a sexual Assault Investigation, the Facility SART completes a detailed report using DJJ Policy 23.1.Attachment J – Sexual Abuse Incident Review Team Meeting Minutes.

DJJ Office of Victim Services:
Provides youth victim with notification of investigative outcome

Facility Leadership/ Victim Returns to Facility:
Staff work with victim to help feel safe; Mental Health Counseling available, Medical Staff help with follow up care; outside support advocacy if requested; Housing or facility changes; monitor for retaliation. Virginal penetration while incarcerated offered pregnancy test; Offered tests for sexually transmitted infections as medically appropriate.

Local Hospital
Conduct Forensic Medical Exam.

Local Judicial Circuit
SART
Meet and follow up at Local Hospital.

Prepared By: Adam T. Barnett, Agency PREA Program Coordinator (Revised April 10, 2017)

CHAPTER 5: VICTIM SPECIFIC OR CULTURAL CONSIDERATIONS

The victim specific or cultural consideration section is designed to help SART members understand victims from diverse cultures to ensure all victims are served with respect regardless of their background. This section is intended to be a tool to help professionals; however, it is the responsibility of each SART member to integrate cultural sensitivity into their services for victims. It is hoped that SARTs will utilize these considerations to increase their understanding of diversity and learn ways to serve victims with respect to their cultural background and identities.

GENERAL CONSIDERATIONS FOR ALL VICTIMS

Regardless of how openly sexual violence is discussed within communities, rape and sexual violence are not a cultural practice or culturally accepted for any culture.

Many communities do not use eye contact when in conversation with others; this is a cultural practice of respect for elders/adults and should not be considered a form of disrespect or not paying attention. Many communities will nod their head in respect with the intention of “I hear you.” Many times, nodding one’s head is misinterpreted as “you are agreeing with me” or “you understand me.” Therefore, be sure to ask for a verbal response before making decisions. Not all females will shake hands with someone of the opposite sex. In some cultures, neither females nor males will shake hands.

Family and community are important across cultures. Some victims will avoid telling family what has occurred or avoid reporting to law enforcement as they do not want to be shamed or bring shame upon the family.

Regardless of age or the cultural community the victim belongs to, these factors do not imply that service providers should talk to them in slower English or louder, as this minimizes one’s abilities and intelligence.

Avoid stereotyping and making assumptions about identity, appearances, race, class, age, or disabilities.

Many victims and families have trust in the legal system. When a victim chooses to report, there is an implication that the case will be charged. When cases are not charged or prosecuted, victims may be re-victimized by their community for what appears to be lying about the incident.

If a victim states she/he is sexually active, do not assume she/he is referring to heterosexual sex.

Be aware that when victims go to a clinic or hospital, the perpetrator may accompany her/him. Regardless of whom the victim says she/he is with (friend, partner, brother, etc.), the professional should see her/him alone. When the victim is separated from the person she/he came in with, it may be helpful to ask, “are you comfortable with that person being here?” This type of question may open communication about unsafe situations.

Attempt to find out who financially supports the family. If the perpetrator is a family member or sole provider, losing financial support may deter the victim from reporting.

When using an interpreter, pay attention to what the interpreter says and watch body language. Not all interpreters relay the correct information, and some may add their own opinions while interpreting, which is unacceptable. Always use a trained and qualified interpreter. Never use family members, care givers, or children as interpreters.

CONSIDERATIONS FOR WORKING WITH INTERPRETERS

Working with an interpreter brings in an added dimension of complexity to the already complex process of working with victims. The interpreter's role in serving the victim is also complex as it is not limited to enabling the linguistic aspects of communication. For example, interpreters may provide information valuable to understanding the cultural context or framework of a victim's history. Specialized training for both interpreters and service providers working with refugees and individuals of ethnic minority populations is strongly recommended. Please use the following general considerations and guidelines as a starting point when working with victims who need interpreters.

GENERAL CONSIDERATIONS:

Factors that may potentially affect the interpreter-victim relationship include: membership in different or previously adversarial ethnic groups, gender differences, class differences, and/or age differences (e.g., younger person interpreting for older person).

Spatial aspects between victim-interpreter-professional are important. Set up the chairs in a triangle so that each person can see each other clearly. Take time to observe the interaction between each person to build trust and rapport within the relationships.

When interviewing, use short sentences so the interpreter can properly convey the content of the questions. Always use clarifying questions or summarizing statements to assure a clear understanding of the victim's story or relayed information about the current problem.

The interpreter should convey the meaning of statements back to the professional. However, depending upon what language is being interpreted, the interpreter may convey meaning rather than entire translation.

Victim advocates should not be used as interpreters for medical procedures, law enforcement reports/statements, or legal proceedings as this is not their role with the victim.

GUIDELINES FOR ALL PROFESSIONALS WORKING WITH INTERPRETERS

BEFORE HIRING AN INTERPRETER

Develop a pool of accessible, trained professional interpreters for the most common languages spoken in your most frequent populations of victims.

Ask the interpreter if they have worked specifically with victims of sexual assault.

Screen interpreters to determine their level of language skills, interpretation skills, knowledge of culture, sensitivity to mental health issues (especially confidentiality), and general service delivery of interpretation services (reliable, efficient, etc.). A good way to screen interpreters is to call before needing an interpreter and ask those questions about training, services, and experiences.

Selecting an Interpreter

A shared cultural background between the victim and interpreter may assist in effective, efficient communication; however, in some cases there may be limitations in discussing their victimization or situation with someone from their own community.

With the interpreter, determine cultural background and languages that would be a good match for the interpreter's skills, specific dialect and personal background.

When placing a call for an interpreter, ask for the interpreter's name to ensure there is no conflict of interest with the victim (relative, friend, acquaintance, neighbor, etc.).

Inform the victim that interpreters are instructed not to introduce their own information; they should interpret only what is said by the victim and the provider.

If using a hospital interpreter for a recent victim of sexual assault who also wants to report the crime, make sure to ask the interpreter if there are any agency policies against providing interpretation services for both medical and law enforcement. In some cases, the interpreter's agency may request two payments if two separate parties are using the interpretation services. Alternatively, phone interpretation services can be used to avoid this issue.

Interpreters may not feel comfortable providing interpretation services outside of their specialty (i.e. medical interpreter translating legal or law enforcement questions).

A shared cultural background between the victim and interpreter may assist in effective, efficient communication; however, in some cases there may be limitations in discussing their victimization or situation with someone from their own community. Many individuals may fear the interpreter will not maintain confidentiality and, as a result, learns of their private information. Always ask the victim if the interpreter is a good fit to provide services and always work with the victim to find an interpreter who will provide the best means of open communication.

WHEN USING AN INTERPRETER

Allow for more time as tasks, interviews, and services take longer when using an interpreter.

Model speaking in a normal voice to the victim (not too slow, or too fast, or soft/loud). Talking in short sentences allows accurate interpretation. Ask one question at a time and decide on a convenient “stop signal” that everyone can understand and feel comfortable using.

Expect the interpreter to take notes when issues become complicated.

Expect that the interpreter may use a dictionary while interpreting to elaborate on a word that may not be translatable in the other language.

Repeat your statements using different words and terms to explain questions, information, and referrals.

When asking the interpreter to interpret a written document/brochure into spoken words, the professional (doctors, nurses, police officers, attorney) should read or say it in their own words and have the interpreter interpret (repeat) the document verbally by listening to the professional – not by reading the written document. It is challenging to have the interpreter read something they are not familiar with and try to interpret it into spoken words.

Always use words, not gestures, to convey meaning. Take time to explain that interpreters need words in order to give the most accurate interpretation of what the victim wishes to say.

To ensure good communication, take time to introduce all the people involved and explain each person’s role. Explain the role of the leading professional (medical personnel, law enforcement, advocate, etc.) in relation to other professionals at the agency. When introducing the interpreter, it may be helpful to say, “the interpreter is here to help communicate your needs and concerns with me, so I can better understand and provide you with support or information that can help you make the choices that you believe are best for you.”

Have all people (victim, professionals, interpreter) speak directly to each other, not to the interpreter. Make sure the interpreter speaks to all people in the first person.

Make sure to look at the victim while you are speaking to her/him and maintain eye contact when the victim or interpreter speaks.

Let the victim know that interpreters are included in the agency’s confidentiality agreement (if not, confidentiality laws should be understood before including an interpreter). Make it clear which information will not be shared outside the agency and inform victims of the information that would be shared (e.g., HIPPA law, mandated reporting laws). When a release of information is issued, inform the victim of its purpose of sharing information outside the agency.

Explain the roles of all people involved. It is very important to address the issue of interpreter confidentiality and how the interpreter and victim will handle future interactions within the community; typically, it is at the victim's discretion whether the victim will interact with the interpreter.

Look for nonverbal cues including behaviors, facial expressions, and always clarify if words do not match nonverbal cues (i.e. distressing facial expressions that have not been interpreted) as nonverbal cues are usually the only means of direct communication between you and the victim.

Be conscious of ethnic, age, class, or disability differences between the victim and the interpreter.

Avoid using slang, technical words, or acronyms that may be difficult to interpret or understand (e.g., PTSD).

Plan what you want to say ahead of time.

Always check to see if messages and information is understood. Always ask clarifying questions and/or ask the interpreter to repeat statements.

Encourage the interpreter to tell you when she/he is having difficulty interpreting something.

Give the interpreter time to interpret concepts; one word can require a lengthy explanation in either direction if the concept does not exist in other languages.

AFTER USING AN INTERPRETER

Debrief any communication problems; the best cross-cultural learning for both service providers and interpreters often occurs through immediate feedback using specific situations as learning opportunities.

Ask the interpreter if there was anything that reflected lack of understanding of the victim's culture, or if the interpreter had any difficulty interpreting. This feedback will build a stable, good working relationship between the provider and interpreter.

If there are complications with the interpreter, by her/his feedback, it may be helpful to follow-up with the victim and a different interpreter to get the perspective from the victim on how the services went for her/him. This follow-up and open communication will build trust with the victim and the provider for future communications.

Do not ask the interpreter for their opinion after the victim leaves. An example of this would be to ask, "What do you think?" or "Do you believe her/him?" Also, keep in mind that each time the interpreter works with the victim (e.g. court, hospital, making police report) the information provided by the victim cannot be shared with other professionals. Therefore, as a professional working with the victim for the first time, and if the interpreter has worked with the client before, the professional should not ask for other information that the interpreter may know regarding the victim.

CONSIDERATIONS IF A VICTIM STATES THEY DO NOT NEED AN INTERPRETER, OR IS RELUCTANT TO STATE THEY NEED AN INTERPRETER

It may not always be obvious whether the victim needs an interpreter. If an interpreter is needed, determine in what situations, as it may only be needed for legal representation or reading complex documents.

If victims seem to latch onto nouns in sentences but are unable to understand complex concepts, the victim may be able to speak English but not read/write important documents. Providing an interpreter to translate documents in the victim's language would be required.

Discuss with victims whether they would feel more comfortable to convey thoughts, feelings, and emotional experiences in their first language. Always offer phone interpreters as an alternative to an in person.

Phone Interpreters

Always offer phone interpreters as an alternative to an in person.

Assure the victim that if you found an interpreter, the interpreter would be a neutral, qualified interpreter and not a family member, caregiver, or friend.

Discuss the role of confidentiality and how it applies to each role (interpreter, victim, provider, agency, etc.). Many victims wonder about possible connections between providers and interpreters, and it may be helpful to address this openly.

MEDICAL CONSIDERATIONS

When preparing to work with an interpreter for the first time, it is helpful for the medical provider and interpreter to discuss skills, processes of interpreting and expectations.

Consider matching gender whenever possible, or if you can ask the victim which gender she/he prefers due to cultural or religious beliefs and/or potential history of sexual trauma.

If discussing difficult concepts such as suicide, work to structure questions as unambiguously as possible. It may be helpful to rephrase questions throughout the interview to verify responses and information.

Remember there are not medical certified interpreters for all languages, only American Sign Language (ASL) has certified interpreters. All other language interpreters are required to go through comprehensive training and a designated number of hours depending on the agency.

Ask the interpreter specific questions to determine knowledge and competency.

COGNITIVE/DEVELOPMENTALLY AND PHYSICAL DISABILITY CONSIDERATIONS

Developmental disability is defined under [O.C.G.A. § 37-1-1 \(8\)](#); Mental or physical incapacity is defined under [O.C.G.A. § 16-5-100](#).

GENERAL CONSIDERATIONS

Individuals with disabilities are at an increased risk for abuse or being targeted because of their vulnerabilities as compared to people without disabilities.

Individuals with disabilities are more vulnerable to abuse in the community because they may be unable to make safe decisions and may lack self-protective skills.

Individuals with disabilities rarely report either abuse or sexual assault because of:

- lack of trust for authority figures;
- assumption they will not be believed when telling their story; and/or
- disabilities acting as a barrier for victims to acknowledge the abuse.

Reports from individuals with disabilities may be construed as false and not believed because of stereotypes based on physical and cognitive abilities.

Individuals with disabilities need additional support and will typically have difficulty accessing appropriate services. Guiding individuals throughout the referral process is essential.

The perpetrator of the abuse will most likely be someone well known to the victim (family member or guardian, coworker). Safety should always be assessed before transporting the victim back home. Involve social workers to assess the home environment.

If the victim is not able to give consent for FME or cannot make a report to law enforcement based on their cognitive, developmental, or physical disability, it is essential to find out if the victim has a legal guardian and, if so, who the legal guardian is for the victim that can provide consent for medical procedures. Local county probate court would have these records. Medical personnel and/or law enforcement cannot give consent for the victim. If there is no one available or able to give consent for medical exams/procedures a court order may be obtained.

Individuals may lack the ability to know the difference between care and abuse, especially when abuse does not cause physical harm.

Make sure to involve adult protective services and the Office of Public Guardianship (Department of Human Services) and social workers, especially when the perpetrator is the legal guardian or caregiver.

FREQUENT CHARACTERISTICS OF INDIVIDUALS WITH COGNITIVE/MENTAL AND PHYSICAL DEVELOPMENTAL DISABILITIES

From an early age, individuals are educated to be responsive to authority figures.

This population of victims may be looked upon as being asexual and are often not provided with general sex education and/or denied recognition that the developmental phases of their sexuality may be delayed.

Developmental delays (cognitive, psychological, or physical) may interfere with the understanding of what is happening in abusive situations.

Victims may have difficulty communicating that sexual assault/abuse has occurred and may express their frustration through their actions and appear frustrated with their inability to communicate words verbally.

Although it may be difficult to assess, attempt to document the individual's level of functioning. The following questions are appropriate to ask a case worker, or guardian to assess the victim's functioning.

- Are the cognitive/developmental challenges obvious; if so, in what way?
- What is the victim's chronological age versus developmental age?
- What is the difference between her/his developmental age and age of consent?
- Is the person living independently?
- Does the person have a job; does the person work with a job coach, or by oneself?
- Is the person in a relationship?

Ask about other formal assessments that may have been done at school (for teens) or by other providers to access additional information.

GENERAL TIPS ON RESPONDING TO VICTIMS WHO HAVE A DISABILITY³⁶

Reflect on the stereotypes that exist about people who have a disability. Negative attitudes may be the greatest impairment for people with disabilities.

Avoid labeling or defining victims by their disability. Instead, use "people-first" language that emphasizes the person, not the disability. For example, instead of "she is autistic", you should say, "Kate has autism."

Use the word "disability" rather than "handicap." A disabling condition may not be handicapping. Victims who use a wheelchair, for instance, have a disability, but are not handicapped by stairs when a ramp is available.

³⁶ Office of Victims of Crime. (April 2008). First Response to Victims of Crime. <https://ojp.gov/ovc/publications/infores/pdfxt/FirstResponseGuidebook.pdf>

Ask victims directly how the two of you can most effectively communicate with each other, how they wish their disability to be characterized, and how you can best assist them. Most victims would prefer to answer these few questions upfront rather than endure your uneasiness or be uncomfortable themselves throughout an entire interview. Your respectful and sensitive questions and language will ensure the accommodations you make are appropriate.

Do not be embarrassed if you use common expressions that seem related to a victim's disability, such as "do you see my point?" to a person with a vision impairment; or "I need you to run over there," to someone who uses a wheelchair. Victims know what you mean and should not take offense.

Recognize that the presence of someone familiar to victims or a person knowledgeable about their disability may be important for victims and helpful during your interview. Remember that family members, personal care attendants, and service providers could themselves be the offenders or be protecting the offenders. Therefore, the presence of that person may inhibit victims, out of fear of retaliation, from fully describing the crime.

Do not act on your curiosity about victims' disabilities. Restrict your questions to those necessary to accommodate victims' needs; focus on the issues at hand, not the disability.

Avoid expressions of pity such as "suffering from" Alzheimer's or "a victim of" mental illness.

Speak directly to victims, even if accompanied by another person. People with disabilities are sometimes assumed to be incapable of making decisions, avoid giving this impression.

Listen to your tone of voice and monitor your behavior to make sure that you are not talking down to victims, coming across in a condescending manner, or treating victims as children.

Do not express admiration for abilities or accomplishments of victims in light of their disability.

Be mindful of the underlying painful message communicated to victims by comments such as "I can't believe they did this to someone like you" or "You're disabled, and he raped you anyway." Such phrases send the message that people with disabilities are "less than."

Document victims' disabilities in your incident report, as well as their individualized communicating, transportation, medication, and other accommodation needs.

Make sure that victims are in a safe environment before you leave the scene. Recognize that victims' family members or care attendants may be the perpetrators of abuse and victims may need an alternate caregiver or shelter.

DEAF/HARD OF HEARING CONSIDERATIONS

To obtain a certified ASL interpreter visit <http://coi.georgiacourts.gov/content/asl-interpreters> for a listing of interpreters and their contact information.

GENERAL GUIDELINES FOR CHOOSING INTERPRETER SERVICES

- Only use certified ASL interpreters (use the link above for a listing of interpreters and their contact information).
- Do not allow “signers,” (people who are not certified to interpret) regardless if they know sign language, interpreters must be certified.
- Do not use children or any family members to interpret.
- Do not wear sunglasses.
- Attempt to get an interpreter of the same sex as the deaf/hard of hearing person.

GUIDELINES FOR INTERACTING WITH AN INTERPRETER

- Have the interpreter stand next to you facing the deaf/hard of hearing person.
- Face the deaf/hard of hearing person, not the interpreter.
- Give the deaf/hard of hearing person eye contact, avoid watching the interpreter.
- While the deaf person will mostly likely watch the interpreter, she/he will also have eye contact with you and want a relationship with you.
- Speak directly to the deaf/hard of hearing person as you would a hearing person. Direct questions to the deaf/hard of hearing person (i.e. “how are you feeling?”). Avoid directing questions at the interpreter (i.e. “tell her...”, “ask her...”).
- Make sure the room is well-lit and free from distractions.
- Have deaf/hard of hearing person face away from the light (from windows, flashing lights, computer screens, etc.).

IF YOU ABSOLUTELY CANNOT GET AN INTERPRETER

- Avoid using computers or writing on paper. When a deaf/hard of hearing person is in crisis, their English and typing skills become impaired.
- Attempt to locate a Video Relay Service (VRS), which enables a person with hearing disabilities who uses ASL to communicate with voice through video equipment.
- Video Relay Services (VRS) is more efficient and effective than a Teletype (TTY) machine for a deaf/hard of hearing individual to express what has happened to them.

- Access an interpreter with an Interpreter/Relay Service or directly online via VRS website.
- Communicate in American Sign Language (ASL) via video phone or web cam.
- As the very last communication option when working with a victim, it is an option to use a computer to type back and forth or pen/paper, however please use the following considerations if this method is used.
 - Remember English is a second language for individuals with hearing disabilities. Keep written sentences short and use simple words. Instead of, “did she/he assault you?” it is better to say, “did she/he hurt you?”
- A small percentage of deaf/hard of hearing people read lips well, but only 30 percent of what is said is visible on the lips and may be especially difficult to understand in stressful situations. Avoid using lip-reading as the method for communication, even if the deaf/hard of hearing individual states it is okay.

GENERAL CONSIDERATIONS

Avoid displaying signs of impatience; the process of communication requires extra time.

Many deaf victims of sexual assault perceive a lack of support within the deaf community, particularly if the perpetrator is also deaf.

Anonymity

Due to the deaf/hard of hearing community being small, anonymity is an issue. Always make certain the deaf person is comfortable with the interpreter to ensure confidentiality.

There is a lack of trust using interpreters. Victims of sexual assault may believe they cannot rely on interpreters to accurately represent their words and experiences.

Due to the deaf/hard of hearing community being small, anonymity is an issue. Always make certain the deaf person is comfortable with the interpreter to ensure confidentiality.

Individuals who are deaf/hard of hearing that also are homeless and/or live in shelters, face additional challenges such as not hearing someone behind them, not hearing fire alarms, etc. Building a safety plan is extremely important.

View deaf/hard of hearing individuals as members of a linguistic and cultural community.

Never print out or save conversations (TTY, email, instant message) with a victim without explicit permission. Delete phone histories out of the TTY device after your call has ended.

Beware of potential impersonation. Have victim create code words or phrases early on if using TTY or relay services. Use words/phrases to identify the caller before information is discussed.

LAW ENFORCEMENT SYSTEM CONSIDERATIONS

If outside and a squad car is visible to a deaf/hard of hearing person, do not attempt to communicate with the deaf person while the squad car's lights are flashing or when there are outside distractions. The flashing lights should be turned off and communicate in a quiet room.

The deaf community recognizes law enforcement assault/abuse as a resource; however, reporting sexual rarely happens because of frustration communicating with first responders (911 dispatch) and fear of stigmas related to victimization.

If a police officer yells, "stop," a deaf/hard of hearing person may not see nor hear them and this can easily be misinterpreted as defiant behavior. Be aware of an individual's hearing abilities.

When at the hospital with a victim, remember that hospital interpreters will not interpret for law enforcement. Law enforcement officers will need to provide their own interpreter.

GENERAL RELAY SERVICE INFORMATION

All individuals have the right to access national Telecommunication Relay Services (TRS) at no extra cost in the US and Canada. Dial 711 for relay services from any phone.

Telecommunication Relay Services operators facilitate phone/internet calls between people who are deaf/hard of hearing.

Internet Protocol (IP) Relay allows user to send/receive by instant messenger or via internet. IP-RELAY.com was the first service to offer deaf/hard of hearing persons the ability to place calls over the Internet. Calls within the United States are confidential and free of charge. Users have the ability to request a male or female operator based on preference.

Voice Carry Over (by TTY or voice to voice) allows both persons to use the voice carry over phone and the relay interpreter types both sides of phone conversation.

Hearing Carry Over to TTY users listen as an operator voices the TTY user's typed message.

Hearing Carry Over users type directly to the TTY user.

Telebraille for deaf blind individuals is a Braille keyboard which translates electronic text into Braille code of raised dots by raising & lowering sets of electronic pins beneath one's fingers. Most relay services have Spanish and French interpretation relay availability.

ELDERLY CONSIDERATIONS

To report a case of elder abuse, please contact the [Division of Aging Services](#) (1-866-552-4464) if the elder resides in the community. If the elder resides in a health care facility, please contact [Healthcare Facility Regulation](#) (1-404-657-5700).

Aging in our society has created new demands and problems. Currently a quarter of all households are caring for an older relative. Prisons are overcrowded with elderly inmates; long-term care facilities can expect a 100 percent turnover in nursing staff every year, and veterans with Alzheimer's disease have been relocated out of Veterans Administration facilities because there are not enough beds.

GENERAL CONSIDERATIONS

Just because someone is elderly does not mean that they are frail or have dementia; avoid making/labeling someone who is elderly a vulnerable adult.

Older adults typically process information more slowly than younger adults and take longer to put their thoughts into words. This is a normal age-related change and should not be viewed as evidence of lack of mental capacity. Professionals assisting/treating older adults need to speak slowly and clearly and give elders ample time to process the information provided and to formulate their responses.

The acts performed by the perpetrator may be something the elderly victim has never experienced before, such as oral contact with a penis. It is unlikely that an elderly victim would report an assault component of this type without specific, sensitive questions.

When a change in their living environment is truly needed (such as placement in a residential facility), older victims have the legal right to make their own decisions regarding their choice of residence, unless they have been adjudicated as lacking mental capacity and require a guardian. With this in mind, professionals must avoid colluding with relatives who want to force older adults into unwanted lifestyle changes subsequent to the sexual assault.

Aging involves many life adjustments, possibly including:

- physical frailty
- loss of independence
- loss of hearing/sight
- depression

Dementia refers to the loss of memory and other cognitive/physical skills because of changes in the brain caused by disease or trauma. The changes can affect thinking, memory and may occur gradually or quickly.

Note: Memory loss alone is not always a sign of dementia, but memory loss along with other forms of cognitive impairment is an indicator that dementia may be occurring.

Cognitive functions that might be affected by dementia include:

- decision making/judgment
- memory
- thinking/reasoning
- verbal communication
- delirium

Alzheimer's Disease is the most common cause of dementia. Symptoms of Alzheimer's disease include:

- loss of recent memory;
- problems with language, calculation, abstract thinking and judgment;
- depression, anxiety, and personality changes; and
- unpredictable quirks or behaviors.

An elderly person may experience other altered states of mind that may be short term caused by illness, medication reactions, or due to other medical health conditions.

Older people are at-risk for all types of abuse including sexual assault because of the physical and mental changes that may occur due to factors associated with aging like physical limitations, isolation, etc.

Elder abuse tends to take place where the senior lives. Most often by family members such as a caregiver, child, grandchild, or spouse/partner. Institutional settings especially long-term care facilities are also a source of elder abuse.

There is a false sense of security among the elderly and their loved ones. Many share the belief that only younger people are sexually assaulted. Non-consensual sexual contact with an older person is elder sexual abuse. It can also mean using coercion. Sexual coercion is defined as someone compelling another to submit to an unwanted sexual act by:

- intimidation
- threatening acts
- control
- manipulation
- misused authority
- sexual harassment

LAW ENFORCEMENT CONSIDERATIONS

The GBI Special Projects Unit is available to assist and advise investigations involving at-risk adults. The unit can be reached at 404-244-2600 or gbi.georgia.gov.

When sexual violence happens to aging individuals, they are less likely than a younger individual to report the offense to a family member or authorities. There are several reasons that older adults may not choose to report the crime that occurred; some possible reasons are:

- generational beliefs about sex and morality that create feelings guilt and shame;
- discomfort discussing private information with a caregiver or a law enforcement officer who is younger in age;
- fear that an investigation could result in a loss of independence or mobility for the victim;
- an intense desire not to “sully” the family or “air dirty laundry” to the public; and/or
- fear of retaliation by the perpetrator of the abuse (e.g. use of threats such as removing elder from her/his home and/or threatening to put the elder in a nursing home, etc.).

MEDICAL CONSIDERATIONS

Medical personnel should be aware of the emotional and physical ramifications when an older person has been sexually assaulted. The impact of the sexual assault can be different both emotionally and physically than that of a younger patient.

An elderly person may feel lost and alone after experiencing a sexual assault because of some of the following social changes in her/his life:

- a weakened support system (family or friends) due to mobility limitations and lack of peers;
- isolation/vulnerability; and/or
- depression and low self-esteem.

The following are potential physical indicators that might be the result of a sexual assault:

- difficulty in recovering from pre-existing conditions;
- unexplained injuries or bruising;
- broken bones;
- sexually transmitted diseases;
- difficulty walking or sitting; and/or
- exhibiting signs of fear where originally she/he reacted normally.

In general, the elderly are physically weaker than the young, and injuries from an assault are more likely to be life-threatening. Besides possible pelvic injury and sexually transmitted infections (STIs), the older

patient may be more at-risk for other tissue and skeletal damage and exacerbation of existing illnesses and vulnerabilities.

Older women are at an increased risk for vaginal tears and injury when they have been vaginally assaulted. Decreased hormone levels following menopause result in a reduction in vaginal lubrication and cause the vaginal wall to become thinner and more friable. Special care should also be taken to assess for intravaginal injury. In some older women, examiners will need to simply insert the swabs and avoid the trauma of inserting a speculum. If there are external tears in the introitus, internal injuries must also be considered.

LESBIAN/GAY/BISEXUAL/TRANSGENDER/QUEER/QUESTIONING (LGBT+)

Criminal justice professionals should be aware that personal biases can affect how services are provided for victims who have different lifestyle than their own. As such, these considerations are offered to ensure that all victims are treated with respect and dignity, regardless of sexual orientation or gender identity.

ADVOCACY, LAW ENFORCEMENT, AND MEDICAL CONSIDERATIONS

Some victims who have been assaulted by a same sex partner may be concerned about not being taken seriously by professionals. Individuals may be concerned that others will believe that males cannot be raped or that an assault by a partner is “mutual” since they are both men.

A person may not wish to be open about an assault if it will somehow involve publicly announcing about her/his gender identity or sexual orientation. It is important to get consent from the individual person before assuming it is okay to share their personal information (sexual identity/orientation) with any other providers or family members.

Professionals should be aware that a person who is LGBT+ may face discrimination or harassment and they may not have the support of their families.

Before providing referrals, consider whether the referrals are LGBT+ friendly and safe.

Comprehensive questioning and non-generalized language (partner rather than girl/boyfriend, or assuming sexual orientation) will allow victims to build trust and rapport with criminal justice professionals.

Many transgender victims have documents that have discrepancies between legal name, gender marker, and gender presentation. It is best to inquire about these privately to have questions clarified.

As with all victims, prepare the victim for public involvement after the legal system is involved and what is likely to happen with publicity, newspaper articles and if the case goes to trial.

Incorporate intake and assessment forms that are gender inclusive in the medical setting.
Provide sexual health education, STI/disease education, mental health support. Never assume the victim is straight or only has heterosexual relationships.

RESOURCES FOR PROFESSIONALS AND LGBT+ COMMUNITIES

Someone Cares Inc., of Atlanta

www.someonecaresatl.org

678-921-2706

Free HIV and STI testing, LGBT+ Resource Center, and support groups

SOJOURN

www.sojourngsd.org

404-275-4637

Support services with a focus on Jewish LGBT issues, but open to the whole community

Lost-n-Found Youth

<https://lnfy.org/>

678-856-7825

24/7 Hotline and 6-bed housing facility for LGBT+ youth

CHRIS 180

<https://chris180.org/>

404-486-9034

Saves, serves, and protects children, young adults, and families who have experienced trauma to help them change the direction of their lives

Gay, Lesbian, Bisexual, and Transgender National Hotline

<http://glnh.org>

1-888-THE-GLNH (1-888-843-4564)

MALE VICTIM CONSIDERATIONS

GENERAL CONSIDERATIONS

There is a bias in our culture against recognizing the sexual assault of boys and men as prevalent and abusive. Because of this bias, there may be a belief that men do not experience abuse and do not suffer from the same negative impact of sexual assault/abuse as women do. However, today, many states are beginning to recognize the prevalence of sexual assault of males.

The feeling of denial is most common after a male victim has been sexually assaulted. The reasons behind denial include:

- concern that people will not believe him;
- fear that the perpetrator may punish him for reporting the crime; inability to view himself as a victim of a crime; and
- reluctance to face consequences or implications to acknowledge what happened.

Mistaken attitudes, including the perception that men cannot be forced into sex, makes it difficult for a man who has experienced sexual assault to cope with the event, leaving him feeling isolated, ashamed and feeling “less of a man.”

Service providers should reassure the male victim that a physical arousal has nothing to do with sexual desire or consent, if this is a concern of the victim. Physical contact or stress can make physiological responses occur.

Sexual assault can cause confusion or questioning about sexuality. Service providers should reassure the victim that his sexuality does not change as a result of being sexually assaulted.

Gay males may hesitate in reporting a sexual assault due to fear of a lack of understanding by police or medical personnel. As a result, gay males might not seek out legal protection and/or medical care following the assault.

Male victims may respond differently to the sexual assault. Some may respond to their feelings of shame, guilt, or anger by punishing themselves with self- destructive behavior.

Many victims may pull away from relationships and family; making them more isolated.

AFRICAN AMERICAN CONSIDERATIONS

GENERAL CONSIDERATIONS

African Americans are a richly diverse population, spanning the spectrum of lifestyles and interests, education and income levels, and religious backgrounds.

In some cases, African American victims may distrust the criminal justice system. Service providers should be aware of the distrust and reassure the victim they are there for support.

In African American communities, the church is often an extension of family and can be a major contributor to supporting individuals especially during adversity.

As with all victims, African American females may be reluctant to identify their perpetrator.

Victims may fear a negative response from their brothers, fathers, or partner toward the perpetrator.

LAW ENFORCEMENT CONSIDERATIONS

African American women and men may be reluctant to report a sexual offense for a variety of reasons. For instance, there may be a concern that once the rape has been reported nothing will happen to bring the perpetrator to justice. An explanation is needed to help the victim understand how both law enforcement and the legal system will work on their behalf.

African American gay males may be a highly marginalized community and may also be hesitant to report a sexual assault because fears of blame, disbelief and/or intolerance ([see Male Victim Considerations](#)).

Because of past experiences and current fears associated with reporting a sexual assault (i.e. embarrassment, shame, and disbelief), law enforcement professionals should not misinterpret fear or anger as a sign of disrespect.

MEDICAL SYSTEM CONSIDERATIONS

A disproportionate number of African Americans live with serious diseases and health conditions; therefore, sexual violence can further compromise a victim's mental, emotional, and physical well-being. Always take into account other co-existing conditions.

[IMMIGRANT AND REFUGEE CONSIDERATIONS](#)

This section was developed with the assistance of the [Center for Victims of Torture](#).

IMPORTANT DEFINITIONS RELATED TO IMMIGRANTS/REFUGEES

Torture: "... any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity."³⁷

Refugee: "(A)... any person who is outside any country of such person's nationality or, in the case of a person having no nationality, is outside any country in which such person last habitually resided, and who is unable or unwilling to return to, and is unable or unwilling to avail himself/herself of the protection of, that country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion, or (B) ...any

³⁷ United Nations Convention Against Torture. (December 1984). Convention Against Torture and Other Cruel, Inhumane, or Degrading Treatment or Punishment. <https://treaties.un.org/doc/publication/unts/volume%201465/volume-1465-i-24841-english.pdf>

person who is within the country of such person's nationality or, in the case of a person having no nationality, within the country in which such person is residing, and who is persecuted or who has a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion. The term "refugee" does not include any person who ordered, incited, assisted, or otherwise participated in the persecution of any person on account of race, religion, nationality, membership in a particular social group, or political opinion. A person who has been forced to abort a pregnancy or to undergo involuntary sterilization, or who has been persecuted for failure or refusal to undergo such a procedure or for other resistance to a coercive population control program, shall be deemed to have been persecuted on account of political opinion, and a person who has a well-founded fear that he/she will be forced to undergo such a procedure or subject to persecution for such failure, refusal, or resistance shall be deemed to have a well-founded fear of persecution on account of political opinion."³⁸

Asylee: "... an individual who has won a claim for asylum. Asylees are eligible to work in the United States and may be able to travel internationally. One year after winning asylum, an asylee may apply for legal permanent residence; however, there is currently a backlog of over ten years in processing these applications."³⁹

Asylum: "... a form of relief for which nationals of other countries can apply if they have suffered persecution in their home countries or if they have a well-founded fear of future persecution on account of certain protected characteristics. Persecution on account of sexual orientation, transgender identity and HIV-positive status has been found to be grounds for asylum."³⁴

Immigrant: "... this is a technical legal term which means a foreign national who has been granted permission to remain in the United States permanently, which is a "legal permanent resident" or "green card holder" and as such is distinguished from a "non-immigrant" who comes to the United States on a temporary visa. The term "immigrant" is often used more broadly to mean any person who is not a U.S. citizen."³⁴

GENERAL CONSIDERATIONS

Please consider the following when working with immigrant and refugee victims of sexual violence.

Understand the knowledge, life experiences, the complexity of resettlement into another country, and the individual courage of each immigrant/refugee to flee their country.

Recognize and validate that moving to another country involves the loss of an entire world, traditional ways of living, and the challenges of starting a new life.

³⁸ Immigration and Nationality Act. (2008). <https://www.uscis.gov/ilink/docView/SLB/HTML/SLB/act.html>

³⁹ www.immigrationequality.org

Develop an appreciation of the victim's life before the trauma. Try to understand and acknowledge the victim's strengths, roles, and other aspects of her/his identity. This consideration will be the foundation to building a relationship together.

Torture and long-term violence derives from circumstances of longstanding political conflicts and oppression. For others, events such as war, in a previously intact society will create hardship and adversity in family and individual lives.

Western professionals often consider trauma as an isolated experience (one sexual assault). However, refugees experience human rights abuse that are called the "refugee experience." Typically, there is no end to the ongoing destruction of their family, property, and community back home and there is no end to the events they experience as life threatening, such as deportation.

Be understanding of the various issues that may arise in adjusting to a new country, including low social and economic status, lack of legal status, language barriers, transportation barriers, loss of identity and/or roles, bad news from home, unemployment or under-employment, racial or ethnic discrimination, inadequate housing, family separation or unification, unmet expectations, shock of new climate or geography, symptoms of depression, and/or anxiety or PTSD.

Due to barriers of accessing services, victims often need advocacy, case management and/or a supportive person to accompany them to meetings, making reports, or working with authority figures.

Be aware of the generational effects of ethnic torture and abuse. Not all generations living in the United States have directly been affected by torture and/or violence. However, the historical effects of violence often impact grandparents, parents, children, and future children.

There are many symptoms victims experience after fleeing torture and violence. Professionals should consider the following lasting effects that break down one's ability to heal in current circumstances.

- distrust of relationships, service providers, one's body and mind, or with family and friends;
- disempowerment and helplessness, as many victims feel a sense of unpredictability and lack of control when experiencing violence;
- need for empowerment;
- shame and humiliation that undermines identity and prevents victims from talking about their traumatic experiences;
- fear of not being believed by a professional; and
- rage and angered response to the situation and current circumstances.

LAW ENFORCEMENT CONSIDERATIONS

Victims may be reluctant to trust governmental agencies in the United States. It is best if law enforcement and the court systems work to build rapport with immigrant/refugee victims and the community before engaging in difficult questions or offering support.

MEDICAL AND MENTAL HEALTH CONSIDERATIONS

Professionals must be aware of the barriers to accessing health care and social services, including: transportation, child-care needs, language and cultural barriers, ineligibility for services due to lack of insurance or immigrations status, increased stigma of mental health illness, racism and classism.

Immigrant/refugee victims may feel ashamed or afraid to seek medical care as a result of previous experiences with governmental agencies, fear of arrest while in the hospital and/or fear that clinics will refuse to treat members of certain communities.

Clinicians working with victims must consider mental health issues in a conceptual framework that goes beyond PTSD or major depressive disorders—the framework must incorporate the historical and political context in which the trauma originated.

Lingering body pains and physical symptoms often create daily reminders of previous violent experiences. This may create an added fear of developing disabilities or impaired functioning due to the long-term effects of violence and torture.

In some cultures, the loss of virginity is an issue of extreme importance because it impacts the victim's future honorable marriage. Also, religious doctrines may prohibit a female from disrobing in the presence of a male who is not her husband. Medical professionals must be sensitive to these issues.

RESOURCES FOR PROFESSIONALS AND IMMIGRANT COMMUNITIES

American Red Cross – Georgia Locations

<http://www.redcross.org/local/georgia/locations>

The American Red Cross offers access to various programs including blood services, disaster relief, international programs, and multicultural programs designed to reduce health disparities.

Center for Victims of Torture

<http://www.cvt.org>

Since 1985 CVT has provided multidisciplinary services to torture survivors worldwide. Their mission is to end torture worldwide.

Center for Pan Asian Community Services, Inc.

<http://www.cpacs.org>

770-936-0969

Raksha. Inc.

<https://www.raksha.org/>

(866) 725-7423

LATINO/HISPANIC CONSIDERATIONS

GENERAL CONSIDERATION

Latinos/Hispanics are from different countries with different cultural traditions. Although immigration status may vary (documented/undocumented), many belong to families that have lived in the United States for many generations.

Even if a victim appears to speak English, ask if she/he would prefer to have an interpreter. Hire only trained or qualified interpreters. Do not use family members or children to interpret. When using an interpreter, please refer to [Considerations for Working with an Interpreter](#).

It is extremely important to let the victim decide if she/he wants to inform her/his family about the crime that has occurred.

Be informed about the special challenges faced by immigrants (racism, language barriers, sexism, cultural differences, immigration status, etc.). Understand the Latino/Hispanic community often fears reporting crimes to the police as victims do not want their family to be separated, or fear family members could be deported. In most families, children are documented and it may be that parents or elders in the family are undocumented. It is best to ask about citizenship only if necessary, this will build trust with families and reduce fear.

In some Latin American countries, sexual assault and/or domestic violence are not viewed as a crime. Teach the victim the seriousness of the abuse/assault.

LEGAL/LAW ENFORCEMENT SYSTEM CONSIDERATIONS

Victims of sexual assault may often believe that it is their fault. Victims may choose not to discuss the assault with their family because they do not want to scare, dishonor or worry their family, or because of religious beliefs.

Notifying Family

It is extremely important to let the victim decide if she/he wants to inform her/his family about the crime that has occurred.

Individuals who are immigrants may not report a sexual assault due to fear of immigration problems or deportation. They often distrust the legal system and may not know how to ask for help because of their fears.

Barriers to reporting include deportation of family members, family separation, financial disparities, immigration status, and retaliation after reporting.

There are several ways professionals can break these barriers, including spending time building trust with the victim and asking only as necessary about immigration status. In some families, the children are documented and parents are undocumented.

It may be difficult for a Latino/Hispanic victim of sexual assault/abuse to seek help because of previous negative experiences with the system. Be aware of how these biases may affect communication and provide reassurance of the confidentiality and safety of the interaction.

In many Latin American countries, photos of the suspected/convicted perpetrators appear on the news, in some cases the victim's picture may appear alongside it. This may interfere with the victim's willingness to report, because they do not wish their identity to be made public. It is important to explain to victims how sexual assault and domestic violence are addressed in the United States' Criminal Justice System.

SEX TRAFFICKING VICTIMS CONSIDERATIONS

FREQUENT TERMINOLOGY AND DEFINITIONS ASSOCIATED WITH SEX WORK AND SEX TRAFFICKING⁴⁰

Commercial Sexual Exploitation (CSE): Sexual exploitation which occurs with a commercial transaction and/or for commercial gain or exchange, including commercialized sexual activity.

Commercial Sexual Exploitation of Children (CSEC): Commercial sexual exploitation in which the sexually exploited individual is a minor under the age of 18 years.

“Johns,” “Tricks,” or Buyers: The ‘customers’ in systems of commercial sex, or individuals who provide money or other compensation in order to obtain sex acts, or access to sex or sexual activities.

Pimping: The act of controlling and selling access to other human beings in systems of prostitution in order to make a profit.

Sex Work: A practice in which money or other material compensation or value is exchanged, whether with mutual consent or not, for performance of a sex act, or access to sex.

Sexual Exploitation: Profiting—economically or otherwise—by buying, selling or obtaining the sexual use or someone else's body that is in turn taken advantage of or harmed.

⁴⁰ SAGE Online center for The SAGE Project—Standing Against Global Exploitation (2008)

Sex Trafficking: The recruitment, transportation, transfer, harboring, or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability, or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery, or practices similar to slavery, or servitude⁴¹.

Systems of Commercial Sex: Industries and practices involving the commercialization of sex, representations of sex, or sexual performance, including but not limited to prostitution, stripping, pornography, phone or internet sex services, live sex shows, peep shows, massage parlors, escort services, domestic and international trafficking, bestiality prostitution, and mail order brides.

The Game/The Life: The subculture of commercial sex, complete with rules, a hierarchy of authority and language. Referring to the act of pimping as “the game” gives the illusion that it can be a fun and easy way to make money, although the reality is much harsher. Women and girls will say they have been “in the life” if they’ve been involved in commercial sex for a while.

Branding: A tattoo or scaring on a victim that indicates ownership by a trafficker/gang.

GENERAL CONSIDERATIONS

Many victims of trafficking have existed without basic human rights for so long that they have been conditioned to not fight back. They may fear real consequences that the full disclosure of their activities may bring, and many mistrust formal systems. Those working in the criminal justice system should temper their expectations of victim cooperation with this understanding.

Victims of trafficking often come from vulnerable populations, including oppressed or marginalized groups, inhabitants of impoverished or disaster areas, individuals with drug dependency, runaways and at-risk youth, temporary foreign workers, and undocumented immigrants. Traffickers specifically target these individuals because they are often easiest to recruit and control and are least likely to be protected by law enforcement.

Some traffickers believe there is no reason to protect their victims from disease or injury because medication and treatment are expensive. Other traffickers, when they believe they can still turn a profit using the victim, may allow the victim to seek health services, which makes hospitals and clinics the only point of contact victims have with first responders.

In the overwhelming majority of cases, the distinction between voluntary free choice and being trapped or enslaved is not easily determined or proven. Seeking such distinction does not address the complexity of

⁴¹ Trafficking Victims Protection Act (TVPA) of 2000 (2013)

conditions of exploitation that women, men, and children actually experience. Frequently, people trafficked to the United States are aware of the nature of a stated job but unaware of the abusive conditions they will ultimately encounter. Violence in sex trafficking is a common tactic to subordinate victims, and they are routinely assaulted emotionally, sexually, and/or physically. Victims experience prolonged and repeated trauma that increases their vulnerability to exploitation and victimization.

Sexual exploitation and trafficking for labor go hand in hand. Sexual violence is now the most common tool used by traffickers to wield control over their female, child, and (in many cases) male victims in both sex and labor trafficking. As such it is crucial to understand how trauma, fear, force, coercion, violence, manipulation, and prolonged exposure can impact and distort victims' decisions, actions, and experiences.

Although a significant number of trafficking victims are United States citizens or foreigners who legally entered the country, many victims are undocumented immigrants. Misidentified as "willing participants" in the smuggling schemes that exploit them. Victims of trafficking are often labeled as criminals and suffer further stresses such as prison time, deportation, and are sometimes forced to return to their traffickers. Professionals working with trafficking victims must distinguish between consensual migrations, albeit clandestine, and coerced movement that nullifies victim consent.

For those victims who are undocumented, the crime of trafficking may not be obvious until after illegal migration. Victims find themselves in forced prostitution or working for no pay in terrible conditions to "pay off" the debt to their smugglers. If they try to escape, traffickers retaliate against victims, their friends, and families, sometimes forcing family members to take their places. As trafficking renders consent meaningless, these victims should not be viewed as illegal immigrants.

The lack of clear distinction between sex work and sex trafficking perpetuates exploitation. When these terms are used interchangeably with one another, inappropriate distinctions can be made between two similar, but very different, realities. While this seems insignificant on the surface, the consequences of using the wrong terminology can be detrimental on individuals. The commonalities and shared experiences between trafficking victims and sex workers may make identifying exploitation difficult. However, victims who are forced or coerced into sex trafficking suffer trauma, hardship, and lack consent (due to age or coercion) that separates them from individuals who willingly engage in sex work as a means of income.

Relationships and social context impact cases of sex trafficking involving minors. A Commercial Sexual Exploitation of Children (CSEC) or Domestic Minor Sex Trafficking (DMST) victim's understandings of their experiences and the age difference between them and their trafficker can contribute to complex, paternalistic relationships between minor victims and the people who exploit them. Often victims are tied to their exploiters through a trauma bond, which contributes to a warped reality that victims do not see themselves as victims. As a result, these complex relationships can be problematic in victims' abilities to distance themselves from their traffickers, seek safety, and end the abuse they experience.

Trafficked minors may also receive inconsistent, paternalistic, or detrimental treatment by individuals other than their trafficker (family members, friends, school officials, service providers, etc.). Victims often face

blame for the abuses they have had to endure or labels of promiscuity, and other stigmas as a result of their victimization. Their experiences are not discussed in the appropriate context of abuse and exploitation and can result in re-traumatization.

Since some CSEC or DMST victims assert that they chose their involvement in commercial sex acts, it is important that adults consistently maintain that minors are incapable of consenting to such acts. While minors may indeed understand they had few choices and at times exchanged sex for money to survive, this decision should not and cannot legally be seen as consent to human trafficking. Per Georgia law, CSEC is a form of child abuse (O.C.G.A. § 19-7-5), and victims should not be referred to as “child prostitutes”, as that implies that a child can consent to acts of prostitution. A key distinction between child and adult victims is that proof of “coercion or deception” is necessary under Georgia law for an adult to be considered a victim of human trafficking.

CLUES TO IDENTIFYING TRAFFICKING VICTIMS

Several risk factors, indicators and behaviors may flag a potential victim of human trafficking.

Common Risk Factors:

- Physical or sexual abuse
- Prior child abuse
- Homelessness/ Poverty
- Lack of education
- Socially marginalized group status (LGBTQ+)
- History of being systems-involved (juvenile justice, foster care)
- Immigration status
- Diplomatic immunity for certain employers
- Lack of employment and/or labor opportunities in home country

Common Indicators, Cue and Behaviors:

- Malnourishment
- Avoiding eye contact
- Injuries
- Extremely nervous
- Doesn't speak or is incoherent
- Signs of physical abuse
- Signs of sexual abuse or sexual assault
- Lack of documentation (identification)
- Confiscation of documentation (exploiter is holding it)
- Shy and submissive
- Lack of concentration while speaking

- Observable psychological disorder
- Appears afraid to speak
- Can't identify place of residence
- Presence of tattoos or branding on body
- May present as defiant, combative and uncooperative
- Under 18 years of age and providing commercial sex acts
- In a controlling/dominating relationship
- Engaged in CSE under a "manager"
- Lack of payment/ no access to earnings
- Monitored movement/communication
- Debt bondage
- Recruitment fraud
- Isolation/ unsuitable living conditions
- Individuals work excessively long hours
- workplace restrictions and abuse
- individuals lack basic training and appropriate protective gear

Federal law enforcement identifies a number of indicators that signal a person is a victim of human trafficking. The full list is provided below.

- Was the victim coached on what to say to law enforcement?
- Was the victim recruited for one purpose and forced to do some other job?
- Is the victim's salary being garnished to pay off a smuggling fee or another debt?
- Does the victim have access to payments?
- Was the victim forced to perform sexual acts?
- Has the victim or family been threatened with harm if the victim attempts to escape?
- Has the victim been threatened with law enforcement action or deportation?
- Has the victim been harmed or deprived of food, water, sleep, medical care, or other life necessities?
- Has the victim ever exchanged sex for anything of value (food, money, a place to sleep, etc.)?
- Can the victim freely contact friends or family?
- Is the victim a juvenile engaged in commercial sex?
- Is the victim allowed to socialize or attend religious services?
- Is someone controlling access to controlled substances?
- Is there an identifiable source of income?
- Is the victim in possession of identification or travel documents; if not, who has control of those documents?

INTERVIEWING POTENTIAL VICTIMS

Asking the right questions may help determine if someone is a victim of trafficking. It is important to meet with a potential victim in a safe and confidential environment. Victims may not disclose if they do not feel safe or if they believe you will not be able to help. Regardless of whether the victim is accompanied by someone who may or may not seem controlling, it is best practice that practitioners separate the victim from the person accompanying them. When talking to a possible victim, be mindful of the literacy and education level of the individual and any language variances that may exist. Modify your questions to be accessible for the individual and remove any barriers or challenges to effective communication; use open-ended questions and allow the victim to tell their story. The following are sample questions.

LIVING SITUATION AND GENERAL WELL-BEING

- How do you feel? Tell me about ways/places in which you feel safe/unsafe.
- Describe your current living situation. What are the people you live with like?
- Help me understand what a day in your life is like. What kinds of activities do you do throughout the day?
- Who are the people closest to you? Which friends or family do you feel you can confide in?

WORK SITUATION

- Do you have a source of income?
- How do you get by?
- Tell me about your job. What type of work do you do? Do you like your job?
- What are your working conditions like? What is your workspace like?
- How are you compensated for the work that you do? Are there specific work rules that you have to follow?
- Can you leave your job if you want to? Tell me why you do the job that you do.

FREEDOM OF MOVEMENT

- What are the sleeping arrangements where you live?
- Are there activities that you enjoy outside the home? How often or for what reasons do you leave your home?
- Tell me what would happen if you left your home or job.
- Tell me about the rules in your home. Are there specific rules about your schedule for eating, sleeping, or using certain rooms in the house?
- Tell me about why you stay in your home. Are there locks on your doors and windows? [If yes]: Are these locks there to prevent you from leaving?
- Has there ever been a time when you went without food, water, sleep, or medical care? How often does this happen?

SAFETY ISSUES

- Has there ever been a time when someone made you do something you didn't want to do or made you feel uncomfortable? When was this? How did it happen? How often does this happen?
- Tell me about things you worry about or fear.
- Have you ever been threatened? What kind of threats have you experienced?

LAW ENFORCEMENT CONSIDERATIONS

Separate the potential victim from their trafficker prior to questioning their status. More often a trafficking victim will refuse to self-disclose. Most have been programmed to believe their traffickers are their protectors. They have been coached on how to respond to police questioning. In addition, they have been conditioned to believe that law enforcement is a threat to their safety. However, taking the victim into custody through an arrest for a violation as a strategy to separate the victim from their trafficker is not a recommended practice. Such an approach will only increase the victim's mistrust of law enforcement as well as reinforce their belief that cooperation with law enforcement is not in their best interest.

Conduct an initial assessment to determine whether the individual is a possible victim of human trafficking. After the individual has been moved to a safe environment, law enforcement may question the individual to determine whether the person is a trafficking victim. Please refer to the previous section on [Interviewing Potential Victims](#).

Adopt a victim-centered and trauma-informed approach to investigating human trafficking. The goal of this approach is to decrease the re-victimization by ensuring the victim is treated with compassion and respect. Law enforcement is uniquely positioned to demonstrate to trafficking victims that their safety and rights will be protected and that they will not be exploited during the investigation.

If the victim is a minor and is cooperative, attempt to coordinate a forensic interview (FI) of the minor victim by a trained forensic interviewer. Law enforcement must coordinate a CSEC/DMST specific FI through local resources headed by the local [Children's Advocacy Center](#) if one is in your area. The minor should not be subjected to multiple interviews with different parties whenever feasible as this will increase the trauma. If the minor is denying victimization, and/or is not cooperative, it may be better to delay the FI until some trust has been established with the minor victim.

Contact social service providers to evaluate services needed to ensure the safety and well-being of the victim. They can establish rapport, assess victim needs and educate victims about resources to support their independence from the trafficker. They may also help reduce the isolation that binds a victim to their trafficker(s) and create a safety zone for victims to disclose information, which increases the likelihood that the victim will choose to cooperate with the investigation.

Law enforcement should contact their local sexual assault or domestic violence service provider as these providers are well-trained to provide victim advocacy and to connect victims to needed services.

If the victim chooses to cooperate with the investigation, law enforcement should contact their local [District Attorney's office](#) to consult on next steps. A trafficking violation requires federal investigation and prosecution as a statutory federal offense under the [Victims of Trafficking and Violence Protection Act \(TVPA\) of 2000](#).

In cases where there is an interest in pursuing a trafficking case, the district attorney and law enforcement should contact the local U.S. Attorney's Office, the FBI, and ICE to report the crime. In some cases, it may be beneficial to arrange a multi-agency, strategic-case conference to discuss the case and develop a plan to assist the victim.

MEDICAL CONSIDERATIONS

When a trafficking victim discloses their status, health care professionals should be prepared to offer immediate intervention. The following recommendations are presented to assist health care providers who identify a victim of trafficking.

- Assess the victim's immediate safety concerns. Ensure that the victim is not in immediate danger. If the victim is in imminent danger of harm, health care providers should contact hospital security or 911.
- Arrange for interpretation services if the victim is non-English speaking. Refer to [Considerations for Working with Interpreters](#) section for additional information.
- Call in an advocate to educate the victim about their rights and assess their immediate and long-term needs. The advocate can establish rapport with the victim, assess their needs, and provide them information about resources available to support them independent of their trafficker(s).
- If the victim has been sex trafficked, seek their permission to have a FME conducted. When possible, exams should be conducted by a SANE connected to a community victim advocacy program (see [Roles and Responsibilities of the Health Care Provider](#) section).
- Examinations should also include screening for other reproductive and general health problems associated with trafficking, as well as Hepatitis B (HBV), Hepatitis C (HCV), and other genital infectious diseases.
- Document all physical and emotional findings, including communications. Documentation may be valuable in the event the victim chooses to report their trafficker now or in the future.
- Unless the victim is a minor, engage law enforcement after obtaining the victim's permission. Assist and support law enforcement in their efforts to protect the victim while remembering that the victim's safety and well-being is your priority.

- If the victim is a minor, O.C.G.A § 19-7-5 mandates the reporting of sexually exploited children. Reports are taken by [Georgia Division of Family and Children Services \(DFCS\)](#) Centralized Intake 24/7 by calling 1-855-GACHILD / 1-855-422-4453.

FURTHER READING AND RESOURCES

Statewide Human Trafficking Task Force: <https://cjcc.georgia.gov/human-trafficking-task-force>

- The Statewide Task force provides a unified, statewide response that addresses the need for a multidisciplinary approach to effectively and efficiently combat human trafficking throughout the state of Georgia. This task force addresses each element of the human trafficking continuum vulnerability, recruitment, exploitation, withdrawal, and reintegration. The taskforce currently has 200 Task Force members, representing 90 agencies throughout the state: federal, state, and local government agencies, law enforcement, prosecutors, victim service providers, and advocacy groups.

Coalition to Combat Human Trafficking Task Force: <https://endhtga.org/>

- The Coalition is Georgia’s first state level law enforcement- based task force solely focused on human trafficking in order to provide a more comprehensive response within the state. It has two equal purpose areas of sex trafficking (adult and minor) and labor trafficking. The goal of the coalition is to create a unified, trauma-informed and comprehensive response to all forms of human trafficking in Georgia, so that victims are safe, and offenders are held accountable.

Georgia Statewide 24-hour hotline; 866- ENDHTGA (866- 363-4842); <https://endhtga.org/>

- In coordination with state partners and non-profits, this vital resource provides Georgians with a one-stop-shop to answer questions, receive assistance, and provide information to law enforcement when there is suspicion of sexual or labor exploitation of minors or adults. All Georgians are urged to call 1-866-ENDHTGA if they have any information or suspicions of sex or labor trafficking of minors or adults. Trained law enforcement agents, advocates, and first responders will be available 24/7 to answer your call.

Phone Tree Options:

Option 1: GBI Tip Line

Option 2: Minor Services for Sex Trafficking - Children’s Advocacy Center of Ga for minor

Option 3: Adult Sex Trafficking - Out of Darkness

Option 4: Labor Trafficking - Tapestri

Option 5: Residential Intake for Trafficked Youth – Receiving Hope Center

HOTLINE PARTNERS:

Georgia Bureau of Investigation: <https://gbi.georgia.gov/>

- The Georgia Bureau of Investigation is an independent, statewide agency that supports the state's criminal justice system in the areas of criminal investigations, forensic laboratory services and computerized criminal justice information. The GBI tip line allows individuals to report any suspicious activity, including human trafficking.

Children's Advocacy Centers of Georgia (CACGA): <https://www.cacga.org/>

- The Children's Advocacy Centers of Georgia believes access to strong, local children's advocacy centers will provide child victims and their non-offending family members with the unique services they need to begin their journey toward hope, justice and healing. Additionally, CACGA provides direct-service support, skill and assistance for Georgia Child Advocacy Centers in their community, as well as outreach and awareness activities. They also facilitate the Statewide Coordination and Response to CSEC. Their services include:
 - 24-hour hotline
 - Comprehensive assessment
 - Case plans and management
 - Forensic interviews and specialized medical exams
 - Advocacy
 - Intensive therapy
 - Additional referral methods

There are 52 CACGAs in Georgia that coordinate and provide a comprehensive CSEC response throughout the state.

Frontline Response, Out of Darkness: <https://outofdarkness.org/>

- Frontline Response, a Christian-based non-profit headquartered in the heart of Atlanta, serves on the frontlines every day rescuing men and women out of sex trafficking and homelessness and preventing vulnerable children from falling victim. The goal of Frontline Response's Anti-Sex Trafficking Department, called Out of Darkness, is to provide holistic, individualized and trauma-informed care to adult victims of commercial sexual exploitation through a seamless continuum of services including outreach, jail mentorship, 24-hour hotline services, safe home services and long-term program placement. The consistent work of the Anti-Sex Trafficking Department provides a stable, safe space for victims to seek refuge. Atlanta Dream Center is poised to respond to crisis situations, efficiently coordinate the care needed for stabilization and make connections to long-term care on behalf of victims.

Tapestri: www.tapestri.org

- Tapestri is an independent nonprofit organization that addresses the needs of foreign-born survivors of violence. Tapestri’s human trafficking program provides victims access to demographic-specific, appropriate resources including, but not limited to, crisis counseling, housing assistance, physical and mental healthcare, legal and immigration assistance, English Speakers of other Languages (ESOL) and vocational skills training, as well as interpretation and translation services. Their overall goal is to provide culturally competent and linguistically appropriate individualized case management to assist clients’ move from a state of crisis to stability and beyond.

Wellspring Living: <http://www.wellspringliving.org>

- Wellspring Living is an independent nonprofit. Wellspring Living is devoted to safeguarding and empowering not just adult and child domestic sex trafficking victims, but also persons at risk. Through life-giving residential and community-based training programs, girls and women are provided the opportunity to heal and gain necessary life skills. One such opportunity is their women’s academy, which provides educational career readiness programming and therapy for victims who have had difficulty securing living-wage employment due to circumstances such as human trafficking. Wellspring Living also operates the Receiving Hope Center (RHC). The RHC is a triage receiving center for DMST victims serving the state of Georgia, that uses a compassionate “wraparound” service delivery model to stabilize and begin the healing process for DMST youth. Services include immediate assessment of victims’ needs, immediate medical attention, secure shelter, education, mental health and ongoing needs assessment, therapeutic supports, case management, transportation, etc. They currently have 20 beds, and almost always run at full capacity.

ATLANTA BASED RESOURCES:

DMST/CSEC Residential and Service Provision:

- Georgia Baptist: <https://www.georgiachildren.org/>
- House of Hope: <https://houseofhoperefugeoflove.com/>
- Gigi’s House: <https://www.gigishouseatl.org/>
- Children’s Healthcare of Atlanta: <https://www.choa.org/>
- Street Grace, Inc.: www.streetgrace.org/
- Youth Spark: http://youth-spark.org/portfolio_page/angelas-house/
- GBI Child Exploitation and Computer Crimes Unit – Ask for the agent on call, 404-270-8870 (business hours)

ADULT RESOURCES IN GEORGIA:

- Tabitha’s House: <https://tabithashouseint.org/>
- Salvation Army: <https://www.salvationarmyusa.org/usn/>

- Faithful Love: <https://www.faithfullove.net/>
- Table on Delk: <https://thetableondelk.org/index.html>
- BeLoved Atlanta <http://www.belovedatlanta.org>
- GBI Communications Center 404-244-2600 / 800-282-8746 (nights, weekends, holidays)

NATIONAL RESOURCES:

- National Human Trafficking Resource Center: humantraffickinghotline.org; humantraffickinghotline.org/resources/what-look-healthcare-setting
- Polaris Project National Hotline: 1-(888)-373-7888; www.polarisproject.org; www.traffickingmap.org
- Office for Victims of Crime Technical and Training Assistance Center: <https://www.ovcttac.gov/>
- Office on Trafficking in Persons: <https://www.acf.hhs.gov/otip>
- National Center for Missing and Exploited Children: www.missingkids.com
- Runaway Hotline (the National Runaway Switchboard): 1-(800)-RUNAWAY (786-2929); www.1800runaway.org
- Melissa Farley Prostitution and Education website: <http://www.prostitutionresearch.com>

O.C.G.A § 16-5-46 has been amended to add “individuals who have a developmental disability” as potential victims, the following resources are provided to assist that population.

Department of Behavioral Health and Developmental Disabilities (DBHDD), State Regional Field Offices: <https://dbhdd.georgia.gov/field-offices>

- There are six regional offices, and each region has a designated Developmental Disabilities Administrator.

Georgia Council on Developmental Disabilities: <http://gcdd.org/>

Georgia’s Aging and Disability Resource Connection (ADRC): <https://www.georgiaadrc.com/>

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.

GENERAL CONSIDERATIONS

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.

CONSIDERATIONS FOR COMMUNITIES OF FAITH

Sexual violence can be a sensitive topic to discuss for faith leaders and may even be considered taboo. Without training in sexual assault response, faith leaders may wonder which subjects are appropriate to speak about with members of their community and survivors. Being informed, compassionate, and non-judgmental will create an atmosphere in which open dialogue can occur. Normalizing discussion of sexual violence makes it more likely that survivors will feel comfortable to come forward. Faith leaders should not assume that broaching this topic will be received as offensive.

Communities of faith may sometimes desire to address a sexual assault disclosure internally. However, this keeps survivors from accessing eligible resources and services outside their faith community that can be beneficial. In addition, faith leaders may misinterpret the law and consequently prevent, delay, or otherwise affect the criminal justice process. Without a clear understanding of legal statutes, faith leaders may be unsure of what to say or worry that their actions may taint a criminal investigation when a disclosure occurs.

Knowledge of the dynamics of sexual violence coupled with prior preparation for the possibility of member disclosure can help faith leaders and staff feel more confident when it happens. Consider requesting that a local sexual assault center provide a training for faith leadership or for all members to learn safe and appropriate ways to respond to a disclosure. This will also decrease the likelihood of unintentionally contributing to a survivor's suffering by using harmful or blaming language. It is never appropriate to utilize a survivor's faith or religious teachings to dismiss, condone, or hide sexual assault.

The following are things faith leaders can do to support a person who is sharing their experience:

- Encourage the survivor to speak openly and share as much or as little as they feel comfortable doing
- Be aware of their own body language, facial expressions, and tone of voice
- State that the assault was not the survivor's fault and they did nothing wrong
- Be patient and do not press for more details or information than the person is ready to disclose
- Reassure them that it was the right decision to disclose what happened
- Refrain from encouraging forgiveness or providing advice. Initially, allow them to just tell their story.
- Be unafraid to say you do not know or do not fully understand the survivor's experience
- Help the person consider options and let them decide what to do next

Faith leaders should adhere to a high level of confidentiality to demonstrate respect for and establish trust with a survivor. However, mandated reporting requirements can sometimes limit a leader's ability to keep information confidential. Mandated reporters are required by law to report any suspected abuse or neglect of a minor to child protective authorities. If the survivor is under the age of 18, the faith leader is a mandated reporter per Georgia law. It is important to be truthful and explain this to the disclosing individual.

It is common for someone to report a sexual assault experience after a period of time has passed. Some survivors may wait years before an initial disclosure. This can be for many reasons, including feelings of fear, shame, or guilt. Delayed reporting should be met with the same level of empathy, concern and support that would be provided at any other time. It is not appropriate to question or judge when a survivor decides to disclose their trauma, but rather, encourage them by explaining that healing is a process and looks different for everyone.

Faith communities can play a vital role in a survivor's well-being by offering support and pointing them to available, appropriate resources. Some may offer their own internal mental or emotional health services, such as pastoral counseling. It is important to note that religious norms and inadequate training in this field can potentially obstruct a survivor's path to healing. Faith leaders should become familiar with community-based resources for survivors of sexual abuse in their area.

Some survivors may decline any offers of assistance, while others may need multiple resources to continue their healing. Faith leaders should present options and allow each survivor to decide what is best for them. Some might include:

- A list of licensed mental health counselors in the area who share their faith
- The names and numbers of local sexual assault centers
- Asking if you may pray for them

Respecting the wishes and decisions of the survivor is, above all, the most effective way to support them as they navigate this difficult time in their life and begin a path to healing.

LAW ENFORCEMENT CONSIDERATIONS

Faith-based institutions provide guidance and resources to members of all ages and backgrounds, and they can act as an important support system for survivors of sexual violence. A survivor's close relationship with a faith leader may allow them to feel more comfortable discussing information with law enforcement officials, and a faith leader's understanding of the survivor's religious worldview can help law enforcement better understand the individual.

The following are potential ways to inquire about the topic of faith with a survivor:

- “Are you a person of faith?”
- “Do you belong to a particular faith?”

Strong relationships with faith-based organizations allow both law enforcement and the faith community to respond more effectively to survivors. Faith-based communities are more likely to collaborate with law enforcement when they have a strong pre-existing relationship with each other. To establish a new relationship with a faith community, law enforcement can offer to facilitate trainings for their leadership teams, or to assist in the development of policies and procedures to support members who disclose sexual assault. In return, faith leaders can help law enforcement learn more about the values and priorities of their faith tradition so that investigators are well-informed about the needs and principles of their community residents.

APPENDICES

Appendix A: Sample Forms and Documents

Appendix B: Resources

Appendix C: Acronyms

Appendix D: References

APPENDIX A: SAMPLE FORMS AND DOCUMENTS

- A1: Sample Inventory of Existing Services Referral Questionnaire
- A2: Sample Victim Experience Survey and Introductory Letter
- A3: Sample Memorandum of Understanding (MOU)
- A4: Sample SART Protocol
- A5: Sample SART Confidentiality Form
- A6: Sample Untested Sexual Assault Kit Victim Notification Policy

A1: SAMPLE INVENTORY OF EXISTING SERVICES REFERRAL QUESTIONNAIRE⁴²

1. Agency Information

Name of Agency

Name of Contact Person

Street Address

City

State

Zip

Telephone

Fax

2. Services Provided

What primary services do you offer to, or on behalf of, crime victims?

Counseling

Support Group

Legal assistance

Medical care

Court advocacy/escort

Reference

Other (Please specify)

What support services is your organization able to provide to crime victims?

Emergency funds

Child care

On call response

Lock replacement

Transportation

Other (Please specify)

3. Charges for Services

Does your organization charge victims for its services?

Yes _____ No _____

If yes, what arrangements are available to assist clients with limited resources?

4. Sources of Annual Revenue for Services Provided

Please indicate sources of revenue for services to crime victims and an approximate percentage of organizational income from each.

Federal government

United Way/CFC/Etc.

State and local government

Crime Victims' Compensation

Individual contributions

Third party payments

5. Field Offices / Branch Locations

Does your organization have field offices or branch locations?

Yes _____ No _____

⁴² Boles, A. B., Patterson, J. C. (1997). *Improving Community Response to Crime Victims, An Eight-Step Model for Developing Protocol*. Thousand Oaks, CA: Sage Publications.

If yes, how many of them serve victims? _____

Locations: *If necessary, please attach additional pages with addresses of field offices or branch locations, hours of operation of each, proximity to public transportation, accessibility to individuals with disabilities, and foreign languages or interpreter services.*

Location: _____

Location: _____

Hours of Operation: _____ to _____

Hours of Operation: _____ to _____

of Blocks to Public Transportation: _____

of Blocks to Public Transportation: _____

Accessible to individuals with Disabilities:

Accessible to individuals with Disabilities:

Yes _____ No _____

Yes _____ No _____

Location: _____

Location: _____

Hours of Operation: _____ to _____

Hours of Operation: _____ to _____

of Blocks to Public Transportation: _____

of Blocks to Public Transportation: _____

Accessible to individuals with Disabilities:

Accessible to individuals with Disabilities:

Yes _____ No _____

Yes _____ No _____

6. Staff Information

How many paid staff provide services for, or on behalf of, crime victims? _____

Staff educational levels: *Indicate the number of staff below reflecting their highest level of educational attainment.*

_____ high school diploma _____ bachelor's degree _____ master's degree _____ post graduate
_____ other

Does your organization provide staff training? Yes _____ No _____

If yes, please describe your training program below. Indicate topics and number of hours of training provided pertaining to crime victims and victim services.

Formal training for new staff: In-service training:

Specialized courses: Provisions for conference and seminar attendance:

Does your organization participate in training programs related to crime victims provided by other agencies or organizations: Yes _____ No _____

If yes, please describe the training provided by other agencies or organizations:

A2: SAMPLE VICTIM EXPERIENCE SURVEY (VES) WITH INTRODUCTORY LETTER

Victim Experience Survey

Instructions:

Thank you for taking the time to complete this survey. Your response will enable us to improve services offered to victims. This is an anonymous survey. All survey answers will be held in the strictest confidence. The questions in the first section identify the initial agencies or organizations with which you had contact. The following sections ask about your satisfaction with the services you received from victim assistance programs, medical services, law enforcement agencies, and the prosecutor's office. If you did not receive services from one or more of these agencies, please check the appropriate box for that section and proceed to the next section. Once you have completed this survey, please place it in the enclosed stamped, pre-addressed envelope.

Section 1

1. Please check the box that applies to you:
 - a. You were the victim of a sexual assault
 - b. Someone you know was the victim of sexual assault. What is your relationship to the victim?

2. What month and year did the sexual assault occur? _____
3. What city/community did the sexual assault occur in? _____
4. What was the first agency (i.e. crisis hotline, hospital, police, clergy, etc.) you contacted for help after the sexual assault? _____
5. How soon after the sexual assault did you seek assistance? _____
6. Please provide the following demographic information:
 - a. Date of Birth: ___/___/_____
 - b. Gender: _____
 - c. Ethnicity: _____

Section 2: Sexual Assault Center

1. Did you contact a sexual assault crisis line? Yes No
2. Did you receive services from a victim advocate? Yes No. If no, please state the reasons and then proceed to the next section.

3. If yes, name of program: _____
4. Was the option of appropriate culturally specific resources and referrals offered to you? Yes No
5. Please indicate the extent to which you agree with each item by checking the appropriate box:

	Strongly	Agree	Disagree	Strongly Disagree	Not applicable
I understood the information the advocate gave me.					
The advocate treated me with respect.					
The advocate provided emotional support to help me cope with the immediate crisis					
The advocate demonstrated a comprehensive knowledge about what I could expect from law enforcement and the criminal justice system.					

The advocate addressed my immediate concerns after the assault.					
The advocate communicated on my behalf with law enforcement and/or the prosecutor's office concerning my case.					
The advocate accompanied me during medical exams and interviews (if any).					
The advocate provided replacements for clothing taken as evidence during the medical exam					
The advocate arranged for transportation to and/or from the medical facility					
The advocate provided information/assisted in completing an application for Crime Victims' Compensation					
The advocate provided referrals to other agencies for additional services.					
I was satisfied with the services and referrals provided by the advocate.					

Section 3: Law Enforcement Agency

- Did you report the assault to the police? Yes No. If no, please check if any of the following reasons apply to you and then proceed to the next Section:
 - I told a friend or family member
 - I did not want the person arrested
 - I did not want the police or courts involved
 - My assailant was my husband, family member, or friend
 - I did not think the police would believe me, or I thought they would blame me for the assault
 - I was afraid of what my assailant would do if I reported the assault
 - I was too ashamed or embarrassed to report the assault
 - Other reason: _____

- Was the option of appropriate culturally specific resources and referrals offered to you?

Yes No

- Please indicate the extent to which you agree with each item by checking the appropriate box:

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not applicable
I understood the information the police gave me.					
The police treated me with respect.					
The 911 operator displayed concern for my safety					
The officers responded in a timely manner					
The officer assigned to my case displayed sensitivity and professionalism					
The officer involved me in the decision-making process related to my case					
The officer made accommodations for my needs and schedule during the investigation					
The officer referred me to community organizations that provide services to victims of crime					
The police notified me as soon as an arrest was made, and the suspect was in custody					
The police addressed my concerns about my personal safety while the suspect was not in custody					

The police provided me with resources and referrals for victim assistance and follow up.					
I was satisfied with the services and referrals provided by the police.					

Section 4: Medical Services

1. Did you receive a medical evaluation from a medical facility or emergency room? Yes No. If no, Please state the reasons and then proceed to the next section.

2. If yes, name of program: _____

3. Was the option of appropriate culturally specific resources and referrals offered to you? Yes No

4. Please indicate the extent to which you agree with each item by checking the appropriate box:

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not applicable
I understood the information the medical staff gave me.					
The medical staff treated me with respect.					
I was satisfied with the accommodations while waiting for the exam to begin					
The medical staff explained the exam procedures well					
The medical staff obtained my consent <i>prior</i> to beginning the exam procedures					
The medical staff addressed my questions about any injuries or possible physical effects of the assault					
The medical staff attempted to minimize my discomfort during the exam					
The medical staff provided prompt and uninterrupted attention after my arrival at the medical facility					
The medical staff informed me about sexually transmitted diseases, HIV/AIDS, and possible pregnancy					
The medical staff showed sensitivity to my needs as a victim of assault					
The medical facility provided an area for washing after the exam was completed					
I was informed that I would not be financial responsible for the exam and evidence collection					
I was satisfied with the services and referrals provided by the medical staff.					

Section 5: Prosecutor's Office

1. Did you meet with a prosecutor from the District Attorney's Office? Yes No. If no, please state the reasons and then proceed to the next section.

2. Please indicate the extent to which you agree with each item by checking the appropriate box:

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not applicable
I understood the information the prosecutor gave me.					
The prosecutor treated me with respect.					
The prosecutor talked with me about the case and the possible outcomes					
The prosecutor discussed the case with me prior to a decision not to prosecute					
The prosecutor showed sensitivity and professionalism during interviews					
The prosecutor involved me in discussions related to plea agreements					
The prosecutor attempted to provide me an opportunity to address the court at plea hearing					
The prosecutor prepared me to testify in court at trial					
The prosecutor's office provided accommodations while I was waiting to testify at trial					
The prosecutor's office assisted me in preparing a Victim Impact Statement for the sentencing hearing					
The prosecutor attempted to obtain restitution for my losses due to the assault and my participation in the investigation and prosecution					
The prosecutor's office informed me of the custody status of my assailant after the sentence was imposed					
I was satisfied with the services and referrals provided by the prosecutor.					

Section 6:

Is there anything else you would like to share about the people or organizations that you worked with following your assault?

If you would like to talk more about your concerns or issues this survey may have raised for you, we can have an advocate follow up with you. Would you like an advocate to contact you?

Yes No

If YES, please complete the following contact information:

Name: _____

Phone Number where you can be reached: _____

Alternate number: _____

Is it safe to leave a message at the above number? * Yes * No

This completes our survey. Thank you so much for taking your time to provide your feedback! It will be used to further improve services provided to victims of sexual assault.

Thank you for your time and feedback!

Sample Letter for Inclusion with the Victim Experience Survey (VES)

On behalf of the (name of your community) Sexual Assault Response Team (SART), we would like to request your assistance in helping us improve our community's services for crime victims. Your participation in this survey will enable us to more effectively assist individuals in the future who have similar experiences.

This survey is anonymous, so we do not need your name. All survey answers will be kept private and restricted to SART use only. The SART will compile the answers from all received surveys without revealing any identities. A report will be made to analyze trends of sexual assault in our community to look for better ways to respond to the needs of victims. For questions that do not apply to your experience, please check the "Not Applicable" box or enter N/A in the appropriate field. If you cannot or do not want to answer a specific question, simply move on to the next question.

This survey is for people who have worked with an agency on issues related to sexual assault (a sexual assault is defined as any act that has been committed against you or someone that you know that is sexual in nature). If you, or someone you know has been victimized in a sexual nature, then we want to hear from you. It does not matter whether the incident was reported to law enforcement, treated medically, assisted by a sexual assault center or other victim services program, or even told a friend. We recognize that anyone can be a victim of sexual assault, male or female. Sexual assault can happen at any age, and does not discriminate against race, religion, sexual orientation, and/or financial background.

We realize that some of the questions may cause you to recall difficult memories of your own case. If at any time the survey causes you to experience distress, please just return the form to us in the envelope provided and do not worry about completing the form. Also, you are encouraged to contact (name of advocate) at (telephone number) with any questions or concerns you may have about the survey. Again, your responses, along with those of all the victims participating in the survey, will be used to provide a comprehensive picture of how well we are meeting the needs of the victims, and will help ensure that future victims are spared additional trauma. Your completed survey would be most useful if received by (insert due date).

On behalf of the SART, I want to thank you again for taking the time to complete this survey.

Sincerely,
(SART Representative)

Sexual Assault Response Team Cooperative Working Agreement

The Sexual Assault Response Team (SART) is made up of local agencies responsible for responding to victims of sexual assault. This working agreement is recognized as a cooperative, collaborative commitment among the agencies to directly support a multidisciplinary, coordinated response to adult victims of sexual assault. Commitment is acknowledged by the signature of each agency's representative. For the purposes of this collaboration, "adult" is defined as a female who has experienced the onset of menses or a male who is approximately 18 years of age or older. "Acute sexual assault victim" is an adult who has reportedly been sexually assaulted within approximately 120 hours prior to the time that she requested services at an emergency room.

The District Attorney's Office agrees to:

- convene a meeting, at least annually, to discuss implementation of protocols and policies for the SART;
- establish guidelines in collaboration with team partners for the community's response, including the collection, preservation, and secure storage of evidence from the Georgia Bureau of Investigation Sexual Assault Evidence Collection Kit;
- ensure an annual review of established guidelines;
- designate a liaison to participate actively on the SART;
- refer sexual assault victims, family members, and friends to the local sexual assault center for crisis intervention, advocacy, and counseling services, as appropriate;
- refer sexual assault victims, family members, and friends to the Victim-Witness Program (VWAP) for information about victim's rights, assistance with filing for Crime Victims Compensation, and support navigating the criminal justice system, as appropriate;
- allow the sexual assault victim advocate, unless refused by the victim, to be present during interviews;
- promote policies and practice to increase arrest and prosecution rates for criminal sexual assault, including non-stranger sexual assault;
- use Sexual Assault Nurse Examiners (SANEs) as witnesses during sexual assault trials, as appropriate;
- provide reasonable notification of upcoming trials to the health care provider and/or SANE who will be called to testify;
- contact the health care provider and/or SANE prior to testimony to review the case; and
- participate, as appropriate, in cross training with allied professionals regarding response to sexual assault.

⁴³ Taken from the Virginia Department of Criminal Justice Services "Sexual Assault Response Teams (SART): A Model Protocol for Virginia" <https://www.communitysolutionsva.org/index.php/resources/item/sexual-assault-response-teams-sart-a-model-protocol-for-virginia>

The sexual assault center agrees to:

- designate a liaison to participate actively on the SART;
- dispatch, upon request of the victim or someone calling on behalf of the victim, a trained sexual assault victim advocate to the hospital or law enforcement agency within a reasonable period of time (e.g. 30 minutes, not to exceed 1 hour);
- provide trained sexual assault advocates to meet with victims, family members, and friends at the hospital;
- provide crisis intervention, advocacy, counseling, criminal justice information and support, and court preparation and orientation for sexual assault victims, as appropriate;
- coordinate the above victim assistance services for victims, family members, and friends with the local Victim/Witness Program, as appropriate;
- refer sexual assault victims to the hospital, as appropriate;
- follow established protocols for advocates in the examining room when requested by the victim;
- support the development and annual review of the community's guidelines; and
- participate, as appropriate, in cross training with allied professionals regarding response to sexual assault.

The local law enforcement agency agrees to:

- designate a liaison to participate actively on the SART;
- refer all acute adult sexual assault victims to the hospital and/or SANE program for medical treatment and/or a forensic medical exam (FME);
- inform sexual assault victims that they are not required to make a report or talk to a law enforcement officer in order to have a FME;
- transport or arrange for transport of sexual assault victims to the hospital and, once the FME is complete, transport or arrange transport of victims to a safe location;
- follow established protocol to notify the hospital and/or SANE program that a sexual assault victim is being transported;
- request the assistance of a sexual assault center advocate, unless refused by the victim;
- perform a suspect evidence collection kit or provide kit to SANE program to perform, as appropriate;
- follow department established protocol regarding evidence collection and storage;
- maintain and revise, as appropriate, written agreements with the hospital and/or SANE program to delineate services to be provided;
- coordinate interview processes and/or conduct joint interviews with the hospital and/or SANE, as local protocol and victim dictates appropriate;
- allow the sexual assault victim advocate, unless refused by the victim, to be present during interviews and/or other communications with officers/investigators;

- promote policies and practices that increase arrest and prosecution rates for criminal sexual assault, including non-stranger sexual assault;
- support the development and annual review of the community's guidelines; and
- participate, as appropriate, in cross training with allied professionals regarding response to sexual assault.

The SANE and/or trained health care provider agrees to:

- designate a liaison to participate actively on the SART;
- promote a reasonable time (e.g. 60 minutes or less) from the time the call is received to the time the trained health care provider and/or SANE arrives at the hospital;
- conduct FMEs for adult sexual assault patients in accordance with all agreed-upon protocols and procedures;
- assure that the sexual assault center has been notified that a victim is being transported or has arrived;
- encourage/support use of sexual assault center advocates for sexual assault patients as appropriate and regardless of patient's decision regarding contact with law enforcement;
- maintain chain of custody of forensic evidence and transfer to a law enforcement agency or officer;
- work in collaboration with the local law enforcement agency(s) or the sexual assault center to ensure adequate supply of Georgia Bureau of Investigation (GBI) Sexual Assault Evidence Collection Kits;
- be available to criminal justice professionals to review the case;
- maintain contact and communication with criminal justice professionals;
- support the development and annual review of the community's guidelines; and
- participate, as appropriate, in cross training with allied professionals regarding response to sexual assault.

The hospital agrees to:

- designate a health care provider trained in conducting FMEs, preferably a SANE, to participate actively on the SART;
- provide trained health care providers and/or SANEs to conduct FMEs for adult sexual assault victims in accordance with all agreed-upon protocols and procedures;
- encourage and support nursing staff to obtain the education and clinical experience necessary to receive a certificate of completion of the SANE for adult examinations;
- provide time and private space for sexual assault center advocates to establish relationships with the victim, the victim's family/caregivers, and friends when appropriate and if the victims and family/caregivers agree;
- provide private examination rooms and supplies, including sexual assault evidence collection kits, necessary for the completion of the FMEs;

- allow for SANE to educate hospital staff on procedures for caring for adult sexual assault patients;
- ensure that billing procedures for FME are compliant with the policies and procedures developed by the Georgia Crime Victims Compensation program;
- support the development and annual review of the community’s guidelines; and
- participate, as appropriate, in cross training with allied professionals regarding response to sexual assault.

The victim-witness program agrees to:

- designate a liaison to participate actively on the SART;
- provide resource and referral to counseling and area resources, such as the sexual assault center;
- provide crisis intervention, criminal justice information and support, courtroom assistance, and court preparation and orientation, as appropriate;
- coordinate the above services for victims, family members, and friends with the local sexual assault center, as appropriate;
- provide assistance in processing and filing of crime victims compensation; in obtaining return of victim’s property when used as evidence; in obtaining restitution for economic loss; and in facilitating reimbursement for mileage and lodging for out of town witnesses, as appropriate;
- upon request of the victim, provide notifications of friends, relatives, and employers of the occurrence of the crime; intervention with employers to prevent loss of pay or other benefits resulting from the crime or participation in the criminal justice system; notices of court dates; and status of release of defendants or prisoners from custody;
- assist victims in filing a victim impact statement, which affords the survivor the opportunity to tell the court, in writing, the impact of the crime;
- ensure that victims have reasonable notification of upcoming hearing and/or trial dates;
- ensure the victim meets with the prosecutor, as appropriate, prior to hearings and/or trial;
- support the development and annual review of the community’s guidelines; and
- participate, as appropriate, in cross training with allied professionals regarding response to sexual assault.

This agreement is effective on (insert month, day, and year) and shall remain in effect until any party terminates their commitment in writing. The agreement will be reviewed annually. Any modifications to the agreement must be mutually agreed upon by all parties, documented in writing, and acknowledged by a signature of each agency’s representative.

Required Signatures

Executive Director, Sexual Assault Center

Date

Chief of Police/Sheriff
Local Police Dept. /Local Sheriff's Office

Date

SANE Program Coordinator

Date

President/CEO, Hospital

Date

District Attorney

Date

Director, Victim/Witness Program

Date

A4: GEORGIA SAMPLE SART PROTOCOL

DRAFT 08

SEXUAL ASSAULT PROTOCOL
IN THE SUPERIOR COURT OF _____
STATE OF GEORGIA

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 on _____ and discussed the Protocol, which was approved by a majority vote and which is attached hereto, as the protocol for cases of sexual assault in the _____ Circuit, _____ District of the State of Georgia.

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

SO ORDERED, this ____ day of _____, 2016

SEXUAL ASSAULT PROTOCOL

This _____ Sexual Assault Protocol (“Protocol”) is adopted pursuant to O.C.G.A § 15-24-2 for the purpose of outlining the procedures to be used in responding to, investigating and prosecuting cases of sexual assault. The purpose of this Protocol 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.⁴⁴

The mission of the _____ Sexual Assault Response Team (SART) is to

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 _____ Child Abuse Protocol in identifying appropriate services and resources. *(The following should be included in protocols for areas where services may be provided by a sexual assault center and/or a children’s advocacy center as separate agencies).* Per the state model Child Abuse protocol, those services and resources should include the _____ Sexual Assault Center in providing services to adolescents in acute cases. An agreement between the _____ Sexual Assault Center and _____ Children’s Advocacy Center shall define access to and sharing of client records. In providing services to anyone under the age of 18, DFACS and/or law enforcement shall be notified pursuant to O.C.G. A § 19-7-5.

ADVOCACY

The role of the sexual assault victim advocate⁴⁵ 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 advocates
- 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

⁴⁴ O.C.G.A. § 15-24-2; provided, however that a failure by an agency to follow the protocol shall not constitute an affirmative or other defense to prosecution of a sexual assault, preclude the admissibility of evidence, nor shall a failure by an agency to follow the protocol give rise to a civil cause of action.

⁴⁵ Defined as a trained sexual assault victim advocate working with a Georgia certified sexual assault center

- Maintaining victim confidentiality
- Offering services to non-reporting victims and assisting if and when the victim decides to report

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

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
- Maintenance of chain of custody
- Timely submitting sexual assault evidence collection 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 the guidelines established by *The Georgia Crime Victim's Bill of Rights* (O.C.G.A. § 15-17-1) and adhere to best practices as outlined in the *Georgia Sexual Assault Team Guide*.

MEDICAL FORENSIC EXAMINATION PROCEDURES

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

Medical forensic examinations shall be performed at _____. 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 findings
- Collection of evidence from the patient
- Documentation of findings
- Providing information, treatment, and referrals for STIs, pregnancy
- Follow-up as needed for additional treatment and/or collection of evidence.
- Providing 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 as 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 a sexual assault forensic medical examination to ensure that such evidence is 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 _____ . *(Insert local procedure)*

REQUESTS FOR MEDICAL FORENSIC EXAMINATION

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

Medical forensic examinations may be requested 24 hours a day by using the following procedure:

(Insert local procedure)

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 ASSAULTS

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.

(The following section is for SART teams that include a community based sexual assault program)

Hospital emergency department personnel shall timely notify _____ *(insert name of community based sexual assault center)* of the incident including which law enforcement agency is responding.

PROSECUTION

The role of the District Attorney's office is to protect the rights of the victim while holding the offender accountable. Prosecutors should work in a collaborative fashion with law enforcement, medical forensic and victim advocates. Prosecutors will operate under the guidelines established by *The Georgia Crime Victim's Bill of Rights* (O.C.G.A. § 15-17-1) that state, for example, that victims have the right,

- To be treated fairly and with dignity by all criminal justice agencies involved in the case
- To proceedings free from unreasonable delay
- To reasonable, accurate and timely notice of a court proceeding where the release of the accused will be considered
- To reasonable, accurate and timely notice of court proceedings or any changes to such proceedings, including restitution hearings
- To reasonable, accurate and timely notice of the accused's 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 _____ will accompany the victim.

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

LOCAL SART COORDINATED RESPONSE

All members of the _____ Sexual Assault Response Team will adhere to best practices as outlined in the *Georgia Sexual Assault Response Team Guide (available summer 2017)*.

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

(Local Sexual Assault Response Team Protocol Committees should meet to discuss local protocol and Insert local procedure here)

Suggested topics for inclusion in local protocol are:

- *identification of local resources*
- *911 response and procedure*
- *SART team notification, call out*
- *local investigative response and procedure*
 - o *responding officer procedure: crime scene, incident report*
- *EMS transport*
- *advocate response time*
- *drug facilitated sexual assaults*
- *victim interview*
- *false reporting and recantation*
- *medical forensic response*
- *child and adult protective services*
- *response to victims of human trafficking*
- *use of interpreters*
- *college response (as needed)*
- *local response for correctional facilities*
- *military response (as needed)*

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

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

This ____ day of _____, _____.

_____ County Sheriff's Office

_____ County Sheriff's Office

_____ County Police Department

_____ (municipality) Police Department

_____ District Attorney's Office

_____ Health Department

_____ Magistrate Court

Sexual Assault Center

Sexual Assault Nurse Examiner

A5: SAMPLE SART CONFIDENTIALITY FORM

Multidisciplinary Team Confidentiality Agreement

The mission of the Multidisciplinary Teams (MDT) coordinated by *AGENCY NAME* is to conduct full reviews of sexual abuse, exploitation, and/or neglect allegations and to develop effective and efficient responses.

As an MDT participant, other agencies may inform me of confidential client information. The purpose for the disclosure of this confidential client data is to ensure that appropriate social services, legal services, and medical care is obtained for sexual assault victims and that allegations of abuse are investigated, and alleged abusers are prosecuted.

I understand that information contained in other agencies records is designated as confidential pursuant to the laws and regulations of the State of Georgia, and its implementing regulations and shall not be disclosed by me to any person, organization, agency or other entity except as authorized or as required for the purposes of a criminal investigation and/or prosecution or as otherwise required by law.

I agree that such information may not be used for any purpose other than the purposes stated in this Agreement and that any other use or release to any party of such confidential information or records without prior written consent, will be presumed to be a breach of this Confidentiality Agreement. I further agree that any breach of confidentiality may result in the referral of the matter to an appropriate enforcing entity for potential sanctions.

**If I am a visitor coming into the meeting to observe the MDT, I agree to all of the above-stated conditions in this Confidentiality Agreement. I also agree that I shall be treated in the same manner as the members of the MDT and will be subject to this Agreement in the same manner and to the same extent as the members of the MDT.

I, the undersigned, as a representative of the agency listed below and member or visitor of the MDT, agree that all information discussed and/or obtained in these case review meetings will remain confidential other than for the reasons stated above. This Confidentiality Agreement will be renewed on an annual basis.

Print Name

Print Agency Name

Signature

Date

Statement of Confidentiality

I agree to treat the identity of all identifying information about clients and other members of the **AGENCY NAME** as well as the location and other identifying information about the shelter, and transitional houses as confidential. Clients' names will not be mentioned outside the structure of the program. Cases will not be discussed with any person other than a **AGENCY NAME** staff, unless specifically authorized by the client.

Rationale for the Confidentiality Agreement: Each organization has an obligation to safeguard the confidentiality of personal information and shall not disclose the identity of an individual or information about a particular person without their consent. The policy of **AGENCY NAME** recognizes the rights of individuals to privacy and conforms to the general principles defined by the Federal Privacy Act of 1974, generally accepted social work practice and the guidelines of various professional associations. **AGENCY NAME** believes this to be important for each employee and volunteer is expected to read, understand and sign a confidentiality agreement before starting to work or volunteer.

The Principle of Client Confidentiality: The principle of confidentiality limits the disclosure of personal information client served that is revealed (regarding clients) in a service (medical, counseling, legal) relationship. Clients' expect their information to be safeguarded within the service relationship.

Employee Name: _____

Employee Address: _____

(Street)

(Street)

(City, State, Zip)

Employee Signature:

Date:

Draft 01

_____ County District Attorney’s Office
Untested Sexual Assault Kit Project Victim
Notification Policy⁴⁶

In September 2015, the Criminal Justice Coordinating Council (“CJCC”) was awarded the Sexual Assault Kit Backlog Elimination Grant by the Office of the District Attorney of New York (“DANY Grant”). The purpose of the DANY Grant is to provide funding to governmental agencies to test untested sexual assault kits (SAKs). CJCC convened a work group consisting of identified experts in the field of victim advocacy, forensic testing, prosecution and investigation using the resource of the state’s Sexual Assault Response Team Expert Committee and other identified local experts (the “SAK Work Group”).

There are SAKs from _____ County that have been identified and inventoried to be tested using DANY grant funds.⁴⁷ _____ County has formed a team of victim advocates, law enforcement, prosecutors, and CJCC and Georgia Bureau of Investigations (“GBI Crime Lab”) Staff (the “_____ Team”) to 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. In total, ____ SAKs are expected to be tested for the _____ County jurisdiction using DANY Grant funds. The identified kits will be tested at a private laboratory (identified by GBI Crime Lab as Sorenson Forensics).

The testing will include a Y-Screen DNA process to be completed by Sorenson Forensics. The GBI Crime Lab will be responsible for sending those SAKs to Sorenson Forensics. Upon completion of testing, Sorenson Forensics will provide results to the GBI Crime Lab.⁴⁸ GBI Crime Lab personnel will conduct a technical review of the results to determine which DNA profiles are eligible to upload into the Combined DNA Index System (“CODIS”). GBI Crime Lab will upload identified profiles in to CODIS, when eligible. GBI Crime Lab will notify the law enforcement agency or District Attorney’s Office that submitted the SAK of any CODIS hit by report. CJCC and the _____ Team will be made aware of all CODIS hits on SAKs tested under the DANY Grant.

⁴⁶ Portions of this policy were originally developed by the Multnomah County District Attorney’s and the Athens-Clarke County Sexual Assault Response Team. Thanks are extended to those agencies for allowing us to adapt those portions for our purpose.

⁴⁷ A SAK must be 365 days or older before it is eligible for testing under the DANY Grant. “Jane Doe” or anonymous report SAKs should not be tested.

⁴⁸ It is anticipated that Sorenson Forensics will categorize its testing results into one of three categories (“CODIS-eligible profile”, “some DNA/not enough for CODIS”, and “negative screening”).

The return of forensic testing results will be a starting point for law enforcement agencies within _____ County to re-evaluate and potentially re-open these cold cases for investigation or re-investigation.

Victim Notification. The _____ County Team will utilize the recommendations of the SAK Work Group to address the issue of victim notification. The SAK Work Group acknowledges the work of the Joyful Heart Foundation⁴⁹ as a primary resource in the development of local victim notification policies. Specifically, the SAK Work Group refers to the Joyful Heart Foundation’s published recommendations, Navigating Notification: A Guide to Re-engaging Sexual Assault Survivors Affected by the Untested Rape Kit Backlog (Joyful Heart Foundation, 2016). Utilizing these recommendations as well as other victim notification trainings, the _____ County Team has prepared the following written policy.

Purpose. The purpose of this policy is to provide a framework for notifying victims.⁵⁰

This policy is to be used as a guide, however; it is acknowledged that not every policy decision will apply to every case identified for review by the _____ County Team. On the whole, the SAK Work Group and _____ County Team endorse the idea of maintaining a flexible approach as well as the ability to revise this policy as we learn what works best in _____

County. However, per the Joyful Heart recommendations, the _____ County Team fully supports all efforts to ensure that all notifications are handled in a way that is “empowering, healing and safe” for victims. The _____ County Team also acknowledges that these procedures should be embraced for all victim notification on cold case sexual assaults, not just those identified under the DANY Grant.

CODIS Definitions.

CODIS Hit: Refers to the match of a submitted forensic DNA evidentiary sample to the DNA record already in the CODIS database.

Offender Match: Refers to a CODIS hit in which a previously unidentified forensic sample is matched to an offender sample.

Forensic Match: Also referred to as “Case-to-Case Match”. Refers to CODIS hits that identify a match between two unsolved cases, no suspect identified.

Known Offender: Refers to a suspect whom the victim named such that the full identity of the suspect is **not** in question.

⁴⁹ Joyful Heart Foundation (www.joyfulheartfoundation.org) is a national organization founded in 2004 whose mission is to “heal, educate and empower survivors of sexual assault, domestic violence and child abuse, and to shed light into the darkness that surrounds these issues.”

⁵⁰ Throughout this policy, the term “victim” will be used. This is not done out of disrespect to survivors of sexual assault, or in preference to the term “survivor” or any other term. The term “victim” is used as it is most commonly used by law enforcement, prosecution and the courts.

Unknown Offender: Refers to a suspect whose identity is in question or not fully resolved. This includes suspect who are complete strangers, as well as suspects known by first name, or nickname.

Guidelines for Deciding When to Notify.

The _____ County Team recognizes that victim notification is a complex endeavor. Each decision to notify must be made after thoughtful examination by the _____ County Team of each case identified by CODIS hits under DANY Grant testing. The _____ County Team supports the Joyful Heart Foundation’s finding that best practices include empowering victims with the ability to make their own decisions throughout the notification process (Joyful Heart Foundation, 2016).

The _____ County Team concludes that case review of the results of CODIS hits will result in one of three possible victim notification outcomes: (1) **notify** the victim; (2) **do not notify** the victim; or (3) **consider notifying** the victim.

In the absence of victim input prior to notification decisions, the _____ County Team recommends **not** notifying victims of testing that provided negative results. However, if the _____ County Team or investigating law enforcement agency has been contacted directly by a victim who has expressed their preference in notification, the _____ County Team will make every effort to honor the request.

In the absence of victim input prior to notification decision, the _____ County Team recommends victims **not** be notified in the following circumstances:

Testing did NOT yield the presence of human male DNA, **and** there is an unknown offender.

Testing did NOT yield the presence of human male DNA, **and** there is a known offender.

(2) In the absence of victim input prior to notification decision, the _____ County Team recommends **considering** notifying victims in the following circumstances:

Testing yielded *positive* results for human male DNA *without* a CODIS hit **but** is eligible for CODIS submission, **and** there is an unknown offender.

Testing yielded *positive* results for human male DNA *without* a CODIS hit **but** is eligible for CODIS submission, **and** there is a known offender

Testing yielded only a *partial* human male DNA profile that is considered ineligible for CODIS submission, **and** there was is an unknown offender.

Testing yielded only a *partial* human male DNA profile that is considered ineligible for CODIS submission, **and** there was is a known offender.

Testing yielded *positive* results for human male DNA **and** produced a CODIS Hit to identify an unknown offender.

Testing yielded *positive* results for human male DNA **and** produced a CODIS Case Match to an unknown offender, **but** the offender in the Case Match is also unknown.

(3) In the absence of victim input prior to notification decision, the _____ County Team recommends victims be **notified** in the following circumstances:

Testing yielded *positive* results for human male DNA **and** produced a CODIS Hit to confirm the identity of a known offender.

Testing yielded *positive* results for human male DNA **and** produced a CODIS Case Match to an unknown offender, **and** the offender in the Case Match is known.

Advance Planning for Victim Notification.

The _____ County Team will review each case identified under the DANY Grant to determine what information should be conveyed to the victim during the notification process. Research has shown that notifications should be equally about information about SAK testing results AND empowering victims with the resources they may need to deal with the ramifications of those results. (Joyful Heart Foundation, 2016). Information should be available and provided to victims without prompting regarding support services within their community.

Prior to notification, the _____ County Team will prepare by:

- Reading police reports associated with the sexual assault;
- Investigating current location/residence of victim;
- Investigating current life circumstance of victim (example: does the victim live with the suspect);
- Ascertaining if victim has a local or out of town cell phone number;
- Ascertaining if the victim has a social media presence;
- Reviewing and fully understanding DNA results;
- Discussing the potential likelihood of prosecution of the case;
- Reviewing the specific complexities of each case involving a minor victim (both at the time of assault and at the time of notification).

On a case-by-case basis, the _____ County Team will consider asking a previously assigned detective to assist with notification. Considerations should include, (1) level of involvement in original investigations, (2) relationship between the investigator and victim, and (3) investigator availability.

Conducting Notifications: Preferred Methods

The _____ County Team has concluded that victim notifications will be handled by _____ (agency) with advocates from _____ (agency) available to assist in notification and information and referral to resources available to victims with the _____ jurisdiction. Such information and referral should include information on the Georgia Crime Victim's Bill of Rights and a referral to the local sexual assault center, or other local victim support agencies.

The following questions should be considered in conducting victim notifications:

- Is the notification method and delivery victim-centered, personal and empowering?
- Does the notification method protect the victim's privacy and ensure confidentiality?
- Does the person or persons conducting notification understand the implications of the neurobiology of trauma?
- Is an advocate present or available during and after notification?
- Are there any safety concerns to consider for the victim? Or for the notifiers?
- Have specific resources for victim support been identified?

Best practices for victim notification indicate that one of two methods is always preferable: (1) in-person notification or (2) notification by telephone. Those making notifications should carefully consider life circumstances of the victim that will help determine which method is better. Additionally, notifiers should be aware that some victims may be relieved to be receiving information, others may be very upset. In either case, a straightforward approach is recommended. Notifiers should offer a genuine apology to victims on behalf of the criminal justice system.

In-Person Notifications. This method is usually seen as the most personal and caring. However, some victims may not appreciate unannounced visitors at their homes, as privacy may be difficult to maintain.

Research supports the use of both a criminal justice provider such as an investigator from the _____ District Attorney's Office and a victim advocate to conduct victim notifications. As such, in _____ County, a _____ (LE or DA representative) from the _____ (agency) where the case originated and an advocate from _____ will ideally conduct in-person notifications. Any law enforcement officer, investigator or advocate conducting notifications will have received training to ensure that the notifications are victim-centered and trauma-informed.

The notifiers should be prepared to discuss case specifics in detail, as some victims may want immediate answers.

In-person notifications should be considered for: (1) locally residing victims; (2) victims who may be homeless; and (3) victims whose current living situation is suitable for confidential notification.

Telephone Notifications. Telephone notifications should ideally be conducted by _____.

Telephone notifications should be introductory and brief. The notifier should state the reason for the call and suggest an in-person meeting with victim advocate and investigator. The victim should be given a choice in how they would like to proceed. Some examples of those choices are:

- Call back at a more convenient time;
- Schedule a meeting in person;
- Continue the conversation via phone; or
- Terminate contact with victim.

The notifiers should be prepared to discuss specifics in detail, as some victims may want immediate answers.

When leaving a voicemail, notifiers should be brief. A sample phone script is as follows:

This is Kim, I am an advocate in _____ County, and I am calling regarding a case from MONTH/YEAR. Please call me back at _____.

Telephone notifications should be considered for: (1) victims who reside out of town (i.e. more than an hour car ride away)⁶; (2) victims whose current living situation may not be suitable for confidential notification (for example, in a multi-family/shared housing residence); (3) victims who have not been reachable in person (recommended minimum 2 attempts).

Conducting Notifications: Less Preferred Methods

Notifications by Letter. Letter notifications should be seen as a last resort. Information provided in notification letters should be very minimal and scripted much like leaving a voicemail message. See Attachment “A” – Sample Letter of Notification.

Notifications by Social Media. Social media notifications should also be considered a last resort. However, the _____ team acknowledges that due to current social trends, the method may be necessary. As with voicemail messages and letter, initial contact should be brief.

Letter and social media notifications should be considered after in-person or telephone notifications have been attempted but were unsuccessful.

Documentation. The _____ County Team will document (2) all attempted and successful notifications; (2) investigation status; and (3) case dispositions. This is a requirement of DANY grant funding.

Attachment “A”

Sample Letter of Notification

(Agency Letterhead)

{Insert date}

{Survivor Name}

Address Line 1

Address Line 2

Dear {Survivor Name},

My name is {Advocate name} and I am an Advocate with the {Name of County} District Attorney’s Office. I have some new information about a case that occurred in {year}.

Please contact me at your earliest convenience. I can be reached by email at [{email address}](#) or by phone at {phone number}. Our office is open Monday- Friday 8:00 am to 5:00 pm.

If I miss your call, please feel free to leave a message with your contact information and whether I have permission to leave a message at that number.

Thank you.

Sincerely,

Victim Advocate

APPENDIX B

B1: Case-Centered vs Victim-Centered Chart

B2: Roles and Responsibilities Checklists

B3: Georgia Mandatory Reporting Laws

B4: Senate Bill 304

B5: House Bill 255

B1: CASE-CENTERED VS VICTIM-CENTERED CHART

The following chart explains the difference between a Victim-Centered response (recommended) and a Case-Centered response (not recommended) and is adapted from the Minnesota Model Sexual Assault Response Protocol Project:

CASE-CENTERED (NOT RECOMMENDED)	VICTIM-CENTERED (RECOMMENDED)
<p>Law Enforcement Interview The interview with the victim seeks to:</p> <ul style="list-style-type: none"> • Identify elements of a crime; • Evaluate the victim as a potential witness; and • Determine the victim’s credibility. 	<p>Law Enforcement Interview The interview with the victim seeks to:</p> <ul style="list-style-type: none"> • Identify the nature of the harm done to the victim as well as the elements of any crime; • Acknowledge the violation; • Listen for concerns about the current and future well-being of the victim; • Evaluate the victim’s wishes about the future of the case; • Address the case requirements; and • A by-product of the successful trauma-informed interview will be to give law enforcement the necessary information to evaluate the credibility of the victim as a witness.
<p>Press Releases</p> <ul style="list-style-type: none"> • A media or press release is timed according to case preferences and the media’s request for public data. Typically, the victim learns of case progress through media reports. 	<p>Press Releases</p> <ul style="list-style-type: none"> • Every effort is made to inform the victim of information to be released to the media before it is made public. Appropriate discretion is used regarding certain case details and/or in line with culturally specific concerns.
<p>Plea Bargains</p> <ul style="list-style-type: none"> • A plea agreement is reached between prosecution and defense counsel minutes before a previously scheduled court hearing on the case. The plea is taken at the hearing, the offender simply answers yes or no to questions asked by his or her attorney to establish the elements of the crime. The victim finds out in court – or 	<p>Plea Bargains</p> <ul style="list-style-type: none"> • Possible plea agreements have been discussed with the victim and her or his advocate prior to the hearing. If the purpose of the hearing changes, the prosecutor works with the advocate to make sure the victim is both notified and present to hear the change in plea. The hearing time is changed, if necessary, to accommodate the presence of the victim.

<p>afterwards – that the case has been pled and that it is all over.</p>	<p>Whenever possible, the offender is asked to tell, in his or her own words, what happened with questions from the attorneys to help establish the elements of the crime for the record.</p>
<p>Jury Decision</p> <ul style="list-style-type: none"> • A jury is ready to deliver their verdict at the end of a long deliberation. All parties are contacted to return to the court for the verdict, including the victim who wants to be present. The court declines to wait for the arrival of the victim before reading the verdict. She or he finds out about it after everyone has left the courtroom. 	<p>Jury Decision</p> <ul style="list-style-type: none"> • A jury is ready to deliver their verdict at the end of a long deliberation. The advocate has left a cell phone number to call for immediate notification of the victim. The court awaits the arrival of the victim before allowing the reading of the verdict.

ROLES AND RESPONSIBILITIES CHECKLISTS

ADVOCATE ROLES AND RESPONSIBILITIES CHECKLIST

- Determine whether the victim is safe (both physically and emotionally) and provide safety planning if needed
- Determine the immediate medical care needs of the victim and whether the victim wants to go to the hospital or another medical provider for STI/pregnancy care
- Assess and accommodate the special needs of the victim, including but not limited to language or cultural barriers, physical, mental, age, gender, rural, etc.
- Provide crisis intervention, support, information and referrals to the victim and family/friends
- Provide non-judgmental information about options
- Determine whether the victim wants to report the assault
- If not reporting, provide information on the evidence collection timeline and how it affects the victim's future options
- If reporting, contact law enforcement or follow SART protocol
- Provide transportation to medical facility for medical evaluation if necessary
- Inform victim of preserving options through evidence collection and evaluation
- Assess whether victim has need of clothing/food/shelter/transportation
- Access services and resources for victim or assist them in accessing services and resources as needed
- Accompany, support, and provide information throughout all aspects of the process
- Provide continuing follow-up care after the initial response by regularly checking-in with victim on their needs, concerns, comfort, and questions
- Ensure the victim understands the systems in which they find themselves, including the roles and objectives of each agency and individual involved in the response
- Serve as a liaison between the victim and professional agencies
- Advocate on behalf of the victim's self-defined needs, decisions, wishes, questions/concerns
- Provide support, information, and referrals to family/friends of the victim
- Provide accompaniment when requested (FME, courtroom, etc.)

LAW ENFORCEMENT ROLES AND RESPONSIBILITIES CHECKLIST

- Protect and serve the needs of the victims and the community
- Collect and preserve evidence
- Identify and interview the victim and witnesses
- Identify and interview/interrogate the suspect
- Apprehend the suspect
- Conduct the investigation
- Assist with the prosecution – testimony, information, investigation
- Provide information to the victim regarding the investigative status of their case
- Provide a victim-centered response (as defined by your SART)
- Assess and address victim safety
- Encourage specialization for sexual assault cases
- Develop both rapport and trust with the victim
- Arrest perpetrators of sexual assault
- Reduce the fear of sexual assault
- Provide victims with information about Georgia Crime [Victims Bill of Rights](#)
- Ensure victims understand their legal rights, as informed by law enforcement
- Have a complete familiarity with relevant sexual assault laws
- Gain a thorough understanding about the methods, patterns, and characteristics of perpetrators
- Work in a collaborative and coordinated fashion with prosecution, other law enforcement professionals, victim advocates, medical professionals, and crime labs
- Respect the human dignity and the uniqueness of the victim, unrestricted by considerations of race, culture, age, gender, social status, economic status, personal attributes, the nature of health problems, or the nature of the crime
- Maintain appropriate confidentiality of records, photographs, and communications, while ensuring that all records are promptly and properly transferred, as required, to appropriate persons or agencies
- Report appropriately according to local, state, and federal mandates
- Follow the chain of custody when collecting, securing, and turning over evidence
- Secure photographs in a locked space, handle them with respect and dignity for the victim, and reveal photographs only to those with a need to know
- Obtain required training and updates to serve victims of sexual assault
- Provide input and recommendations to the SART as an interdisciplinary member
- Obtain the report from the sexual assault examiner regarding the forensic medical examination for the assaults reported by victims
- Present case to the District Attorney
- Work to operate under victim-centered guidelines – informing the victim of all information, interview times, and agency procedures

MEDICAL ROLES AND RESPONSIBILITIES CHECKLIST

- Provide an effective medical response that meets the health care needs of the patient
- Inform the patient of all relevant procedures and practices
- Provide a victim-centered response
- Provide a continuity of care – from start to finish
- Work within a multidisciplinary effort and work collaboratively with the SART
- Ensure victim sensitive care from all staff
- Initiate the coordinated team response
- Explain the forensic medical examination in terms appropriate to the age and anxiety of the patient
- Ensure that the patient understands the medical-legal process before obtaining written consent to proceed with the forensic medical examination
- Ensure a guardian is contacted or a court order is obtained in the case of an unconscious patient, severely disabled patient, or a patient who is otherwise unable to give informed consent
- Provide the opportunity and support of having a victim advocate in attendance during the forensic exam
- Perform the initial assessment in a timely manner
- Assess the patient’s understanding and needs throughout the forensic medical exam
- Provide trained personnel to collect evidence and work with the victim
- Provide a prompt victim-centered exam and ensure that it is gentle, uninterrupted, and takes place in a dedicated room
- Identify, collect, and preserve evidence
- Communicate with law enforcement about the examination if the victim wishes to report the assault
- Provide follow-up information including information to meet psychological needs, physical needs, health care, and information and referral
- Refer the patient, as indicated for further medical care based on the patient’s request or medical findings
- Work with the advocate to help the patient identify personal supports for medical and emotional needs
- Maintain the competency of staff through continued training/education
- Provide peer review
- Provide for quality assurance
- Maintain confidentiality of records, photographs, and communications

PROSECUTION ROLES AND RESPONSIBILITIES CHECKLIST

- Evaluate the case for prosecution, considering all the merits and seriousness of the case as well as the interests of justice, needs of the victim, and community safety
- Ensure a collaborative and thorough investigation of the facts and circumstances of the case
- Hold perpetrators of sexual assaults accountable for their crimes
- Provide a victim-centered response
- Encourage the use of the term “victim” by judges rather than “accuser”
- Encourage specialization for SA prosecutors and facilitate vertical prosecution (one prosecutor from beginning to end)
- Increase the knowledge and expertise of all attorneys who prosecute SA cases in the dynamics of sexual assault and the laws
- Take the victim’s input into account throughout the process
- Meet with the victim in-person to both evaluate the case and to share information
- Work in a coordinated and collaborative fashion with law enforcement, medical personnel, and crime lab
- Evaluate cases submitted by law enforcement
- Inform victims of the case status from the time of the initial charging decision to sentencing
- Discourage case continuances
- Explain the reasons for continuances and seek mutually agreeable dates for hearings that are scheduled
- Arrange for interpreting services for victims and witnesses when necessary to assist a victim in understanding questions and frame answers
- Bring to the attention of the court the views of the victim on bail decisions, continuances, plea bargains, dismissals, sentencing, and restitution
- Pursue to the fullest extent that the law allows, those defendants who harass, threaten, or otherwise attempt to intimidate or retaliate against victims or witnesses
- Arrange for the prompt return of the victim’s property if it is no longer needed as evidence in court
- Seek no-contact orders as conditions of bail or own recognizance releases
- Include the victim whenever possible in decisions regarding the filing of the case, the reduction of charges, plea bargain offers, dismissal or other possible case dispositions
- Consult with law enforcement, medical personnel, and sexual assault victim advocates in the furtherance of the prosecution of the case
- Notify the victim of her/his rights regarding HIV testing of the defendant
- Refer the victim to advocates for information regarding crime compensation from the state
- Advise the victim of her/his right to have a support person and advocate present during interviews and in court
- Discuss the case with the forensic medical examiner and law enforcement prior to trial date

B3: GEORGIA MANDATORY REPORTING LAWS

MANDATED REPORTER LAW- O.C.G.A. §19-7-5 (2016)

(a) The purpose of this Code section is to provide for the protection of children. It is intended that mandatory reporting will cause the protective services of the state to be brought to bear on the situation in an effort to prevent abuses, to protect and enhance the welfare of children, and to preserve family life wherever possible. This Code section shall be liberally construed so as to carry out the purposes thereof.

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

(1) "Abortion" shall have the same meaning as set forth in Code Section 15-11-681.

(2) "Abused" means subjected to child abuse.

(3) "Child" means any person under 18 years of age.

(4) "Child abuse" means:

(A) Physical injury or death inflicted upon a child by a parent or caretaker thereof by other than accidental means; provided, however, that physical forms of discipline may be used as long as there is no physical injury to the child;

(B) Neglect or exploitation of a child by a parent or caretaker thereof;

(C) Endangering a child;

(D) Sexual abuse of a child; or

(E) Sexual exploitation of a child.

However, no child who in good faith is being treated solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination by a duly accredited practitioner thereof shall, for that reason alone, be considered to be an abused child.

(5) "Child service organization personnel" means persons employed by or volunteering at a business or an organization, whether public, private, for profit, not for profit, or voluntary, that provides care, treatment, education, training, supervision, coaching, counseling, recreational programs, or shelter to children.

(6) "Clergy" means ministers, priests, rabbis, imams, or similar functionaries, by whatever name called, of a bona fide religious organization.

(6.1) "Endangering a child" means:

(A) Any act described by subsection (d) of Code Section 16-5-70;

(B) Any act described by Code Section 16-5-73;

(C) Any act described by subsection (l) of Code Section 40-6-391; or

(D) Prenatal abuse, as such term is defined in Code Section 15-11-2.

(7) "Pregnancy resource center" means an organization or facility that:

(A) Provides pregnancy counseling or information as its primary purpose, either for a fee or as a free service;

(B) Does not provide or refer for abortions;

(C) Does not provide or refer for FDA approved contraceptive drugs or devices; and

(D) Is not licensed or certified by the state or federal government to provide medical or health care services and is not otherwise bound to follow the federal Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, or other state or federal laws relating to patient confidentiality.

(8) "Reproductive health care facility" means any office, clinic, or any other physical location that provides abortions, abortion counseling, abortion referrals, or gynecological care and services.

(9) "School" means any public or private pre-kindergarten, elementary school, secondary school, technical school, vocational school, college, university, or institution of postsecondary education.

(10) "Sexual abuse" means a person's employing, using, persuading, inducing, enticing, or coercing any minor who is not such person's spouse to engage in any act which involves:

(A) Sexual intercourse, including genital-genital, oral-genital, anal-genital, or oral-anal, whether between persons of the same or opposite sex;

(B) Bestiality;

(C) Masturbation;

(D) Lewd exhibition of the genitals or pubic area of any person;

(E) Flagellation or torture by or upon a person who is nude;

(F) Condition of being fettered, bound, or otherwise physically restrained on the part of a person who is nude;

(G) Physical contact in an act of apparent sexual stimulation or gratification with any person's clothed or unclothed genitals, pubic area, or buttocks or with a female's clothed or unclothed breasts;

(H) Defecation or urination for the purpose of sexual stimulation; or

(I) Penetration of the vagina or rectum by any object except when done as part of a recognized medical procedure.

Sexual abuse shall include consensual sex acts when the sex acts are between minors if any individual is less than 14 years of age; provided, however, that it shall not include consensual sex acts when the sex acts are between a minor and an adult who is not more than four years older than the minor. This provision shall not be deemed or construed to repeal any law concerning the age or capacity to consent.

(11) "Sexual exploitation" means conduct by any person who allows, permits, encourages, or requires a child to engage in:

(A) Prostitution, as defined in Code Section 16-6-9; or

(B) Sexually explicit conduct for the purpose of producing any visual or print medium depicting such conduct, as defined in Code Section 16-12-100.

MANDATED REPORTERS:

(c)(1) The following persons having **reasonable cause to believe that suspected child abuse has occurred shall report or cause reports of such abuse to be made** as provided in this Code section:

(A) Physicians licensed to practice medicine, physician assistants, interns, or residents;

(B) Hospital or medical personnel;

(C) Dentists;

(D) Licensed psychologists and persons participating in internships to obtain licensing pursuant to Chapter 39 of Title 43;

(E) Podiatrists;

(F) Registered professional nurses or licensed practical nurses licensed pursuant to Chapter 26 of Title 43 or nurse's aides;

(G) Professional counselors, social workers, or marriage and family therapists licensed pursuant to Chapter 10A of Title 43;

(H) School teachers;

(I) School administrators;

(J) School counselors, visiting teachers, school social workers, or school psychologists certified pursuant to Chapter 2 of Title 20;

(K) Child welfare agency personnel, as such agency is defined in Code Section 49-5-12;

(L) Child-counseling personnel;

(M) Child service organization personnel;

(N) Law enforcement personnel; or

(O) Reproductive health care facility or pregnancy resource center personnel and volunteers.

(2) If a person is required to report child abuse pursuant to this subsection because such person attends to a child pursuant to such person's duties as an employee of or volunteer at a hospital, school, social agency, or similar facility, such person shall notify the person in charge of such hospital, school, agency, or facility, or the designated delegate thereof, and the person so notified shall report or cause a report to be made in accordance with this Code section. An employee or volunteer who makes a report to the person designated pursuant to this paragraph shall be deemed to have fully complied with this subsection. Under no circumstances shall any person in charge of such hospital, school, agency, or facility, or the designated delegate thereof, to whom such notification has been made exercise any control, restraint, or modification or make any other change to the information provided by the reporter, although each of the aforementioned persons may be consulted prior to the making of a report and may provide any additional, relevant, and necessary information when making the report.

(3) When a person identified in paragraph (1) of this subsection has reasonable cause to believe that child abuse has occurred involving a person who attends to a child pursuant to such person's duties as an employee of or volunteer at a hospital, school, social agency, or similar facility, the person who received such information shall notify the person in charge of such hospital, school, agency, or facility, or the designated delegate thereof, and the person so notified shall report or cause a report to be made in accordance with this Code section. An employee or volunteer who makes a report to the person designated pursuant to this paragraph shall be deemed to have fully complied with this subsection. Under no circumstances shall any person in charge of such hospital, school, agency, or facility, or the designated delegate thereof, to whom such notification has been made exercise any control, restraint, or modification or make any other change to the information provided by the reporter, although each of the aforementioned persons may be consulted prior to the making of a report and may provide any additional, relevant, and necessary information when making the report.

(d) Any other person, other than one specified in subsection (c) of this Code section, who has reasonable cause to believe that suspected child abuse has occurred *may* report or cause reports to be made as provided in this Code section.

(e) With respect to reporting required by subsection (c) of this Code section, an oral report by telephone or other oral communication or a written report by electronic submission or facsimile shall be made immediately, but in no case later than 24 hours from the time there is reasonable cause to believe that suspected child abuse has occurred. When a report is being made by electronic submission or facsimile to the Division of Family and Children Services of the Department of Human Services, it shall be done in the manner specified by the division. Oral reports shall be followed by a later report in writing, if requested, to a child welfare agency providing protective services, as designated by the Division of Family and Children Services of the Department of Human Services, or, in the absence of such agency, to an appropriate police authority or district attorney. If a report of child abuse is made to the child welfare agency or independently discovered by the agency, and the agency has reasonable cause to believe such report is true or the report contains any allegation or evidence of child abuse, then the agency shall immediately notify the appropriate police authority or district attorney. Such reports shall contain the names and addresses of the child and the child's parents or caretakers, if known, the child's age, the nature and extent of the child's injuries, including any evidence of previous injuries, and any other information that the reporting person believes might be helpful in establishing the cause of the injuries

and the identity of the perpetrator. Photographs of the child's injuries to be used as documentation in support of allegations by hospital employees or volunteers, physicians, law enforcement personnel, school officials, or employees or volunteers of legally mandated public or private child protective agencies may be taken without the permission of the child's parent or guardian. Such photographs shall be made available as soon as possible to the chief welfare agency providing protective services and to the appropriate police authority.

(f) Any person or persons, partnership, firm, corporation, association, hospital, or other entity participating in the making of a report or causing a report to be made to a child welfare agency providing protective services or to an appropriate police authority pursuant to this Code section or any other law or participating in any judicial proceeding or any other proceeding resulting therefrom shall in so doing be immune from any civil or criminal liability that might otherwise be incurred or imposed, provided such participation pursuant to this Code section or any other law is made in good faith. Any person making a report, whether required by this Code section or not, shall be immune from liability as provided in this subsection.

(g) Suspected child abuse which is required to be reported by any person pursuant to this Code section shall be reported notwithstanding that the reasonable cause to believe such abuse has occurred or is occurring is based in whole or in part upon any communication to that person which is otherwise made privileged or confidential by law; provided, however, that a member of the clergy shall not be required to report child abuse reported solely within the context of confession or other similar communication required to be kept confidential under church doctrine or practice. When a clergy member receives information about child abuse from any other source, the clergy member shall comply with the reporting requirements of this Code section, even though the clergy member may have also received a report of child abuse from the confession of the perpetrator.

(h) Any person or official required by subsection (c) of this Code section to report a suspected case of child abuse who knowingly and willfully fails to do so shall be guilty of a misdemeanor.

(i) A report of child abuse or information relating thereto and contained in such report, when provided to a law enforcement agency or district attorney pursuant to subsection (e) of this Code section or pursuant to Code Section 49-5-41, shall not be subject to public inspection under Article 4 of Chapter 18 of Title 50 even though such report or information is contained in or part of closed records compiled for law enforcement or prosecution purposes unless:

(1) There is a criminal or civil court proceeding which has been initiated based in whole or in part upon the facts regarding abuse which are alleged in the child abuse reports and the person or entity seeking to inspect such records provides clear and convincing evidence of such proceeding; or

(2) The superior court in the county in which is located the office of the law enforcement agency or district attorney which compiled the records containing such reports, after application for inspection and a hearing on the issue, shall permit inspection of such records by or release of information from such records to individuals or entities who are engaged in legitimate research for educational, scientific, or public purposes and who comply with the provisions of this paragraph. When those records are located in more than one county, the application may be made to the superior court of any one of such counties. A copy of any application authorized by this paragraph shall be served on the office of the law enforcement agency or district attorney which compiled the records containing such reports. In cases where the location of the records is unknown to the applicant, the application may be made to the Superior Court of

Fulton County. The superior court to which an application is made shall not grant the application unless:

(A) The application includes a description of the proposed research project, including a specific statement of the information required, the purpose for which the project requires that information, and a methodology to assure the information is not arbitrarily sought;

(B) The applicant carries the burden of showing the legitimacy of the research project; and

(C) Names and addresses of individuals, other than officials, employees, or agents of agencies receiving or investigating a report of abuse which is the subject of a report, shall be deleted from any information released pursuant to this subsection unless the court determines that having the names and addresses open for review is essential to the research and the child, through his or her representative, gives permission to release the information.

DISABLED ADULTS AND ELDER PERSONS PROTECTION ACT- § 30-5-4 (2014)

(a) (1) (A) The following persons having reasonable cause to believe that a disabled adult or elder person has been the victim of abuse, other than by accidental means, or has been neglected or exploited shall report or cause reports to be made in accordance with the provisions of this Code section:

(i) Any person required to report child abuse as provided in subsection (c) of Code Section 19-7-5;

(ii) Physical therapists;

(iii) Occupational therapists;

(iv) Day-care personnel;

(v) Coroners;

(vi) Medical examiners;

(vii) Emergency medical services personnel, as such term is defined in Code Section 31-11-49;

(viii) Any person who has been certified as an emergency medical technician, cardiac technician, paramedic, or first responder pursuant to Chapter 11 of Title 31;

(ix) Employees of a public or private agency engaged in professional health related services to elder persons or disabled adults; and

(x) Clergy members.

(B) Any employee of a financial institution, as defined in Code Section 7-1-4, having reasonable cause to believe that a disabled adult or elder person has been exploited shall report or cause reports to be made in accordance with the provisions of this Code section; provided, however, that this obligation shall not apply to any employee of a financial institution while that employee is acting as a fiduciary, as defined in

Code Section 7-1-4, but only for such assets that the employee is holding or managing in a fiduciary capacity.

(C) When the person having a reasonable cause to believe that a disabled adult or elder person is in need of protective services performs services as a member of the staff of a hospital, social agency, financial institution, or similar facility, such person shall notify the person in charge of the facility and such person or that person's designee shall report or cause reports to be made in accordance with the provisions of this Code section.

(2) Any other person having a reasonable cause to believe that a disabled adult or elder person is in need of protective services or has been the victim of abuse, neglect, or exploitation may report such information as provided in this Code section.

(b) (1) A report that a disabled adult or elder person who is not a resident of a long-term care facility as defined in Code Section 31-8-81 is in need of protective services or has been the victim of abuse, neglect, or exploitation shall be made to an adult protection agency providing protective services as designated by the department and to an appropriate law enforcement agency or prosecuting attorney. If a report of a disabled adult or elder person abuse, neglect, or exploitation is made to an adult protection agency or independently discovered by the agency, then the agency shall immediately notify the appropriate law enforcement agency or prosecuting attorney. If the disabled adult or elder person is a resident of a long-term care facility as defined in Code Section 31-8-81, a report shall be made in accordance with Article 4 of Chapter 8 of Title 31. If a report made in accordance with the provisions of this Code section alleges that the abuse or exploitation occurred within a long-term care facility, such report shall be investigated in accordance with Articles 3 and 4 of Chapter 8 of Title 31.

(2) The report may be made by oral or written communication. The report shall include the name and address of the disabled adult or elder person and should include the name and address of the disabled adult's or elder person's caretaker, the age of the disabled adult or elder person, the nature and extent of the disabled adult's or elder person's injury or condition resulting from abuse, exploitation, or neglect, and other pertinent information. All such reports prepared by a law enforcement agency shall be forwarded to the director within 24 hours.

(c) Anyone who makes a report pursuant to this chapter, who testifies in any judicial proceeding arising from the report, who provides protective services, or who participates in a required investigation under the provisions of this chapter shall be immune from any civil or criminal liability on account of such report or testimony or participation, unless such person acted in bad faith, with a malicious purpose, or was a party to such crime or fraud. Any financial institution, as defined in Code Section 7-1-4, including without limitation officers and directors thereof, that is an employer of anyone who makes a report pursuant to this chapter in his or her capacity as an employee, or who testifies in any judicial proceeding arising from a report made in his or her capacity as an employee, or who participates in a required investigation under the provisions of this chapter in his or her capacity as an employee, shall be immune from any civil or criminal liability on account of such report or testimony or participation of its employee, unless such financial institution knew or should have known that the employee acted in bad faith or with a malicious purpose and failed to take reasonable and available measures to prevent such employee from acting in bad faith or with a malicious purpose. The immunity described in this subsection shall apply not only with respect to the acts of making a report, testifying in a judicial proceeding arising from a report, providing protective services, or participating in a required investigation but also shall apply with respect to the content of the information communicated in such acts.

(d) Any suspected abuse, neglect, exploitation, or need for protective services which is required to be reported by any person pursuant to this Code section shall be reported notwithstanding that the reasonable cause to believe such abuse, neglect, exploitation, or need for protective services has occurred or is occurring is based in whole or in part upon any communication to that person which is otherwise made privileged or confidential by law; provided, however, that a member of the clergy shall not be required to report such matters confided to him or her solely within the context of confession or other similar communication required to be kept confidential under church doctrine or practice. When a clergy member receives information about abuse, neglect, exploitation, or the need for protective services from any other source, the clergy member shall comply with the reporting requirements of this Code section, even though the clergy member may have also received a report of such matters from the confession of the perpetrator.

[REPORTS BY PHYSICIANS AND OTHER PERSONNEL OF NONACCIDENTAL INJURIES TO PATIENTS; IMMUNITY FROM LIABILITY- O.C.G.A. § 31-7-9 \(2010\)](#)

(a) As used in this Code section, the term "medical facility" includes, without being limited to, an ambulatory surgical treatment center defined in subparagraph (C) of paragraph (4) of Code Section 31-7-1 and a freestanding imaging center defined in subparagraph (G) of paragraph (4) of Code Section 31-7-1.

(b) Any:

(1) Physician, including any doctor of medicine licensed to practice under the laws of this state;

(2) Licensed registered nurse employed by a medical facility;

(3) Security personnel employed by a medical facility; or

(4) Other personnel employed by a medical facility whose employment duties involve the care and treatment of patients therein

having cause to believe that a patient has had physical injury or injuries inflicted upon him other than by accidental means shall report or cause reports to be made in accordance with this Code section.

(c) An oral report shall be made immediately by telephone or otherwise and shall be followed by a report in writing, if requested, to the person in charge of the medical facility or his designated delegate. The person in charge of the medical facility or his designated delegate shall then notify the local law enforcement agency having primary jurisdiction in the area in which the medical facility is located of the contents of the report. The report shall contain the name and address of the patient, the nature and extent of the patient's injuries, and any other information that the reporting person believes might be helpful in establishing the cause of the injuries and the identity of the perpetrator.

(d) Any person or persons participating in the making of a report or causing a report to be made to the appropriate police authority pursuant to this Code section or participating in any judicial proceeding or any other proceeding resulting therefrom shall in so doing be immune from any civil liability that might otherwise be incurred or imposed, providing such participation pursuant to this Code section shall be in good faith.

Senate Bill 304

By: Senators Parent of the 42nd and Jones II of the 22nd

AS PASSED

A BILL TO BE ENTITLED
AN ACT

1 To amend Chapter 1 of Title 35 of the Official Code of Georgia Annotated, relating to
2 general provisions for law enforcement officers and agencies, so as to provide requirements
3 for submitting certain evidence collected from a forensic medical examination to the Georgia
4 Bureau of Investigation; to provide for definitions; to provide for procedure; to provide for
5 reporting; to provide for a short title; to provide for related matters; to repeal conflicting
6 laws; and for other purposes.

7 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

8 **SECTION 1.**

9 This Act shall be known and may be cited as the "Compassionate Care for Victims of Sexual 10 Assault Act."

11 **SECTION 2.**

12 Chapter 1 of Title 35 of the Official Code of Georgia Annotated, relating to general
13 provisions for law enforcement officers and agencies, is amended by revising Code
14 Section 35-1-2, which was previously reserved, as follows:

15 "35-1-2.

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

17 (1) 'Division' means the Division of Forensic Sciences of the Georgia Bureau of
18 Investigation.

19 (2) 'Medical examination' means an examination pursuant to subsection (c) of Code
20 Section 16-6-1 or subsection (c) of Code Section 16-6-2.

21 (b) When a forensic medical examination is performed, evidence is collected, and the
22 alleged victim has requested that law enforcement officials be notified, the individual
23 performing such exam, or his or her designee, shall notify the appropriate law enforcement
24 agency of the collection of such evidence and provide a summary of all rights guaranteed
25 to the alleged victim pursuant to the Crime Victims' Bill of Rights established pursuant to

26 Code Section 17-17-1, et seq., as provided by the Criminal Justice Coordinating Council.
 27 At the time of the examination, no alleged victim shall be required to assign or waive any
 28 rights afforded to them in the Crime Victims' Bill of Rights or that might prevent the
 29 alleged victim from seeking relief from the Crime Victims Compensation Board. Law
 30 enforcement officials shall take possession of such evidence no later than 96 hours of being
 31 notified.

32 (c) It shall be the duty of every law enforcement officer who takes possession of the
 33 evidence as provided in subsection (b) of this Code section to ensure that such evidence is
 34 submitted to the division within 30 days of it being collected, in accordance with the
 35 procedures established by the division.

36 (d) When a forensic medical examination was performed before July 1, 2016, evidence
 37 was collected, and the alleged victim requested that law enforcement officials be notified,
 38 the individual who performed such exam, or his or her designee, shall notify the
 39 appropriate law enforcement agency of the collection of such evidence on or before
 40 July 15, 2016, and law enforcement officials shall take possession of such evidence on or
 41 before July 31, 2016. It shall be the duty of every law enforcement officer who takes
 42 possession of the evidence as provided in this Code section to ensure that such evidence
 43 is submitted to the division by August 31, 2016, in accordance with the procedures
 44 established by the division.

45 (e) It shall be the duty of every law enforcement agency to create a list of evidence
 46 resulting from a forensic medical examination that is in such agency's possession on
 47 August 1, 2016, identifying such evidence as needing to be tested and submitting such
 48 listing of information to the division by August 15, 2016.

49 (f) A failure to comply with the provisions of this Code section shall not affect the
 50 admissibility of evidence collected from a forensic medical examination.

51 (g) Beginning December 1, 2016, the division shall issue an annual report detailing the
 52 number of cases for which it has tested evidence pursuant to this Code section and the
 53 number of cases that are awaiting testing. Such report shall be provided to the executive
 54 counsel of the Governor, the Speaker of the House of Representatives, the Lieutenant
 55 Governor, the members of the House Committee on Judiciary, Non-civil, the members of
 56 the Senate Judiciary, Non-civil Committee, the House Committee on Health and Human
 57 Services, and the Senate Health and Human Services Committee and posted online at the
 58 Georgia Bureau of Investigation's website. Reserved."

59

SECTION 3.

60 All laws and parts of laws in conflict with this Act are repealed.

S.B. 304

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B5: HOUSE BILL 255

House Bill 255 (AS PASSED HOUSE AND SENATE)

By: Representatives Holcomb of the 81st, Efstoration of the 104th, Hitchens of the 161st, Oliver of the 82nd, Hugley of the 136th, and others.

A BILL TO BE ENTITLED AN ACT

1 To amend Chapter 24 of Title 15 of the Official Code of Georgia Annotated, relating to
2 sexual assault protocol, so as to require certain certifications to be filed; to amend Article 4
3 of Chapter 5 of Title 17 of the Official Code of Georgia Annotated, relating to investigating
4 sexual assault, so as to provide for the retention of evidence of sexual assault when the victim
5 chooses not to immediately report the assault; to provide for a sexual assault case tracking
6 system; to provide for a definition; to provide for reports; to amend Chapter 1 of Title 35 of
7 the Official Code of Georgia Annotated, relating to general provisions regarding law
8 enforcement officers and agencies, so as to require law enforcement agencies to enter certain
9 information into the Violent Criminal Apprehension Program established and maintained by
10 the Federal Bureau of Investigation; to provide for the removal of information from such
11 program; to provide for hearing; to provide for a definition; to provide for applicability; to
12 provide a short title; to provide for related matters; to repeal conflicting laws; and for other
13 purposes.

14 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

15 **SECTION 1.**

16 This Act shall be known and may be cited as the "Sexual Assault Reform Act of 2021."

17 **SECTION 2.**

18 Chapter 24 of Title 15 of the Official Code of Georgia Annotated, relating to sexual assault
19 protocol, is amended by revising Code Section 15-24-2, relating to establishment of sexual
20 assault protocol and committee, representatives to committee, and annual meeting and
21 review, by adding a new subsection to read as follows:

22 "(g) The protocol committee shall submit a certification of annual compliance to the
23 Criminal Justice Coordinating Council by December 31 of each year. The Criminal Justice
24 Coordinating Council shall notify the Governor, Lieutenant Governor, Speaker of the
25 House of Representatives, and Chief Justice of the Georgia Supreme Court of any
26 noncompliant judicial circuits."

27 **SECTION 3.**

28 Article 4 of Chapter 5 of Title 17 of the Official Code of Georgia Annotated, relating to
29 investigating sexual assault, is amended by revising subsection (b) of Code Section 17-5-71,
30 relating to preservation of evidence, as follows:

31 "(b) If the victim does not cooperate with law enforcement in the investigation or
32 prosecution of an alleged sexual assault chooses not to report the alleged sexual assault to

33 law enforcement at the time of evidence collection, the investigating law enforcement
34 agency with jurisdiction shall maintain any physical evidence collected as a result of such
35 alleged sexual assault that contains biological material, including, but not limited to, stains,
36 fluids, or hair samples that relate to the identity of the perpetrator of the alleged sexual
37 assault, for not less than 12 months from the date any such physical evidence is collected."

38 SECTION 4.

39 Said article is further amended by adding a new Code section to read as follows:
40 "17-5-74.

41 (a) For the purposes of this Code section, the term 'unreported sexual assault kit' means a
42 sexual assault kit collected from a victim who has consented to the collection of the sexual
43 assault kit but who has not reported the alleged crime to law enforcement.

44 (b) The Criminal Justice Coordinating Council shall create and operate a state-wide sexual
45 assault kit tracking system. The council may contract with state or nonstate entities
46 including, but not limited to, private software and technology providers, for the creation,
47 operation, and maintenance of the system.

48 (c) The state-wide sexual assault kit tracking system shall:

49 (1) Track the location and status of sexual assault kits throughout the criminal justice
50 process, including the initial collection in sexual assault forensic examinations performed
51 at medical facilities, receipt and storage at law enforcement agencies, receipt and analysis
52 at forensic laboratories, and storage and any destruction after completion of analysis;

53 (2) Designate sexual assault kits as unreported or reported;

54 (3) Allow medical facilities performing sexual assault forensic examinations, law
55 enforcement agencies, prosecutors, the Division of Forensic Sciences of the Georgia
56 Bureau of Investigation, and other entities having custody of sexual assault kits to update
57 and track the status and location of sexual assault kits;

58 (4) Allow victims of sexual assault to anonymously track or receive updates regarding
59 the status of their sexual assault kits; and

60 (5) Use electronic technology or technologies allowing continuous access.

61 (d) The Criminal Justice Coordinating Council may use a phased implementation process
62 in order to launch the sexual assault kit tracking system and facilitate entry and use of the
63 system for required participants. The council may phase initial participation according to
64 region, volume, or other appropriate classifications. All law enforcement agencies and
65 other entities having custody of sexual assault kits shall register for and utilize the system
66 in order to fully participate no later than one year following the effective date of this Code
67 section. The council shall submit a report on the current status and plan for launching the
68 system, including the plan for phased implementation, to the appropriate committees of the
69 legislature and the Governor no later than January 1, 2022.

70 (e) The Criminal Justice Coordinating Council shall submit a report on the state-wide
71 sexual assault kit tracking system to the appropriate committees of the legislature and the
72 Governor. The council shall publish the current report on its website. The first report shall
73 be submitted on or before December 31, 2022, and subsequent reports are to be submitted
74 on or before December 31 of each year. Each report shall include the following:

75 (1) The number of sexual assault kits used by collection sites to conduct forensic medical
76 examinations of assault victims;

77 (2) Of the sexual assault kits used by collection sites to conduct forensic medical

78 examinations, the number of sexual assault kits for which a sexual assault has been
79 reported to law enforcement, sorted by law enforcement agency;
80 (3) The average time for each law enforcement agency to collect reported sexual assault
81 kits from collection sites;
82 (4) Of the sexual assault kits generated for reported cases, the number of sexual assault
83 kits submitted to a laboratory for forensic testing;
84 (5) Of the sexual assault kits submitted for forensic testing, the number of kits for which
85 forensic testing has been completed;
86 (6) The number of sexual assault kits for which a sexual assault has not been reported
87 to law enforcement; and
88 (7) The jurisdictions in which reported sexual assault kits have not been submitted to the
89 Division of Forensic Services of the Georgia Bureau of Investigation in accordance with
90 Code Section 35-1-2.
91 (f) For the purpose of reports submitted under subsection (e) of this Code section, a sexual
92 assault kit shall be assigned to the jurisdiction associated with the law enforcement agency
93 anticipated to receive the sexual assault kit or otherwise having custody of the sexual
94 assault kit.
95 (g) Any public agency or entity, including its officials and employees, and any hospital
96 and its employees providing services to victims of sexual assault shall not be held civilly
97 liable for damages arising from any release of information or the failure to release
98 information related to the state-wide sexual assault kit tracking system, so long as the
99 release was without gross negligence.
100 (h) The Criminal Justice Coordinating Council shall adopt rules as necessary to implement
101 this Code section."

102

SECTION 5.

103 Chapter 1 of Title 35 of the Official Code of Georgia Annotated, relating to general
104 provisions regarding law enforcement officers and agencies, is amended by adding a new
105 Code section to read as follows:
106 "35-1-23.

107 (a) As used in this Code section, the term 'data base' means the national data base of the
108 Violent Criminal Apprehension Program established and maintained by the Federal Bureau
109 of Investigation or a successor data base.

110 (b) Each law enforcement agency in this state shall request access from the Federal Bureau
111 of Investigation to enter information into the data base.

112 (c) Each law enforcement agency that investigates a homicide or attempted homicide in
113 which the actions of the perpetrator are known or suspected to be serial in nature or are
114 random or sexually oriented; a rape, aggravated sodomy, or aggravated assault with the
115 intent to rape in which the actions of the perpetrator are known or suspected to be serial in
116 nature or in which the assault was committed by a stranger; a missing person case in which
117 the circumstances indicate a strong possibility of foul play; or a case involving unidentified
118 human remains from a known or suspected homicide shall enter into the data base the
119 following information regarding such investigation, as available:

120 (1) The name and date of birth of the alleged perpetrator;

121 (2) The specific crime being investigated;

122 (3) A description of the manner in which the crime was committed, including any pattern

123 of conduct occurring during the course of multiple crimes suspected to have been
124 committed by the alleged perpetrator; and
125 (4) Any other information required by the Federal Bureau of Investigation for inclusion
126 in the data base.
127 Such information shall be updated with any new developments in the investigation
128 every 60 days thereafter.
129 (d)(1) Any individual who was deemed an alleged perpetrator and who had any
130 information collected pursuant to subsection (c) of this Code section may seek removal
131 of such information by:
132 (A) Submitting a request in writing for the removal of all such information, along with
133 all supporting documentation regarding such request, to the investigating law
134 enforcement agency; or
135 (B) If the investigating law enforcement agency denies the request to remove such
136 information, the individual may file a petition of removal with the superior court in the
137 jurisdiction of the investigating law enforcement agency.
138 (2) In considering a petition of removal pursuant to this subsection, the court shall
139 consider:
140 (A) Any evidence introduced by the petitioner;
141 (B) Any evidence introduced by the investigating law enforcement agency of the
142 jurisdiction where the petition is filed; and
143 (C) Any other relevant evidence.
144 (3) The court shall order a hearing on the petition if requested by the petitioner. The
145 court may issue an order removing the petitioner's name and information from the data
146 base if the court finds by a preponderance of the evidence that the petitioner's information
147 should be removed from the data base. The court shall send a copy of any order directing
148 the removal of the petitioner's name and information from the data base to the
149 investigating law enforcement agency.
150 (e) Information entered into the data base under this Code section shall not be subject to
151 disclosure under Article 4 of Chapter 18 of Title 50.
152 (f) This Code section shall apply to any pending investigation of an allegation of rape,
153 aggravated sodomy, or aggravated assault with intent to rape, regardless of whether the
154 investigation was commenced before, on, or after the effective date of this Code section.
155 (g) This Code section shall not apply to offenses when the victim is at least 14 but less
156 than 16 years of age and the offender is 18 years of age or younger and is not more than
157 four years older than the victim."

158 **SECTION 6.**
159 All laws and parts of laws in conflict with this Act are repealed.

APPENDIX C: ACRONYM LIST

ADRC	Aging & Disabilities Resource Connection	HBV	Hepatitis B
AOC	Administrative Office of the Courts	HCV	Hepatitis C
ASL	American Sign Language	HIPPA	Health Insurance Portability and Accountability Act
BJS	Bureau of Justice Statistics	ICE	Immigration and Customs Enforcement
CCR	Coordinated Community Response	ICJE	Institute of Continuing Judicial Education
CJCC	Criminal Justice Coordinating Council	LEP	Limited English Proficiency
CODIS	Combined DNA Index System	LGBT+	Lesbian/Gay/Bisexual/Transgender+
CSE	Commercial Sexual Exploitation	MDT	Multidisciplinary Team
CSEC	Commercial Sexual Exploitation of Children	MOU	Memorandum of Understanding
CVCP	Crime Victim Compensation Program	PAC	Prosecuting Attorney's Council of Georgia
DBHDD	Department of Behavioral Health and Developmental Disabilities	PREA	Prison Rape Elimination Act
DFCS	Division of Family and Children Services	PTSD	Post-traumatic stress disorder
DFSA	Drug-Facilitated Sexual Assault	SAC	Sexual Assault Center
DHS	Department of Homeland Security	SAFE	Sexual Assault Forensic Examination
DJJ	Department of Juvenile Justice	SAK	Sexual Assault Kit
DMST	Domestic Minor Sex Trafficking	SAMFE	Sexual Assault Medical Forensic Examination
FBI	Federal Bureau of Investigation	SANE	Sexual Assault Nurse Examiner
FI	Forensic Interview	SART	Sexual Assault Response Team
FME	Forensic Medical Exam	SASP	Sexual Assault Services Program
GBI	Georgia Bureau of Investigation	STI	Sexually Transmitted Infection
GCVCP	Georgia Crime Victims Compensation Program	TRS	Telecommunication Relay Service
GNESA	Georgia Network to End Sexual Assault	TTY	Teletype Machine
GPSTC	Georgia Public Safety Training Center	TVPA	Trafficking & Violence Protection Act
GSAC-CAC	Gwinnett Sexual Assault Center & Child Advocacy Center	VAWA	Violence Against Women Act
		VES	Victim Experience Survey
		VRS	Video Relay Service
		VWAP	Victim Witness Assistance Program

APPENDIX D: REFERENCES

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