

PEER I
Prison Rape Elimination Act Flow Chart
Resident on Resident Sexual Assault Allegation

1. Allegation is Reported to Staff
 - a. Staff Performs First Responder Duties
 - i. Assure Personal Safety
 1. Make sure staff and clients are safe when conducting first responder duties
 - ii. Preserve Life
 1. Staff may perform first-aid duties if necessary to preserve the life of alleged victim, alleged perpetrator, and any other party present.
 - iii. Instruct both victim and perpetrator not to eat, drink, bathe, change clothes, brush teeth, urinate, defecate, or smoke.
 - iv. Prevent Further Hostilities
 1. Alleged victim shall be moved to staff office as a safe spot. If possible, maintain staff supervision of alleged victim.
 2. Alleged perpetrator shall be moved to a different staff office or other safe location. If possible, maintain staff supervision of alleged perpetrator
 - v. Protect the crime scene.
 1. Room(s) in which the alleged incident occurred should be taped off or signage posted. Non-critical response personnel, other clients, and others present should not be allowed to enter.
 2. Do not touch anything in the scene. Do not move or touch evidence. Do not touch weapons. If the crime scene has been compromised in any way (stepping through blood, moving anything) keep a log of who moved/disturbed the evidence, when, and why.
 - vi. Threshold questioning
 1. Threshold questioning is an immediate fact finding process and may include questions like “what happened”, “was anyone injured”, etc. All questions must stop when a suspect is identified. Record any spontaneous utterances and/or responses to questions.
 - b. Staff notifies his/her direct supervisor.
 - i. Supervisor will notify Paul Thompson, Assistant Director
 - ii. Assistant Director will notify PREA Coordinator and Program Director
2. Direct Supervisor Duties
 - a. Direct Supervisor will remind staff of first responder duties
 - b. Direct Supervisor will direct staffing changes or movement within/between facilities to assure safety.
 - c. Direct Supervisor will notify Assistant Program Director.
3. Program Director Duties (Program Director may delegate these if required to increase timely/expedient results, however designee must keep Program Director updated on any developments, instructions, or activities).

- a. Notify Denver Sex Crimes Unit
 - i. Initial Contact
 - 1. If during business hours Monday-Saturday 7 a.m.-4 p.m. Call the Sex Crimes Unit Hotline at 720-913-6040 and speak with a detective.
 - 2. If after hours, call the Communications Supervisor at 720-913-2012 and request the on-call Sex Crimes Unit Supervisor.
 - 3. The Sex Crimes unit detective or supervisor will obtain the facts of the incident and determine if a patrol officer will respond. If so, the detective or supervisor will arrange for the response, and this response may include the need to secure a room/area for a search warrant.
 - 4. If no response at that time or if the case will be initiated by a detective or supervisor, then Program Director (or designee) will email or mail copies of all administrative investigation reports to the Sex Crimes Unit.
 - 5. If no investigation will be initiated by the Sex Crimes Unit, then the facility will need to provide the names and dates of birth of all involved people so that it may be entered into a database to be maintained by the Sex crimes Unit.
 - ii. If Denver Police Department Sex Crimes Unit opens an investigation, they will handle all criminal investigative procedures and make appropriate referrals for prosecution. Peer I has formally requested that Denver Police Department Sex Crimes unit comply with PREA Standards 115.222 (a-e)
 - iii. Denver Police Department Sex Crimes unit will keep the Program Director apprised of the status of the investigation regularly. Data received by the Program Director will be entered into the PREA Investigation Notebook by the PREA Coordinator as it is received.
- b. Notify PREA Coordinator
 - i. PREA Coordinator will be responsible for any internal PREA investigation and with the aid of the program director, will coordinate any internal investigation with Law Enforcement Investigations.
 - ii. PREA Coordinator is responsible for compiling all relevant data obtained (both internal and from external sources) in the PREA Investigation notebook. A log will be maintained of contacts with all agencies.
- c. Notify The Blue Bench (Victim Advocacy Services)
 - i. With the consent of the victim, The Blue Bench should be contacted at 303-322-7273.
 - ii. The Blue Bench will provide services described in the MOU. Examples of services that will be provided (as needed and requested by the victim) include:
 - 1. Respond to requests for advocacy services.
 - 2. Respond to calls to the hotline
 - 3. Accompany victim to appointments with law enforcement
 - 4. Provide advocacy, follow –up services, crisis interventions, and referrals.
 - 5. Protect client anonymity.
 - 6. With appropriate victim consent, share information with Peer I regarding services provided to the client.

7. Communicate questions and concerns to Peer I Director or PREA Coordinator.
- d. Contact the Child Abuse and Neglect Hotline (if child involved)
 - i. Call 1-844-264-5437.
 - ii. Operators will provide further instruction to the Program Director (or designee).
 - iii. Program Director or designee will perform requested follow up actions.
 - iv. PREA Coordinator will document outcomes in the PREA Incident Log.
 - e. Notify Health Provider
 - i. Forensic Medical Examinations
 1. Program Director or designee will contact Denver Health Medical Center, located at 777 Bannock Street, Denver, CO 303-436-6000 and provide notification that a SANE Nurse is required. Additional information will be provided including:
 - a. Estimated time of arrival
 - b. Medical condition of the patient
 - c. Medical interventions accomplished prior to transport
 - d. Any other known medical information that is critical to the care of the patient, such as allergies, medications, pre-existing, diagnosis, etc.
 2. Program Director will assure that involved parties for whom evidence collection is required (victim, perpetrator) are transported to the hospital for the exam either through police, ambulance, or agency vehicle transportation, whichever is most prudent in the circumstance. Program Director, with the consent of the victim, will have a same gender staff ride-along or meet client at the hospital.
 3. Denver Health will provide:
 - a. The Hospital Emergency Department Charge RN will take reasonable steps to isolate the patient from any suspected perpetrator(s), including sight or hearing, at all times.
 - b. ARTS Director or designee will be able to take custody of evidence in order to maintain custody. ARTS director will take evidence from Denver Health Medical Center directly to the Denver Police Department.
 - c. Timely medical-forensic examination and suspect evidence collection, intervention and treatment in accordance with Hospital victim procedures for forensic evidence collection.
 - d. Timely medical-forensic examination and suspect evidence collection on suspected perpetrators in accordance with Hospital suspect/perpetrator procedures for forensic evidence collection.
 - e. Hospital shall follow-up to ARTS in the form of a discharge summary and discharge note, and may also include Hospital staff calling ARTS' clinical service personnel to relay medical instructions.

- ii. If evidence collection is not possible, Program Director or designee will arrange for client to be seen at Sheridan Health Services to assure that victim has access to timely and comprehensive information and medical care for victims, testing for sexually transmitted infections, preventative measures such as HIV/AIDS tests and prophylaxis. Sheridan Health Services will provide or provide referral to any services/providers required to meet the client's immediate or ongoing medical needs resulting from the abuse.
 - f. Notify ARTS Director
 - i. Program Director will notify ARTS Director Kristen Dixon 303-734-5022
 - g. Complete Critical Incident Report (within 24 hours) and send to appropriate agencies, which may include, but are not limited to: OBH, Signal, Community Corrections, DCJ, ARTS, University Risk management.
- 4. PREA Coordinator and Program Director will:
 - a. Monitor the status of any Administrative and/or criminal investigations.
 - b. Take any additional steps required to assure client, staff, and/or community safety.
 - c. Update the PREA Coordinator Notebook/Log as information becomes available.
 - d. Ensure that monitoring for retaliation is being carried out and documented.
- 5. Determination
 - a. Substantiated
 - i. Law Enforcement will refer the case to the DA if Probable Cause is established.
 - ii. Peer I will have the resident perpetrator returned to custody in any case of substantiated Sexual Assault.
 - iii. Victim will be notified of the outcome of the investigation.
 - b. Unsubstantiated
 - i. Victim will be notified of the outcome of the investigation.
 - c. Unfounded
 - i. Victim will be notified of the outcome of the investigation.
- 6. Final Steps
 - a. PREA incident review team will complete a review of the incident and complete the PREA Incident Review Team Report.
 - i. If action plan required, follow up documentation will be required at the end of the action plan period and attached as an addendum.
 - b. PREA Disciplinary Sanction Report will be completed for all clients receiving disciplinary sanctions related to the incident.
 - c. Program Director (or designee) will complete an addendum to the initial Critical Incident Report and send to all agencies/parties who received the initial Critical Incident report.
 - d. PREA Coordinator will review the PREA Victim/Predator Screen and reassess both victim and offender based on any substantiated allegation.
 - e. Supervisor or PREA Coordinator will monitor for retaliation using the PREA Retaliation Monitoring form.
 - f. Victim will continue to receive any mental health or medical services required to address issues caused by the incident. Medical services may be provided at Sheridan Health Services (or other referred provider). Mental health services may be provided by ARTS personnel or through referral to external agency.

- g. PREA Coordinator will document statistics from the incident for the PREA Annual Report.
- h. Documentation from all steps in the Coordinated Response will be retained by the PREA Coordinator in the PREA Coordinator notebook.