We sign our support and commitment to the policies and procedures of our respective agencies as documented in this Protocol, to the training and implementation of such, and to the ongoing process of facilitating through Sexual Assault Interagency Council a multi-disciplinary, coordinated response to the crime of sexual assault and to sexual assault survivors.

Approved and adopted this 6th day of April, 2011

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Introduction

Overview of Sexual Assault

“Sexual violence is an affront to our national conscience, one which we cannot ignore...As a Nation, we share the responsibility for protecting each other from sexual assault, supporting victims when it does occur, and bringing perpetrators to justice.”

National Sexual Assault Awareness Month Proclamation, April 2010
Barack Obama, President of the United States of America

Sexual assault, which encompasses rape and other unwanted sexual acts, represents one of the most violent and least reported crimes in the United States. Sexual assaults are acts of violence where sex acts are used as the weapon. The crime of sexual assault knows no gender, culture or age barriers; all individuals are at risk of sexual assault.

While statistical information on reporting these crimes to police varies, it is undeniably underreported. Victims often choose not to report the assault for a variety of reasons: shame, embarrassment, fear, trauma, lack of support from friends and family, fear of offender retaliation and fear media attention. Others lack faith in the follow-up services and in the investigative and prosecution process. Many survivors of sexual assault are reluctant to report the crime if their actions involved high-risk or illegal behavior. Societal victim blaming and skepticism of a victim’s truthfulness may also play a role in decisions to report the crime.

Prosecution of sexual assault cases is difficult since the victim and perpetrator are often the only witnesses to the crime. Someone known to the victim perpetrates nearly ¾ of sexual assaults,¹ as non-strangers have greater accessibility and trust of their victims. The offender might be an acquaintance such as a neighbor, co-worker, good friend or family member. When the victim and offender are acquainted, the perpetrator often claims that the sexual acts were consensual. Prosecutors are challenged to meet the ethical standard of a reasonable likelihood of conviction in these complex consent defense cases.

A Community Problem
Dramatic changes have occurred in the public's response to interpersonal violence. Prior to the mid-1980's, the failure of the justice system to take these crimes seriously reinforced the escalating, recurring, and often lethal nature of domestic violence, stalking and sexual assault. The law and those responsible for upholding it reflected society's tolerance of intimate partner violence, its prejudices against women victims of violence, and its ignorance of the complexities of the issues implicit in these crimes.

In the mid-1970's, the battered women's and anti-rape movements demanded additional legal protections and a full range of services for victims. By the late 1970's, a limited number of jurisdictions had initiated legal reforms. Some states passed new civil and criminal laws giving greater protection to victims and enforcing penalties against perpetrators.

Colorado has pioneered the development of model practices such as the Domestic Violence Mandatory Arrest Policy, Sex Offender Management Standards, the Crime Victim Compensation Act (1981) and the Victim Rights Amendment (1992), all of which are intended to increase perpetrator accountability and afford rights to victims of violence.

The Denver Sexual Assault Response Protocol is another model effort crafted to improve the response to sexual violence. The objective of this protocol is to improve the response to sexual assault in the City and County of Denver and ultimately to reduce the incidence of sexual assault in the community.

**Zero Tolerance**

No matter how effective the justice system becomes in protecting victims, sexual assault will persist unless entire communities challenge the deeply rooted societal misconceptions that support sexual violence. False beliefs about sexual assault include the perception that a perpetrator is most often a mentally unstable stranger who uses weapons or extreme brutality, and a victim who is hysterical, outcries immediately and physically resisted the attacker. Further misconceptions target the victim’s behavior or actions as a cause of the assault, including the victim’s dress, use of drugs or alcohol and previous or current consensual sexual contact with the perpetrator. Some misconceptions downplay the perpetrator’s responsibility by viewing the assault as occurring due to “miscommunication,” a “misunderstanding,” or because of a biological need to engage in sexual activity, rather than a desire to exert power and control over another person.

Throughout the United States, communities have adopted a norm of zero tolerance for violent behavior that is reflected in policies and implemented by all responders. The Denver community must do the same by sending a message that sexual violence will not be tolerated and can be prevented. Service providers must relay this zero tolerance message by providing justice systems and community resources to victims, penalizing offenders, and educating the public about their responsibility to eliminate sexual assault.

One way to demonstrate zero tolerance for sexual assault crimes is to help victims of sexual assault understand that “what has been done to you is wrong, it is not your fault and it will not be tolerated.”

Individuals who make victim safety and well-being a priority understand that high conviction rates are not the sole measure of serving victims well. Nor do they necessarily achieve the related goal of offender accountability. The definition of “successful” prosecution includes unequivocally communicating to both victim and offender that the community will not tolerate sexual assault. Successful prosecution means promotion of community involvement in efforts to enforce perpetrator accountability and victim safety.
Role of the Protocol

Protocols that are jointly developed by justice system agencies and victim service programs can support an effective coordinated response to sexual assault. Each agency is likely to operate independently according to its own established procedures unless an effort is made to coordinate all activities with those of other agencies dealing with the same case and the same victim.

It is the mission of the Sexual Assault Interagency Council to ensure a consistent, collaborative and culturally competent response from the criminal justice system, health and hospitals, and victim service providers to encourage reporting and promote recovery. Development and implementation of the written protocol accomplish this.

Establishing an interagency protocol enables more organizations and individuals to view intervention in sexual assault cases as their responsibility. It lists appropriate agencies for victims to seek when need of safety planning, provides referrals to victim services and criminal justice system agencies, and offers a broader range of legal and non-legal options to survivors. A protocol sets a framework for communities to coordinate responses to victims and sets the stage for a survivor to develop a greater satisfaction with services provided.

This protocol provides direction for professionals, counselors, law enforcement officers, prosecutors, and other individuals in Denver who interact with victims of sexual assault, and a framework for the evaluation of their efforts. The protocol is intended for all members of the community in public and private sectors that provide services to victims and/or investigate and prosecute sexual assault cases. The protocol's main objective is to improve response to all victims of sexual assault in Denver.

This protocol reflects the values and priorities of the City and County of Denver. The protocol identifies agency accountability in responding to sexual assaults and the outcome(s) for which representatives of each agency are responsible, and ensures that survivors who seek help, counseling, medical treatment, and justice are treated with fairness, compassion, and respect. Commitment to the Denver Sexual Assault Response Protocol creates a victim-centered environment in our community, which may increase reports to law enforcement and hold more offenders accountable.

The Foundation: A Victim-Centered Approach

The Denver protocol has been written with the intention of developing and implementing a victim-centered approach. This approach is defined as the systematic focus on the needs and concerns of a sexual assault victim to ensure the compassionate and sensitive delivery of services in a nonjudgmental manner. By promoting a victim-centered approach to sexual assault, one can make the victim's safety the top priority, recognize the obstacles to seeking help, respect the integrity and autonomy of each victim, protect victims’ confidentiality, and regard victims’ feedback as critical to an improved response. A victim may also be more likely to engage in the criminal justice system if they feel responders demonstrate consideration and empathy for their needs.
Believe the Victim
The unequivocal position of responders to sexual assault (like other crimes) is that the victim’s account of the event is believed and accepted within the context of an unbiased and objective investigation. This is particularly relevant at the initial stages of response: hotline advocate, 911 communications, law enforcement patrol, hospital emergency department and sex crimes investigations. Denver responders accept the victim’s account of the event, document it, and proceed with a systematic investigation in order to develop every lead provided by the victim. If investigation uncovers inconsistencies, those are addressed first for clarification with the victim.

It is understood that victims may withhold information as a result of shame, embarrassment or a natural response to trauma. Often, memory is impacted by trauma and important details may not be immediately recalled. Furthermore, some victims are reluctant to present facts that they fear would weaken their credibility, such as having used drugs or alcohol voluntarily, or having consented to some sexual acts. Complexities such as cultural taboos regarding sexual activity, a fear of being deported and concern that the victim’s sexual orientation or gender identity will be revealed may also impact a disclosure to responders. Denver responders should let sexual assault victims know that challenges or obstacles in a case can often be overcome if complete information is presented at the outset of the investigation.

Victim Rights Legislation
In 1992, Colorado passed a Constitutional Amendment that provides crime victims with certain rights. The principle of the amendment is to ensure that the justice system provides victims with rights that provide balance to those rights afforded to criminal defendants.

Enabling legislation 24-4.1-301-314 CRS provides definitions and describes the specific responsibilities of each criminal justice agency regarding how the Amendment is to be enacted.

Cultural Considerations
Cultural sensitivity is essential when providing services to victims in any community. It is necessary to remove barriers facing unserved and underserved populations. Barriers can be reduced by providing culturally appropriate information about the existence of and one’s right to use services, providing mechanisms that enable persons to access services, providing services in the language and cultural context with which the victim is most comfortable, and lastly, by providing assistance from staff and volunteers who are knowledgeable about the unique issues survivors may face in overcoming violence.

Culturally responsive service provision is constantly evolving and SAIC partner agencies are committed to ongoing training and professional development to better serve all populations. Sexual assault response agencies should continuously analyze policies and practices from various lenses: culture, race, religion, ethnicity, ability, gender, sexual orientation and gender identity. While partnering and collaborating with organizations in the community serving specific populations is crucial, the responsibility lies on sexual assault response agencies to ensure appropriate service delivery. Organizations also strive to ensure staff and volunteers
represent the diversity of the program’s service area, perform focus groups, research and targeted community outreach.

It is important to take into consideration specific cultural, ethnic, racial, gender identification, and/or sexual orientation histories and experiences regarding sexual assault. People from diverse cultures and backgrounds are reluctant to seek help from professionals because of past insensitivity or mistreatment. Stereotypes and myths often interfere with sensitivity and objectivity in working with persons of diverse cultures.

It is important to take into consideration specific cultural norms when working with victims of varied cultures and backgrounds. The notion that a person’s identifying characteristics can create added complexities in instances of sexual assault is widely accepted. A victim’s identity can impact many aspects of a sexual assault, including the decision of when and if to report the crime, what details are disclosed and increased shame and blame due to internal or community acceptance of sexual violence. Additionally, a victim may feel even further isolated by agencies that try to help if that agency is perceived as being out of touch with a person’s individual needs. These dynamics make a continued commitment to inclusivity a vital component of sexual assault response.

Language barriers are addressed through the use of language lines and services such as the Translation & Interpretation Center or the Asian Pacific Development Center. Interpreters with specialized training in crime victimization and legal interpretation are preferred and required by law in some instances like the Americans with Disabilities Act.

**Safety Planning**
A victim's safety should be a main priority of each individual involved in assisting a victim of sexual assault. Victim safety should define the roles of the 911 call-taker and dispatcher, police officer, victim specialist, victim advocate, medical professional, the prosecution team, judge and probation officer. Each responder can better assist and improve the victim’s safety by listening to the victim’s self-defined priorities, asking thoughtful questions about the situation, helping to evaluate the offender's dangerousness, respecting the right of victims to exercise authority over their own lives, providing information about options and community resources, explaining the anticipated consequences of choosing one option over another, and helping implement personal goals (as opposed to those of the prosecutor, police officer or advocate). Providing information on preserving individual safety may be critical to a victim’s well-being. Victims know far more about themselves, their needs and their resources than justice system personnel and service providers do. For more specific information, please see the Appendix article titled “Safety Planning.”

**Coordinated Community Response**
Developing a coordinated response to sexual assault requires a commitment from its participants to develop a shared philosophical framework on sexual violence, an understanding of the roles of agencies involved and a plan to improve the response of partner agencies to sexual assault based
on a victim’s identified needs. One example of coordinated services is the sequential multi-
agency response provided at Denver Health Medical Center. A law enforcement patrol officer
and victim specialist provide the initial response. Medical providers conduct the medical/forensic
examination. Hospital social workers facilitate the transition to rape crisis case management
services before the patient is discharged and community or university-based advocates offer
support and information throughout the process.

When sectors work together, response to victim needs and efforts to hold offenders accountable
can improve significantly. Improvements in individual response can include increased victim
safety, support, restoration, more calls to police and victim service programs; more arrests and
cases charged as felonies; and decreased offender recidivism. Beyond response to individual
victims, coordination among agencies encourages activities such as development of proactive
legislation, multidisciplinary protocols and training, systematic analysis of justice response based
on case outcomes and victim satisfaction, community education and media initiatives. These
activities can lead to systemic changes such as improved interventions and increased community
awareness and intolerance for these crimes.

SAIC Victim/Survivor Resolution Process
The Council invites victims of sexual assault to contact the SAIC Project Director if they are
dissatisfied with the services provided by a member agency. Member agencies are asked to
distribute SAIC’s brochure which invites victims to voice their opinion regarding the sexual
assault services they received in the City and County of Denver. In addition, a comment box on
the SAIC website: denversaic.org is available to provide an anonymous e-mail to the SAIC
Project Director.

To view the entire SAIC Victim/Survivor Resolution Process document, please see the Appendix
section of this protocol.

Denver Sexual Assault Response
The first Denver Sexual Assault Response Protocol was signed in November 1995. Amended
editions in 2002 and 2005 reflected changes in community and agency standards, welcomed
Denver college and university campuses as SAIC partners and added information on youth
victims of sexual assault (age 12 to 17). The 2011 version includes practices that have evolved or
been legislatively mandated over time and describes protocols of cold case sexual assaults and
the collection of forensic evidence when a victim is not reporting to law enforcement, identified
in Denver as “Unreported Sexual Assaults.”

How to use this guide:
The protocol format follows the potential chronological order of a victim’s contact with
responders in the City and County of Denver. Coordinated community response begins with
Denver Police Department communications personnel, patrol officers and victim specialists;
Denver Health Medical Center Emergency Department physicians, nurse examiners and social
workers; and the Rape Assistance and Awareness Program (RAAP) hotline advocates and case management team. After the initial response, the Denver Police Department Sex Crimes Unit and the Denver District Attorney’s Office becomes involved, as well as RAAP counselors and other qualified mental health professionals. The Denver Department of Human Services or college campus providers may engage at various stages of the response process. Throughout the court and criminal justice process the DA’s Office remains an active party. Other agencies may become involved such as the Colorado Attorney General’s Office, Probation, the Colorado Department of Corrections, and the Division of Criminal Justice Sex Offender Management Board.

Each agency description begins with its mission statement and a brief description of the role of that agency. Specific agency procedures are then listed. A detailed description of each procedure follows. The multidisciplinary protocols, “Drug-Facilitated Sexual Assaults” and “Unreported Sexual Assaults” follow the Medical Response section and “Cold Case Sexual Assaults” follows the Denver DA’s Office section.

An alphabetical glossary of terms that may need explanation is found at the conclusion of the protocol. The terms listed in the glossary are indicated throughout this document by a “Hyperlink” to the Glossary of Terms.

Lastly, the Appendix includes documents referenced throughout the protocol to provide additional supportive information.

**Use of terms “Victim” and “Survivor”**
The words “victim” and “survivor” are used interchangeably throughout this document. It is not our intention to ostracize sexual assault victims/survivors by the use of these terms and we recognize that individuals who have been sexually assaulted may identify as either a victim or survivor. Typically, criminal justice agencies utilize the term “victim,” while support-based agencies prefer the term “survivor.” Medical personnel treating a sexual assault victim may also use the term “patient.”
Law Enforcement Response

Denver Police Department

Mission statement: The Denver Police Department is the primary agency responsible for law enforcement related activities in the City and County of Denver. The mission of the Denver Police Department is to deliver high quality public safety services so that all people may share a safe and healthy environment.

Denver 911 Communications Center:
Emergency Communications Operators and Police Dispatchers

The Operator’s role is to answer emergency calls for assistance and work with the caller to gather response information such as address and phone number, nature of the incident, the need for medical assistance and other details to assist first responders in victim assistance and suspect apprehension. The Operator’s responsibility is to effectively and efficiently manage the caller while forwarding an incident to the appropriate dispatcher. The Operator is usually the sexual assault victim’s first contact with the police after the assault and plays a critical role in gaining the cooperation of the victim. The Emergency Communications Operator represents the authority of police and sets the tone for future contacts with police, investigators, hospital personnel, victim advocates, and others.

Victims may be confused, disoriented or disorganized in relating information. It is not unusual for a victim to report that they do not know where they are or whether they are injured. The victim may begin by stating that s/he has been “attacked” instead of identifying the attack as a rape. Victims of sexual assault will display a wide range of reactions following a sexual assault. The victim may be in a panic or an anxious state, but the victim may also be highly controlled, withdrawn or may use anxious laughter as a coping strategy. The Emergency Communications Operator should not evaluate the victim’s response as a measure of the validity of the call.

In a case where the offender has threatened to harm the victim if s/he calls police, the victim may be experiencing extreme fear. S/he may be unsure whether to proceed with the call or to provide identifying information about the offender. The 911 responder must remain nonjudgmental and adopt a reassuring manner.

A delayed report is not unusual in a sexual assault case and may stem from fear of the offender or cultural, religious or family pressures. During the call, the victim may be ambivalent or may have difficulty explaining the purpose of the call. Patient, non-judgmental responses from the Emergency Communications Operator can help the victim feel safe enough to disclose information.
Communication Procedures

1. Calls are received in the 911 center using the following methods:
   - Dial 911 within the jurisdictional boundaries established for the City and County of Denver.
   - Dial the 10-digit non-emergency number of 720-913-2000.
   - Transfer from another law enforcement agency.
   - Cellular phone with text capabilities, 303-513-6909 or email Denver911@denvergov.org, which is used as a means of communication between the center and the Deaf and Hard of Hearing community. The cellular phone can also be used for by the hearing community to text in emergencies when the caller is in a dangerous situation and to speak would create a dangerous environment.

2. Whenever possible, and when warranted by the call, 911 Emergency Communications Operators will provide the caller with crisis intervention and support until the first responding officer arrives.

3. 911 Emergency Communications Operators will obtain as much information as possible.

4. Sexual assaults are dispatched as priority incidents with the ability to manually elevate the priority at anytime for a more immediate response based on injuries, suspect proximity to the victim and potential for further victimization of the caller. It is understood that the evidence gathered from the crime scene of a sexual assault can be lost without a prompt response reducing the potential for the apprehension of a suspect.

5. DPD response to the victim will vary depending upon victim needs, crime scene conditions and offender location(s).

6. The 911 Communications Center records and archives all 911 calls received in the center for investigations and prosecutions. Requests for audio recordings are made through the Denver Police Department Civil Liability Bureau.

A. Information
The Operator will obtain initial response information to include; a) address or location, b) telephone number of the caller, c) a brief description of the situation to include injury, weapons, suspect location and description. The Operator will code the call with a priority which transfers the incident to the Police dispatcher for response. The Operator will advise the caller that the call has been put up for dispatch and then stay on the line with the caller to continue gathering information such as d) caller’s identity, e) identity of victim’s perpetrator if possible, f) other details. Additionally, if there are injuries the Operator will triage the call by using the Emergency Medical Dispatch protocol for medical response by an ambulance.

B. Dispatch Assistance
The dispatcher will promptly dispatch a patrol officer to the victim’s location, using the dispatch protocol and to the crime scene, if different. The dispatcher will not state the caller or complainant’s name on the air if the caller is the victim of the sex assault. In the event that injuries were not initially stated or the caller refused an ambulance, an officer on scene may request an ambulance for the victim and the dispatcher will then contact Paramedic dispatch requesting an ambulance to the victim’s location. When the assault has just occurred or the offender has just fled, s/he will dispatch an additional unit to the offender’s residence/location, if known.
C. Inform the Victim
Whenever possible, the Emergency Communications Operator should remain on the line with the victim. This “contact” with police can be very reassuring to the victim. Keeping the victim on the line may also protect evidence from contamination or destruction, since it is unlikely that the victim will bathe, douche, urinate, defecate, or change clothes while talking to the 911 Emergency Communications Operator.

The Operator is allowed to advise the victim that s/he has sent the incident up for dispatch but cannot advise of an ETA or that police are en route in order to avoid false expectations to the victim. The Operator will continue to monitor the police response via the CAD and work with the Dispatcher and Operations Supervisor if needed.

If resources do not permit the call taker to remain on the line, s/he should caution the victim against bathing, gargling, urinating, defecating, changing clothes, or touching anything at the crime scene.

**Communications Response in Detail:**

1. The 911 Emergency Communications Operator should be reassuring and nonjudgmental when responding to the call. S/he should listen closely to the caller’s concerns, attempt to calm her/him, provide crisis intervention as needed and relay the call to the dispatcher. The Operator, Police dispatcher and Operations Supervisor should take immediate action to intervene by dispatching officers, an ambulance, or the Victim Assistance Unit.

2. Operators will obtain as much information as possible. The information the caller provides can assist responding officers in assessing risks and hasten appropriate intervention. The 911 Emergency Communications Operator should obtain the following information from the caller by asking:
   - Whether the caller is safe;
   - Whether anyone is injured and in need of an ambulance;
   - The name of the caller;
   - Whether the caller is the victim or a witness;
   - Whether the victim needs a translator;
   - Whether the victim is an adult at-risk (*Adults who are at particular risk for victimization due to age, mental status, disability or incapacity. Please see the Appendix for further information*).
   - The nature of the incident;
   - The relationship of the assailant to the victim;
   - When the sexual assault occurred;
   - The address(es) of the assault;
   - The victim’s present location, including apartment number, building number and/or the name of the business;
   - Telephone number where the caller can be called back;
   - Whether weapons are involved;
   - Whether the suspect is present at the crime scene;
   - The suspect’s name, description, where the caller thinks the suspect may have gone and the suspect’s mode of travel;
   - Whether there is more than one suspect; and
Whether there are children or dependent adults present at the scene. Dispatchers should alert responding officers if a translator is needed for a victim who is a person with limited English proficiency or an ASL interpreter if the TTY caller or victim is deaf.

3. Sexual assault calls in-progress or that just occurred are automatically assigned a priority 1 response. Sex assault reports or molestations are assigned a Priority 3. The call taker can manually adjust the priority of the call based on the seriousness of the injuries or threatened harm, and whether or not the assailant is on the premises. Evidence of an assault in progress or an assailant still at the scene such as screams or an interrupted or incomplete phone call, should result in an immediate dispatch of police resources.

4. Dispatcher response may vary when the victim is at a location other than the crime scene, or when there are multiple crime scenes. There are many reasons that the victim’s call for assistance may be from a location other than the crime scene. S/he may have fled or left the crime scene. Sexual assault victims may go directly to a hospital emergency room to receive medical attention. Appropriate police protocols are observed depending upon the location of response.

5. Dispatchers will be cognizant of airing the caller or complainant’s name on the radio if the caller is the sexual assault victim.

6. 911 audio tapes are automatically preserved and are accessible to law enforcement and prosecutors through the Civil Liability Bureau. Information collected through the 911 call can be useful in subsequent court processes. Prosecutors can use 911 tapes as documentation of an incident in progress, the caller’s statements, excited utterances, and/or the victim’s emotional state.

**Patrol**

The patrol officer will conduct an initial investigation. Officers will work to establish a positive rapport with the victim, and ask the questions necessary to determine what happened and who the perpetrator is. It is helpful to speak in a calm voice, make eye contact and explain each step to the victim. Establishing the victim’s safety and clearly explaining the reporting process and initial investigative steps will assist in alleviating his or her fears and winning the victim’s continued cooperation with criminal justice procedures. Officers will provide the victim with written victims’ rights information (DPD form 380, English and Spanish).

The most appropriate course of action is to make a General Offense report (GO). If that is not done, the officer will document the information to the Sex Crimes Unit describing the incident. This will be done on the MRE system by selecting “Letter to Detective”. If there is probable cause to make an arrest and if the assailant is at the crime scene, an arrest will be made. If a patrol officer is uncertain about making an arrest, they can call the sex crimes detectives for clarification. If probable cause cannot be established at the scene, the officers will order the suspect in the following day to see the sex crimes detective. Officers will refrain from judging or drawing conclusions about the information obtained from the victim.

In addition to generating a GO report, patrol officers may write letters to the sex crimes detectives in order to further clarify the case. The same process as above will be used for this
These letters give more detail and capture complete information from the officer so that it can be used later at the trial. The letter is a record of facts, not impressions or opinions. When a victim declines to make a formal report to the police, the officer will submit a detailed letter to the Sex Crimes Unit.

Even without an offense report, if the victim consents to it, the officer will authorize a forensic evidence exam to collect and preserve evidence in case the victim chooses to report at a later time.

**Patrol Procedures**
1. Determine safety and medical care needs.
2. Establish that a crime occurred.
3. Determine the need for a sex crimes detective or supervisor to respond.
4. Request an VAU Victim Specialist.
5. Determine if response is required to additional locations.
6. Determine whereabouts of suspect, and
   a. If at large, air description.
   b. If probable cause exists and investigation will not be compromised, make arrest.
   c. If no probable cause exists, order suspect in to Sex Crimes Unit the following day unless doing so will hinder investigation.
7. Complete initial investigation
   a. Identify and secure crime scene(s). Call for Crime Lab if crime scene(s) is located.
   b. Interview all witnesses separately.
   c. Interview victim.
8. Arrange/provide transport for victim to a SANE hospital for forensic medical exam.
9. Be available to confer with medical staff while the victim is at the hospital.
10. Request that the victim appear at the Sex Crimes Unit the following day for an interview.
11. Provide/arrange safe transportation home for the victim.
12. Hand-carry paperwork to headquarters.

**The Patrol Response in Detail**
1. Officer and victim safety is the first priority in responding to a sexual assault. Responding officers will determine the need for medical care and may call for an ambulance and/or administer first aid. They will inquire whether there are cultural needs or preferences they should be aware of and accommodate those as much as is possible.
2. Officers will establish that a crime has occurred – learn enough information to establish the elements of the crime, identify witnesses, suspect(s), potential evidence, and crime scene. Officers will identify and document when the victim is an adult at risk: adults who are a particular risk for victimization due to age, mental status, disability or incapacity. (See Appendix for further information about Wrongs to At-Risk Adults).
3. Officers will determine the need for consultation with or response from sex crimes detective. Response is indicated when a) suspect(s) is present at crime scene; b) elements include burglary or attempt; c) serial or pattern offender involved; and/or d) serious bodily injury sustained.
4. Officers will Request a VAU Victim Specialist, unless directed otherwise by the detective. The Victim Assistance Unit provides crisis intervention and emotional support for the victim.
and his/her family. A Victim Specialist can be dispatched either to the crime scene or the hospital emergency department or to another location requested.

5. Officers will determine if patrol response is required at additional locations, and request assistance as needed, in order to gather information or preserve crime scene(s).

6. Officers will determine whereabouts of assailant. If suspect is not present, officers will air a description of the suspect. If present, officers will record excited utterances, emotional and physical condition, and demeanor, note the suspect’s injuries (or lack of injuries) in detail, note any evidence of substance abuse or mental illness. Officers will evaluate the need for search warrants and may arrange for forensic evidence collection of the suspect. If probable cause exists and the investigation will not be compromised, officers will make an arrest. If not, they will order the suspect in to see a sex crimes detective.

7. Officers will identify and secure the crime scene(s) and call for the Crime Lab to respond if crime scene(s) is located. Evidence collection should be guided by information provided by the victim, and in anticipation of a consent or identity defense. Crime Lab will need to photograph or videotape the scene prior to touching, moving or disrupting potential evidence. Officers will solicit complete and accurate information without exacerbating the victim’s shame or embarrassment. Officers will clarify points that are unclear or contradictory and illicit further details as needed from the victim. They will document excited utterances, emotional and physical condition, demeanor, complaints of pain, and note the victim’s injuries in detail.

8. Officers will provide the victim with the option of presenting at Denver Health Medical Center for potential forensic evidence collection and/or medical treatment. Collection of medical-forensic evidence is ideal within 72 hours, but may be collected for up to 7 days, depending on case specifics. If the victim suspects injury, medical treatment is recommended. Officers will arrange or provide transportation to the hospital. Sexual assault victims are typically taken to Denver Health Medical Center for the evidentiary exam. The Forensic Evidence Collection kit will be completed by DHMC personnel and will be placed in the secure evidence locker at DHMC. A Denver Police Department Sex Crimes Detective will recover this kit for further processing.

   - A victim’s request for treatment at another hospital should be honored whenever possible. DPD will respond to any metro area hospital where a victim presents, if the crime occurred in Denver. Metro area hospitals will keep a supply of Forensic Collection kits however, if necessary the officers will deliver a forensic evidence collection kit, sign for the exam, and either wait or ask to be contacted at the conclusion of the exam to receive the evidence and provide the victim transportation home. Officers will deliver the evidence to the Property Bureau.

9. When victim reports to district station, response is identical to crime scene response. Sexual assault reports are often delayed by days, weeks, months or even years. Delayed reporting should not deter a thorough investigation. Inquire and document how the victim’s time was spent between the crime and its report.

10. When initial patrol response is to the hospital, officers will conduct victim and witness interviews in a private area and will request VAU response, unless instructed otherwise by the detective.

11. Officers will confer with hospital personnel prior to the victim exam. Officers will be available to confer with medical personnel after the exam in case new and relevant
information presents. When drug-facilitated sexual assault is suspected, officers will be available to immediately transport collected urine samples to the Property Bureau.

12. Officers will notify the victim that it will be necessary for him/her to meet with a sex crimes detective the next day. This meeting ordinarily takes place at police headquarters, but exceptions may be made when necessary.

13. Provide or arrange safe transportation home for the victim.

14. All sexual assault paperwork, including offense report, is hand-carried to headquarters.

**Victim Assistance Unit**

*Mission Statement:* The Victim Assistance Unit (VAU) is available to provide crisis intervention services 24-hours a day, every day, to victims of crime and stark misfortune. The VAU: views victims as an important constituency who are deserving of services; strives to identify, notify and involve victims and insure they can exercise their right to be part of the investigative process; strives to provide victims referral information to assist them in the recovery of their victimization; strives to provide services and educational information that will foster an understanding of law enforcement issues to victims and those organizations with an interest in agency efforts; and is committed to sensitizing staff regarding issues and specific duties to be carried out in an effective, efficient, empathetic and culturally competent manner in aiding victims.

It is important to provide a survivor of sexual assault his/her rights through both verbal and written information. Written materials are available in English and Spanish. Written materials can be translated in to any language necessary. The Victim Assistance Unit (VAU) offers victims written information pertinent to sexual assault for both child and adult victims. These brochures have crime-specific information including names and numbers of criminal justice and community-based agencies that can provide information, advocacy and referral. The Rape Assistance and Awareness Program, Denver’s rape crisis center, and other community-based agencies, provide VAU with referral cards and brochures to hand to victims when responding to an incident.

The VAU and the community-based victim advocate must collaborate to articulate the role and responsibilities of each program, avoid duplication, coordinate efforts where possible, and ensure that together they are addressing the full range of victim safety, recovery, and assistance needs.

Confidentiality is a chief distinction between the support offered by a community-based advocate and the VAU. The VAU is there on behalf of the victim, and does not seek out incident information. However, the VAU is an agent of the police department and is obligated to provide the police with information (if pertinent) provided by the victim that may be needed during the course of investigation or prosecution. The VAU clearly conveys this distinction to the survivor prior to explaining his/her victim rights.

The VAU role is essential when a sexual assault occurs in our community in order to increase the victims’:

- Safety and empowerment;
- Awareness of legal rights and legal and non-legal options;
Knowledge of and participation in the criminal justice process;
Knowledge of justice system and community resources; and
Use of available assistance toward recovery.

**VAU Procedures**
A. On-scene services
   1. Police officer(s), detectives, victims / designees or hospital emergency department (ED) will call dispatch and the VAU will be activated by a Dispatch Sergeant or Communications Bureau personnel.
   2. The VAU will respond to identified location (crime scene, hospital, other location). The VAU will address victim’s issues and concerns with safety as first priority. [If the victim is a juvenile, the VAU will attempt to receive parental/guardian consent prior to speaking to the juvenile.]

B. Additional services.
   1. The VAU will provide crisis intervention services, reporting procedures information, and referrals for counseling and case management. [If the victim is a juvenile, the VAU will relate this information to the victim, as well as the parent/guardian.]
   2. When a General Offense (GO) or incident report is generated, the VAU will provide outreach to sexual assault victim via telephone and letter. [If the victim is a juvenile, the VAU will send the letter in care of the parent or guardian. The VAU will attempt contact with the parent/guardian and receive consent to speak with the juvenile victim. Also, the VAU will provide information to the parent/guardian regarding community-based resources for themselves, as well as community-based resources for the juvenile including the Denver Children’s Advocacy Center (DCAC).]
   3. The VAU may also respond to scenes or other locations at the request of a victim or designee regardless of a police incident report being made. The VAU will encourage the victim to file a police report but will provide crisis intervention and/or other assistance, information and referrals regardless of the status or filing of a police incident report.

**VAU Response in Detail**
A. On-scene services
   1. The law enforcement officer, victim / designee, hospital staff or other party will call dispatch to request that the VAU be activated. The Dispatch Sergeant or other Communications Bureau personnel will page the on call victim specialist.
   2. The VAU will respond to the requested location within 30 minutes (weather and traffic permitting).
   3. The VAU will prioritize the response; the first priority being safety, and will address the immediate needs/concerns of the victim. The VAU takes care to ensure the victim understands that their conversations are not confidential and that the VAU is an agent of the police department, therefore the team member needs to pass information shared with him/her to the police officers and/or detectives involved, if it is pertinent to the case.
   4. The VAU will answer questions about law enforcement procedures and offer crisis intervention services. The VAU provides referrals to victim compensation and appropriate community-based programs for ongoing counseling and case management services.
5. The VAU may accompany the victim to the hospital emergency department (ED) in the police car, or will travel there in his/her vehicle and meet the victim at the hospital ED.

   - The majority of sexual assault victims are transported to Denver Health Medical Center for medical care and forensic exam. The VAU may respond to other hospital ED’s throughout the metro area as well. In every case, the VAU will attempt to accomplish a smooth transition to hospital personnel for medical services, and will continue to be available to the victim and his/her family and/or friends, as they may request or require.

   - The VAU does not accompany victim during forensic evidence collection exam except as a last resort, with VAU supervisor approval and only with the consent of the medical staff present. This practice is discouraged due to the lack of confidentiality between VAU personnel and the victim (as previously noted) and will only take place once this lack of confidentiality has been thoroughly explained to the victim in the presence of medical personnel and the victim still requests the VAU presence.

6. The VAU may stay at the hospital to continue crisis intervention, arrange safe transportation home, explain the Sex Crimes Unit interview procedure, and provide referrals. Follow-up contacts are attempted by phone and by mail, offering additional services and referrals.

7. Transition to community-based services for case management and ongoing counseling is accomplished through active collaboration with RAAP case managers and hospital social work staff. [If the victim is a juvenile, the VAU will provide the Denver Children’s Advocacy Center (DCAC) as a resource as well.]

B. Additional Services

1. The VAU will collect all sexual assault incident reports from Versadex in order to provide outreach via telephone contact and mailed information within 24 hours. Mailed inserts include a RAAP hotline card, “Your Rights as a Victim of Crime” brochure, (DPD form 168) and “A Guide for Victims of Sexual Assault”. [If the victim is a juvenile, the VAU will send out a juvenile-specific letter that outlines age appropriate resources. This information is documented on the VAU sexual assault incident outreach report.]

2. The VAU will respond to requests for information from sexual assault victims who have not reported to the police regarding the reporting process, information, and referral to community resources.

3. The VAU may assist Sex Crimes Unit Detectives in their work with victims by providing accompaniment and support before and after victim interviews, line-ups, or other investigation procedures. Intervention with a victim responding to police Headquarters who has been issued an “Order-In” or “Request to Appear”, prior to the interview with the detective, will only occur with the consent of the detective or DPD Command personnel. Otherwise, intervention and/or other assistance will occur when the interview, etc. has been completed. The VAU may be helpful to detectives by responding to victim’s requests for updated case information, or providing emotional support during the investigation phase of the criminal justice process.
Medical Response

Denver Health Medical Center (DHMC)

Mission Statement: Denver Health is an integrated, high quality healthcare system serving as a model for other safety net institutions across the nation. Our mission is to:

- Provide access to the highest quality health care, whether preventative, or acute and chronic.
- Provide life-saving emergency medicine and trauma services to Denver and the Rocky Mountain region.
- Fulfill public health functions as dictated by the Denver Charter and the needs of the citizens of Denver.
- Provide health education for patients.
- Participate in the education of the next generation of health care professionals, and
- Engage in research, which enhances our ability to meet the health care needs of Denver Health system patients (Denver Health Pulse, 2010).

Colorado Sexual Assault Nurse Examiner (SANE) Mission Statement: To avoid further trauma to all sexual assault victims in the healthcare environment by

- Providing a compassionate and sensitive approach.
- Providing a timely medical/forensic examination with complete evidence collection.
- Providing a consistent caregiver throughout the exam.
- Providing referral for follow up care and counseling.
- Providing expert witness testimony.

(A SANE Approach, Colorado Sexual Assault Nurse Examiner Training & Education: Course Material, 2006)

SANE Definition:

A SANE is a professional registered nurse who has been specially educated and trained to provide comprehensive and compassionate care to victims of sexual assault. They demonstrate clinical competence in the collection of forensic evidence from child and adult survivors as well as suspects. The SANE has the ability, knowledge and experience to provide expert witness testimony in a court of law (A SANE Approach, Colorado Sexual Assault Nurse Examiner Training & Education: Course Material, 2006).

SANEs work collaboratively with law enforcement, prosecution, the Denver Health Medical Center Emergency Department staff and community victim advocate agencies. Denver Health Medical Center Emergency Department is a Level I regional trauma center staffed around the clock by physicians, nurses and clinical social workers.

The SANE responds to the Emergency Department when a sexual assault victim presents for medical treatment, crisis counseling and evidence collection. The SANE program maintains staffing to ensure 24-hours a day, seven days a week availability.
Hospital Emergency Department Procedures:

A. Intake:
   1. Sexual assault patients will be placed in a private room upon arrival.
   2. Expedited treatment is provided to sexual assault patients from the emergency department physicians, nurses and clinical social workers.
   3. In-house SANE and the Clinical Social Worker will be notified of the patient’s arrival or the Clinical Social Worker will respond and notify the on-call SANE who will respond within 60 minutes of call.
   4. Police will be notified by the SANE or the charge nurse if the assault has not been reported.
   5. The SANE or Clinical Social Worker will speak with law enforcement prior to the examination taking place.
   6. Hospital personnel will be responsible for obtaining consent for medical treatment. The SANE will be responsible for obtaining consents for the medical-forensic evaluation and evidence collection and release of information.
   7. Consent must be given by the patient in order to have a non hospital-based; family member, friend or support person present during the medical and forensic examination.

B. Medical Examination:
   1. Emergency Department Clinical Social Workers will explain the roles of all personnel involved during medical and evidentiary examinations.
   2. The primary role of the medical staff is to address all immediate medical concerns of the patient, including performing a general physical examination and taking a medical history while being culturally sensitive to the needs of each individual patient.

C. SANE Evaluation:
   1. After medical clearance by the physician and nursing staff, the SANE will conduct the medical-forensic examination according to the national, state and hospital protocols.
   2. SANE will discuss with the patient all options of the examination process, reporting and non-reporting, STI prophylaxis and pregnancy prevention. HIV testing and treatment and Hepatitis B vaccines are done on an individual basis.
   3. SANE will secure the evidence and maintain the chain of evidence until the sexual assault evidence kit (SAEK) is in the custody of law enforcement.

D. Discharge from the Emergency Department:
   1. The patient will be offered shower facilities and clean clothing.
   2. SANE and Clinical Social Workers will follow established guidelines for making referrals for follow-up medical and support services.
   3. SANE and Clinical Social Workers will facilitate transition to ongoing victim services.

DHMC Response in Detail

A. Intake
   1. The patient will be assigned to a private evaluation room on arrival to the emergency department. Emergency department Clinical Social Work will respond and will ensure that the patient and family members are provided with support and crisis intervention counseling. The Clinical Social Worker will define the roles of all
personnel and the care each will deliver. Emergency department staff will inquire as to the cultural needs or preferences of the patient.

2. Patients seen at Denver Health have the right to free language interpreter services. Patients may decline our offer of free interpreter services and use a friend or family member if it does not compromise the effectiveness of care or violate the patient’s confidentiality.

3. The emergency department medical staff will expedite the treatment of patients presenting with the complaint of sexual assault and provide immediate care of trauma and medical issues. As the SANE is specifically trained in sexual assault adult/adolescent response and evidence collection, the SANE will complete the medical-forensic examination. This will include a medical-forensic history, head-to-toe-examination to include digital photographs of injury, evidence collection and detailed genital examination with colposcopic evaluation and photographs.

4. SANE is in house or on call 24/7. In-house SANE is called immediately upon the patient’s arrival to the emergency department and will help Clinical Social Work coordinate steps of reporting, medical treatment and evidence collection. On-call SANE will respond to the hospital within 60 minutes after receiving the call from the Emergency Department Social Worker indicating that a sexual assault patient has arrived to the hospital.

5. If Denver Police or any other law enforcement agency is not present with the patient on arrival, they will be notified by the staff via Communications Bureau and with the patient’s permission, advocacy (RAAP, VAU or any relevant agency) will also be notified. The patient will be given options regarding reporting to law enforcement, evidence collection and treatment. The examination and evidence collection process is the sole decision of the patient. However, it is important the patient know of mandatory reporting within the hospital system even if they decline reporting to law enforcement.

6. SANE and/or Clinical Social Worker will speak with law enforcement before the examination to confer if any specific evidence or urine for Drug-Facilitated Sexual Assault is needed. Urine can be obtained up to 24 hours after the incident and will be collected and placed in the refrigerator or handed directly to the officer.

7. Urine will not be collected for Drug-Facilitated Sexual Assault after 24 hours due to rapid metabolism and excretion through the body system. Drugs used for the purpose of sexual assault are generally out of the body system after 24 hours.

B. SANE Evaluation:

1. Informed consent will be a continuous process. All procedures will be explained and discussed in detail before it is done. While the patient will be given the option to decline any or all of the procedures, the patient will be informed on the reasons as to the importance of collecting all parts of the evidence collection kit.

2. SANE will conduct the forensic examination in accordance with established national, state and hospital protocol. Sexual assault examinations can be done up to seven days post-assault. However, evidence is best when collected within 72 hours post-assault.

3. Evidence will be secured to maintain chain of custody until it is received by law enforcement. For Denver Police, the kits and related documentation will be locked in the designated refrigerator. For any outside counties, kits and documentation will be
handed directly to the officer. A chain of evidence form will be signed by the nurse when locking the kit in the refrigerator or handing it to officers. The chain of evidence form will then be signed by the receiving officer or when the kit is picked up.

C. Discharge from the Emergency Department
1. The patient will receive community resource information specific to sexual assault by the Clinical Social Worker prior to discharge. Patient information is available in English and Spanish and will include the name of the Clinical Social Worker, SANE, billing information, victim compensation and contact information for VAU and RAAP. If the patient was not able to speak with community advocates while in the hospital, a signed release of information will be obtained for the purpose of patient contact at a later date.
2. Patients requiring specific interpreters will be offered that service through the Language Line. Spanish interpreters may be available in-house depending on the time of day.
3. Every sexual assault patient will be offered a shower, clean clothing and treatment for STI and pregnancy prophylaxis. The SANE will discuss medical treatment for follow up. The Clinical Social Worker will provide community resources, and the SANE will answer any questions the patient might have prior to discharge from the emergency department.

Other Denver Area Hospitals
Sexual assault survivors may present at other hospital emergency departments. The standard of care suggested at any Denver area hospital emergency department is:
- Contact law enforcement from the jurisdiction in which the crime occurred. Give officers an opportunity to interview the victim privately. Medical staff may call VAU by calling dispatch (720-913-2000) or officers may be requested to have VAU respond to the hospital.
- Assess and address the medical needs of the patient.
- Observe pregnancy and STI prevention protocols as recommended by the CDC for the sexual assault patient.
- A qualified medical professional will conduct the forensic evidence collection exam and maintain chain of custody of evidence or with the patient’s permission, arrange for the patient to be transferred to a hospital that provides SANE services.
- Contact and dispatch victim support services.
- Provide referrals for follow-up medical care and support services. Hospitals will keep a supply of forensic evidence collection kits and will contact the Colorado Bureau of Investigation or DPD crime lab to maintain the supply. Law enforcement will wait (or return) for the completed evidence kit and will deliver it directly to the DPD Property Bureau.
Drug-Facilitated Sexual Assault
Interagency Response Protocol

The procedures described herein are adopted with the signing of the Denver Sexual Assault Response Protocol by the Denver Police Department, the Rape Assistance and Awareness Program and Denver Health Medical Center.

The collection and analysis of blood and/or urine is indicated when the victim’s report and/or observable symptoms suggest that drugs may have been used to facilitate the sexual assault. Victim advocates, physicians and SANE nurses will advise victims to tell law enforcement immediately if they suspect drugs may have been used to facilitate a sexual assault.

The basic symptoms of drug exposures may include: tremors, hallucinations, loss of muscle coordination, anxiety, nausea, severe headache, blurry vision, dizziness, black-outs, loss of speech, loss of memory, slurred speech, confusion, impaired judgment, extreme thirst, chills, extreme exhaustion, coma or death.

Symptoms of a drug-facilitated sexual assault (DFSA) may include: loss of memory, nausea, vomiting, extreme fatigue/exhaustion, sluggishness for days, unexplained aches and pain in genitals or other places, coma or death.

Symptoms consistent with drugs used to facilitate sexual assault may include:
- Alcohol – sleepiness, blackouts, loss of memory
- Rohypnol – hypnotic effect, slurred speech or speechlessness, blackout, loss of memory
- GHB – unconsciousness and fluctuating mental status
- Ketamine – hallucinations, loss of memory, anesthetic “zombie” effect
- Ecstasy – thirst, dehydration, stimulated emotions, muscle spasms, sweating, rapid eye movement, hallucinations, rapid heart rate, hypertension and seizures.
- Benzodiazepines (prescription sedatives)—lethargy, sleepiness, lack of coordination, and slurred speech.

Protocol
1. The SANE, in consultation with the victim, will determine the need for blood and urine analysis to rule out a drug-facilitated sexual assault. An analysis is typically collected within 24 hours of ingestion.
2. DHMC will obtain a separate signed consent from the victim.
3. DHMC will utilize Drug-Facilitated Sexual Assault Evidence Collection procedures.
4. If the responding officer is still present, DHMC will give the officer the urine analysis to deliver to the Property Bureau where it is stored in a freezer. If the responding officer is not present, the urine analysis will be locked in the designated refrigerator for a later pick-up by a DPD Detective.
5. Sex Crimes Unit Detectives will use CDPHE lab for testing and analysis.
DFSA in Unreported Sexual Assaults
The Colorado Division of Criminal Justice is in the process of creating statewide protocols to cover the cost of necessary testing in cases of suspected drug facilitated sexual assault when the victim is declining cooperation with law enforcement. Once the state and Denver policies have been determined, the information will be inserted into this section.

Unreported Sexual Assaults
Interagency Response Protocol

Victims of sexual assault who wish to obtain a forensic medical exam but do not wish to participate in the criminal justice system may do so pursuant to C.R.S. §18-3-507.5. The law was enacted in part because there is often a delay in reporting sexual assault to authorities due to the intricate dynamics of the crime including guilt, shame, fear, cultural implications and disbelief. The law requires that law enforcement collect and store the sexual assault evidence kit. Additionally, the victim is entitled to receive the forensic medical exam at no cost. Obtaining a forensic medical exam prior to reporting allows for the preservation of time sensitive evidence in cases where a victim is uncertain about initiating law enforcement contact.

The following procedures are adopted by the Denver Police Department, Denver Health Medical Center and the Rape Assistance and Awareness Program. To view the full copy of the Denver Police Department Training Bulletin on Unreported Sexual Assaults, please see the Appendix of this document.

Denver Health Medical Center

DHMC Responsibility
1. It is the responsibility of all Denver Health medical staff to offer each patient who has disclosed sexual assault a Sexual Assault Evidence Collection Kit whether they wish to report to law enforcement or not. Evidence will not be collected after seven days of incident.

DHMC Procedure
1. The patient will be placed into a private room immediately on arrival to the Emergency Department.
2. The Emergency Department Social Worker and/or SANE will explain the process of not reporting the incident to law enforcement.
3. Denver Health Clinical Social Worker will:
   - Notify RAAP only after permission has been given by the patient.
   - Provide information about the options of reporting and non-reporting which include:
     - Not reporting and no evaluation or evidence collection, but treatment will be offered for STIs and pregnancy.
     - Reporting and evaluation and evidence collection and treatment.
Not reporting and choosing to have evaluation and evidence collection and treatment for STIs and pregnancy.

4. The investigation from the standpoint of the law enforcement agency will not proceed from this point on. However, the patient will be given:
   - A case number from the law enforcement agency.
   - A copy of the Informed Consent for Sexual Assault Forensic Examination form with the telephone number of the law enforcement agency and case number.

5. The patient will be informed that:
   - The law enforcement agency must be notified.
     i. Law enforcement will respond to Denver Health.
     ii. The patient may or may not speak with law enforcement officers.
   - They are not obligated to speak to law enforcement agency, give any article of clothing or write a statement.
   - They have two years from the date of evidence collection to report to the law enforcement agency. After two years the evidence will be destroyed.
   - They will not be billed for the evidence collection kit; however, they may receive a bill from the hospital for the emergency department visit, treatment (if any) and medication.

6. The examination and evidence collection will be conducted in the same manner as a reporting victim.

7. The SANE will write the CAD# and VAWA on the kit and place a label with the patient’s name on it prior to locking it into the refrigerator.
   - No patient information (SANE chart, diagram or photos) will be sent to law enforcement.
   - The patient must sign a release of information once they have decided to file charges.

8. All prophylactic antibiotics for STI’s and pregnancy will be offered.

9. Follow-up resources will be offered.

**Denver Police Department**

**DPD Responsibility**

1. DPD’s limited involvement with these cases is to collect and store the sex assault kit unless the victim later chooses to make a report through the Sex Crimes Investigations Unit. Responding Patrol Officers’ primary responsibility is to ensure that a Versadex report (Unreported Sexual Assault) is completed and the sex assault kit evidence is collected and handled in a manner that maintains the chain of custody and integrity of any potential evidence collected within the sex assault kit.

2. The purpose of the Versadex report is to generate a G.O., provide the CAD # to the hospital, and for the Department to collect and store the sex assault kit.
DPD Procedure
1. Officers responding to any hospital following the reporting of a sexual assault where the victim has requested that a sexual assault kit be completed but states an unwillingness to proceed with a criminal investigation, will create a Versadex report.
2. The report will be created using the code for Unreported Sexual Assault (9999-6).
3. The Unreported Sexual Assault report shall include the following information:
   - Location of the sexual assault (if known). If unknown, use the address of the hospital where the exam was completed.
   - As much information about the victim known to the responding officer as a person or an unidentified person entity.
   - A brief text narrative explaining the officer’s response.
4. No investigation will occur following the collection and recording of the victim’s name and contact information.
5. Officers shall not collect any physical evidence (i.e. clothing, linens, etc.)
6. Upon completion, officers will collect and transport the sex assault kit to the DPD Property Bureau in the same manner as any other sex assault kit.
   - If processed at Denver Health Medical Center, it is not necessary for the responding officer to wait for the kit to be completed.
   - The CAD/GO Number must be provided to the hospital staff (preferably the SANE nurse conducting the exam).
7. Supervisors in the Sex Crimes Investigation Unit shall maintain the property invoices for the collected sex assault kits.
8. There will be no Crime Lab BEAST number assigned and the Crime Lab will have no record of the evidence.

Rape Assistance and Awareness Program

RAAP Responsibility:
It is the responsibility of the RAAP Hospital Advocate to provide confidential support, accompaniment and advocacy for a survivor receiving a forensic exam and/or medical care, regardless of the survivor’s decision to report the crime to law enforcement.

RAAP Procedure:
1. RAAP will respond to the hospital as outlined in the RAAP section of the protocol.
2. The RAAP Hospital Advocate will provide advocacy to the survivor and support the survivor in their decision to explain the details they feel most comfortable with, as well as in their decision to report or not to report the assault.
Community Victim Services Response

Rape Assistance and Awareness Program (RAAP)

Mission Statement: RAAP’s mission is to eliminate sexual violence by providing services that assist victims of sexual assault and programs that educate the public about preventing sexual violence. RAAP is committed to: Assisting all victims of sexual violence; educating the public about sexual violence and its prevention; and promoting social change in all communities by collaborating with those who respond to sexual violence.

As the primary provider of sexual assault survivor services in the Denver metropolitan area, RAAP seeks to meet the unique needs of each sexual assault survivor through the implementation of direct services, referrals and collaboration with other community service providers.

Direct services for survivors include a 24-hour hotline, case management and advocacy services and counseling. RAAP also conducts educational and outreach programs and can provide expert testimony on issues of sexual assault and trauma. All services are confidential, non-judgmental, and strive to be culturally competent.

RAAP Services
1. Crisis intervention is provided by trained advocates via a 24-hour crisis hotline.
2. Case management services are made available to survivors and may include emergency food and shelter referrals, criminal justice accompaniment and support, 24-hour hospital emergency department response, and other advocacy and support services as indicated.
3. Hospital Advocacy and response services are available through volunteers and staff.
4. Counseling referrals are provided to accommodate the survivor’s expressed needs and preferences.
5. Individual counseling is available.
6. Specialized support groups are available.
7. RAAP Counselors may provide expert testimony in sexual assault cases.
8. Educational and Outreach programs are provided, including self-empowerment and abuse prevention instruction.

RAAP Services in Detail
1. Hotline advocates provide crisis intervention, information, referrals and support to callers. Interventions may include safety planning, access to emergency medical assistance and information about law enforcement and hospital procedures.
   - Hotline advocates discuss options with callers regarding seeking medical attention, making a police report, and consenting to a forensic evidence exam. Hotline advocates will contact a Hospital Advocate to discuss options for transportation and respond to the hospital, if requested.
• Hotline advocates discuss counseling services and victim compensation benefits with callers and assist the caller in identifying a support system. Cultural preferences are discussed and considered when offering referrals.

2. RAAP maintains and updates a list of referrals of qualified mental health providers that is organized by specialty and geography.

3. Case management/victim advocacy services are an enhancement to both the hotline and counseling programs. Case managers provide a link from the crisis to longer-term services and can improve the survivor’s ability to function in the community after the trauma. Case managers may advocate for the victim with landlords, employers, social services, counselors, criminal justice and medical providers.

4. Counseling services are available to all individuals who are survivors of sexual assault, in individual and group formats, on a sliding fee schedule. Survivors will be given an intake and initial assessment by RAAP counseling staff. Counseling services may be available in English and Spanish, and culturally inclusive services will be provided. If there is a counseling waitlist, appropriate referrals will be made when necessary.

5. Sexual assault awareness, prevention education and self-empowerment trainings are provided to the community regularly through educational and outreach programs.

6. RAAP counselors may provide expert testimony in sexual assault cases.

**RAAP Hospital Advocacy Protocol**

Calls may come to a RAAP Hospital Advocate from two sources:

1. A RAAP Hotline Advocate

2. The hospital where the sexual assault victim presents.

**If the call comes from a Hotline Advocate the Hospital Advocate will:**

1. Obtain the victim’s name and phone number from the Hotline Advocate.

2. The Hospital Advocate will follow up with the caller/survivor by phone as soon as possible.

3. Identify themselves to the victim as a Hospital Advocate from RAAP.

4. Ask if the victim is safe. If the victim is not safe, the Hospital Advocate will request the location and phone number of the victim in the event law enforcement must be contacted.

5. Explain that all information the victim shares is confidential. However, the victim will be informed that the Hospital Advocate is a Mandatory Reporter of disclosures regarding thoughts of suicide or homicide or knowledge of child abuse according to Colorado Revised Statutes.

6. Explain the various options available to the victim.

   A. The victim can go to the nearest hospital, in the county where the crime occurred, or to a hospital with a SANE program to obtain a sexual assault examination to collect forensic evidence. The Hotline Advocate will inform the victim that evidence is usually only viable for 72 hours, and while that is the ideal time frame, a forensic exam can often be completed up to 7 days post-assault. The 72-hour time period is also critical for the successful treatment of STDs and pregnancy prevention. The Hospital Advocate will answer any general questions the victim has about what to expect during the exam.

   B. The victim can have the sexual assault forensic exam without making an immediate decision about reporting the crime to law enforcement. The Hospital Advocate will
explain that if the victim chooses to go to the hospital, the hospital’s protocol will require them to notify law enforcement, and the responding officer may want to speak to the victim/survivor in order to authorize the exam. The victim will be informed that if a victim is under 18 and does not want to talk to law enforcement, mandatory reporters (i.e. medical staff, social workers, victim advocates) are required by law to report the incident.

C. Explain that if the client wants to be examined by a medical professional but does not want to go to the hospital, the survivor has the option of going to a medical clinic (i.e. Planned Parenthood) or to a private physician.

7. Inform the survivor of options for reporting the assault to law enforcement:
   - The survivor can go to a hospital in the county where the crime occurred (or the closest hospital if injured and in need of immediate medical attention).
   - Not to shower or douche.
   - Not to change clothes or if that has been done already, to put the clothes worn during the assault in a paper bag (not plastic) and bring the bag to the hospital.
   (Note: The Hospital Advocate will validate the decision of the survivor to bathe or shower if the person has already done so.)

A. Inform the client that in order to qualify for victim compensation the crime needs to be reported within 72 hours of occurrence and an application needs to be submitted within a year of reporting.

B. Explain that if the assault occurred more than 72 hours prior to contacting RAAP and the victim would like to report the crime, an appointment needs to be made with law enforcement in the jurisdiction where the crime occurred (i.e. city police or county sheriff’s department). A RAAP Victim Advocate can usually accompany the client to the police station; however, the victim should be made aware that the Victim Advocate will not be allowed to accompany the client into the interview room at the police station. The Hospital Advocate will discuss options for the client to seek medical attention even if it is too late for evidence collection.

C. Inform the victim that if transportation to the hospital is needed, the victim can contact law enforcement or a friend or family member. Under no circumstances may the Hospital Advocate personally transport the victim to the hospital. A victim who is severely injured should call 911 for emergency assistance. An ambulance will be dispatched and will transport the victim to the emergency room.

D. Offer to meet the victim at the hospital to provide emotional support, information and resources.

E. Upon arriving at the hospital, the Hospital Advocate will explain to security or the triage nurse that they are from RAAP and there to meet a sexual assault victim. All RAAP Hospital Advocates or staff will present identification verifying RAAP affiliation.

If the call comes from a hospital the Hospital Advocate will:
1. Obtain the name of who to check in with at the hospital (i.e. social worker, SANE).
2. Determine if the client needs an interpreter if this need has not already been addressed by the hospital Social Worker.
3. Inquire about any other needs the client may have.
4. Arrive at the hospital within 30-45 minutes or within time recommended by the hospital Social Worker.
5. Upon arrival at the hospital, check in with appropriate personnel (i.e. social worker, security, SANE, etc.). All RAAP Hospital Advocates or staff will present identification verifying affiliation with RAAP.
6. Continue with the same protocol as if the call came from the hotline.

While at the hospital the RAAP Hospital Advocate will advocate for the client in the following ways:
1. Provide crisis intervention and emotional support.
2. Assess the client’s needs and provide appropriate resources and referrals.
3. Help with safety planning and problem solving.
4. Assure that protocols are being followed.
5. Inform client about the availability of RAAP’s follow-up case management and counseling services.

Other Community-Based Victim Services
The agencies listed below have a role in responding to sexual assaults in Denver, are frequent referral resources for RAAP, and are members of the Sexual Assault Interagency Council.

Direct Service Providers
1. Asian Pacific Development Center
The Asian Pacific Development Center is a community-based nonprofit that serves the needs of a growing population of Asian American and Pacific Islander residents throughout Colorado. Services include victim assistance and advocacy, individual and group counseling, interpretation/translation services among many other programs.

2. Colorado Anti-Violence Program (CAVP)
CAVP is dedicated to eliminating violence within and against the lesbian, gay, bisexual, transgender and queer (LGBTQ) communities in Colorado, and providing the highest quality services to survivors. CAVP provides direct client services 24 hours a day which includes crisis intervention, information, and referrals for LGBTQ victims of violence. Some examples of violence include hate crimes, partner abuse, sexual assault, random violence and HIV-motivated violence.

3. The Denver Center for Crime Victims (DCCV)
DCCV is a nonprofit agency that provides services to victims of crime and prevention education. DCCV serves all victims of crime regardless of age, gender, race, religion, sexual orientation, disability or national origin. Services include an emergency crime victim fund, a 24-hour crisis hotline, counseling and support groups. They are also home to the Translation & Interpreting Center. All services are confidential and provided at no cost.

4. Denver Children’s Advocacy Center (DCAC)
DCAC serves children who have been sexually abused, neglected, or traumatized by witnessing violence. DCAC is one of 14 child advocacy centers in Colorado providing friendly, family-supportive services in one central location or close by. DCAC is unique in that it provides bilingual, bicultural services in English and Spanish; services for traumatized children and their
non-offending family at no cost; assessment and treatment services for children ages 1 through 17; specialized assessment and treatment services for very young children ages 1 to 6; child-friendly forensic interviews and evaluations; extended treatment hours on Saturdays, ongoing affordable trainings for parents and professionals; and prevention programs and support services for at-risk children and families.

5. Denver Indian Health & Family Services (DIHFS)

DIHFS provides culturally appropriate services for American Indians/Alaskan Natives living in the Denver Metro area. Services include: basic non-emergency medical care, diabetes case management, women's health, child/adolescent health, men's health, medication, exercise & nutrition and behavioral health (outpatient mental health/substance abuse for adults and adolescents).

6. Domestic Violence Initiative for Women with Disabilities (DVI)

DVI strives to create, promote and support viable alternatives for women with disabilities who are victims/survivors of domestic violence, stalking, caretaker abuse and sexual assault. DVI offers crisis intervention, victim advocacy, peer support, education and awareness, resources, self advocacy and other relevant services.

7. DOVE: Advocacy Services for Abused Deaf Women and Children

DOVE provides culturally appropriate and fully accessible services for Deaf, Deaf-Blind and Hard-of-Hearing victims of sexual assault and domestic violence. DOVE works to empower victims by providing 24-hour crisis intervention, information and referral, and advocacy. DOVE is also committed to changing attitudes which foster and perpetuate violence through community education, outreach and interagency collaboration.

8. Healing from the Heart

Healing from the Heart is a nonprofit counseling agency which provides and facilitates the highest quality mental health services to those seeking help in healing from traumatic incidents, victimization, violence, and other adverse life experiences. Healing from the Heart offers group, individual and family therapy accepting various methods of payment ranging from no-cost to sliding scale fees. Healing from the Heart also provides case management services, courtroom advocacy and serves those in the LGBTQ community as well as adolescents and adults.

9. Muslim Family Services of Colorado (MFS)

MFS is a non-profit organization that provides services while honoring Islamic models and Islamic teaching. Their mission is to help families and individuals be safe, secure and self-reliant through education, services and advocacy. Services include: advocacy in the criminal justice system, crisis intervention and referrals to victim service networks. MFS also provides customized family support through counseling, accessing services, and referral. In addition, they offer short-term individual and family support for emergency needs through emergency funds, as well as referrals for food, clothing and shelter.

10. Project PAVE

Project PAVE empowers youth to end the cycle of relationship violence through prevention, education and early intervention in underserved Denver communities. Project PAVE works with children, youth and families who have experienced domestic violence, child abuse/neglect, sexual abuse, peer or sibling abuse and teen dating violence. Counseling services are provided at Project PAVE and in partner schools; prevention efforts center on educating middle and high school students about dating violence and healthy relationships.
11. **Rocky Mountain Victim Law Center**
The Rocky Mountain Victim Law Center provides free legal representation for victims of violent crime in criminal cases, aiding with the enforcement of both Colorado and Federal Crime Victim’s Rights Acts. We operate as independent legal counsel charged to protect the legal rights and best interests of the victim through a broad-based approach grounded in litigation, creative problem solving, and extensive knowledge of the judicial system. Rocky Mountain Victim Law Center provides pro bono legal case representation, community referrals, training, outreach, technical assistance and consultation.

12. **Servicios de la Raza**
Servicios de la Raza strives to provide and advocate comprehensive culturally relevant human services primarily, but not limited to the Spanish speaking population. Servicios de la Raza operates a Domestic Violence Victim Services Program, which focuses specifically on the Chicano/Mexicano/Latino population regarding both domestic violence and sexual assault. The Victim Advocate works with victims and their families serving as their advocate as they navigate the judicial system, shelters and social service systems. Additional services include counseling, support groups and a 24-hour crisis line.

13. **WINGS Foundation**
Since 1982, WINGS Foundation has provided support, advocacy, and educational services to adult survivors of childhood sexual abuse and their supporters. WINGS holds several therapist-facilitated support groups throughout the Denver metro area, Greeley, and Colorado Springs that are open to any male or female age 18 and over who desires to heal from their childhood sexual abuse experience. They also provide support groups in Spanish and support groups for the loved ones of survivors (spouse/partner, sibling, non-offending parent, adult child, or close friends). WINGS can provide referrals to therapists who have expertise in working with survivors and perform speaking presentations and education events to the community at large.

**Other Service Providers**
1. **Colorado Coalition Against Sexual Assault (CCASA)**
CCASA is a membership organization promoting safety, justice and healing for survivors while working toward the elimination of sexual violence. CCASA provides education, training, and prevention initiatives; influencing public policy; advocating for resources; and promoting offender accountability. CCASA reduces the impact of sexual violence by advocating that each and every survivor is treated with dignity and respect and has full access to quality services.

2. **Colorado Organization for Victim Assistance (COVA)**
COVA is a statewide membership organization committed to fairness and healing for crime victims, their families, and communities through leadership, education and advocacy. By operating in an inclusive and compassionate manner, COVA creates solutions and positive change.

3. **Victim Services Network (VSN)**
VSN is a collaborative network that connects and supports agencies and communities to provide innovative, seamless, and integrated services to victims of crime in Denver, CO. VSN’s philosophy is that there is “no wrong door” through which victims may gain access to services. VSN is built on a foundation of interdisciplinary collaboration, cultural sensitivity, meeting the needs of underserved victims, institutionalization of training for service providers and allied professionals and innovative technology.


Community-based Victim Service Providers
Values and Standards

The subsequent values and standards are adopted by the Sexual Assault Interagency Council community-based victim service partners by signing the 2011 Sexual Assault Response Protocol.

Community-based partners providing direct services to sexual assault survivors agree to adhere to the following:

Core Values
1. Encourage survivor empowerment and self-determination.
2. Maintain client confidentiality and privacy.
3. Treat all clients with fairness, dignity and respect.
4. Sustain a safe and welcoming environment for survivors.
5. Uphold a commitment to diversity and the provision of culturally responsive services.
6. Ensure the needs of survivors are the first priority of the agency and/or victim service department.

Service Provision
1. Provide education and resources to assist survivors in making informed decisions.
2. Provide appropriate referrals to other agencies when necessary and offer to assist the survivor through the process.
3. Inform clients of victim compensation eligibility.
4. Ensure prompt and effective sexual assault response to clients accessing or inquiring about services within a reasonable amount of time (as defined by the agency).
5. Work with the criminal justice system by collaborating with system-based agencies and participating on SAIC.
6. Develop collaborations and partnerships with other providers responding to sexual violence to ensure comprehensive services to survivors.
7. Support staff and agency development by providing staff supervision, ongoing training, and other educational opportunities to ensure effective service provision.

Ethical Guidelines
1. Maintain ethical boundaries with clients by abstaining from personal and sexual relationships.
2. Adhere to child abuse and neglect reporting requirements pursuant to all relevant statutes.
3. Interactions between victim service agencies on behalf of victims will be conducted with the highest degree of professionalism and respect.
4. Engage in the SAIC Resolution process as requested by SAIC.
Denver Department of Human Services

Adult Protection
Mission Statement: The mission of the Adult Protection Section of the Adult Services Division, Denver Department of Human Services, is to provide protective services to adults of Denver City and County who are at risk of abuse, neglect, self-neglect and/or exploitation. Services are designed to help at-risk adults to reside safely in the community, in the least restrictive setting, protecting life, dignity and independence, promoting self-determination, and encouraging maximum self-sufficiency in the least restrictive setting possible.

The at-risk adults who receive these services are those for whom the community support system has become inadequate, and for whom there is no appropriate family or other advocate. Target groups include those who are disabled by physical or mental illness, accident, frailty, developmental disorders, dementia, alcohol or other substance abuse, homelessness, and/or a combination of these and other factors. Protective services, both voluntary and involuntary, are provided to at-risk adults who are unable to protect themselves.

The Adult Protection Section provides assessment, crisis intervention, resource development, direct services, coordination of outside services and evaluation.

The Adult Protection Section can be involved with adult survivors of sexual assault living in assisted living facilities, nursing homes, or in their own homes. Denver Department of Human Services (DDHS) advises hospitals and facilities that are hesitant to report a crime of sexual assault that they have a duty to report the crime to the Denver Police Department. When an adult considered to be “at risk” because of his/her physical or emotional limitations is a victim of sexual assault, Adult Protective Services can act as a support and referral source. Victims can be referred to safe housing if needed. Safe housing resources include Theodora House, Brandon Center, Delores Project, Senior Housing and motel vouchers. DDHS will assist victims in reporting the crime to the police and providing referrals to other agencies such as Denver Center for Crime Victims, Denver Police Department Victim Assistance Unit, the Rape Assistance and Awareness Program, and/or Denver Options.

Child Protection Services (CPS)
Mission Statement: The mission of CPS is to maximize the ability of families to protect and care for their own children, minimize harm, and ensure permanency planning. Safety of the children is paramount.

Colorado Revised Statutes - C.R.S. 19-3-308(4)(a) provides that the county department shall be the agency responsible for the coordination of all investigations of all reports of known or suspected incidents of intrafamilial abuse or neglect. The county department shall conduct the investigation in conjunction with the local law enforcement agency, to the extent a joint investigation is possible and deemed appropriate. Please see the Denver Interagency Child Abuse and Child Sexual Abuse Protocol in the Appendix for further details.
College Campuses

There are many college campuses across Colorado and it is important to understand what will happen if a student reports to a campus official that they or a friend has experienced a sexual assault. Since approximately 1 in 4 women will experience sexual assault from the second year in high school to their second year in college\(^2\), sexual assault on a college campus is a reality. Each Colorado campus is a community in itself and they each have separate procedures and policies for responding to a report of sexual assault. Information regarding each campus’ policy is detailed below with links for additional information.

Dynamics of Sexual Assault on College Campuses

A college campus is a culture and community in itself. While college can be a liberating and engaging experience for students, it is also a place where students may experience an increased risk to sexual assault. This increased risk is due to several factors, including a student’s exaggerated sense of safety and trust for the campus community, the exploration of new interpersonal relationships, the existence of peer pressure and being away from home for the first time. Alcohol and drugs are also prevalent on college campuses and as students grow into adulthood and experience freedoms they may not have previously had, they may attend parties and experiment with these substances. In the state of Colorado, when a person is intoxicated with alcohol or other drugs, they may not be able to give consent to any sexual activity. Alcohol and other drugs can also increase the risk of sexual assault, as alcohol is used by perpetrators to diminish a person’s capacity to consent and remember details of an assault.

There are also a number of barriers students may face on campus that limit their access to support services or recourse on campus. Since campuses are communities in close quarters, there is often a lack of privacy available and this is intensified by the size of a campus and the smaller communities that exist within an institution (such as the Greek system, athletics or student organizations). A student survivor of sexual assault may also decline the opportunity to seek campus assistance for fear that they may be noticed entering or leaving a sexual assault response and support office, a counseling center or a conduct office. Student survivors may also fear disciplinary action for engaging in illegal activity, like underage alcohol use on campus at the time of an assault. Additionally, since most sexual assaults occurring at college are perpetrated by people known to the survivor, it is not unusual that the perpetrator lives on their floor, is in the same class, or is part of their peer group. All of these realities make reporting to college officials extremely difficult.

Student survivors also face the challenge of trying to maintain a “normal” college life while dealing with the trauma of a sexual assault. A student survivor may withdraw from social activities and clubs, have difficulty attending classes and struggle to maintain grades. If the perpetrator is a fellow student, the possibility of a survivor encountering them on campus is likely, therefore leading a survivor to choose to transfer schools or drop out altogether.

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\(^2\)Mary Koss, 1987
While the campus response to sexual assault may vary, certain actions and responses are required by law of institutions of higher education participating in federal student aid programs. Many Colorado campuses now have dedicated offices to support survivors of sexual assault and advocate for them through the process. Please see individual entries below for information. Two of Denver's campuses, the University of Colorado Anschutz Medical Campus (located in Aurora) and the Auraria Campus (which encompasses the Community College of Denver, Metropolitan State College of Denver, and the University of Colorado Denver) have certified law enforcement agencies on campus. Other college campuses do not have certified law enforcement agencies but have Campus Safety/Security forces instead. These include the University of Denver, Regis University and Johnson & Wales. In both cases, campus protocols exist to appropriately respond to reports of sexual assault utilizing collaborations with local law enforcement and other government and community agencies.

The Clery Act
In 1998, federal Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act was passed (originally known as the Campus Security Act). It was enacted in memory of Jeanne Clery who was raped and murdered in her residence hall room in 1986 and is commonly referred to as the Clery Act. The law mandates:

- the disclosure of sexual assault prevention, education and awareness programs;
- the development and implementation of policy and procedures to be followed once a sex offense occurs;
- the provision of timely warnings of potential threats to the campus community;
- the appropriate collection and disclosure of campus crime statistics;
- the advisement of where and how to access information on convicted sex offenders required to register by the state, who are enrolled at or employed by colleges and universities, or who reside in the neighborhood;
- procedures for on campus disciplinary action, regardless of criminal charges; and
- the notification of specific reporting options, rights and services such as those described below:
  - Reporting options and procedures for campus disciplinary action may be available, regardless of criminal charges;
  - The accuser and the accused are entitled to the same opportunities to have others present during a disciplinary proceeding;
  - Options may exist for changes to a victim's academic and living situation;
  - On and off campus counseling, mental health and other services may exist.

Title IX of the Education Amendments of 1972
Title IX is a federal law that bans gender discrimination in education. It is often thought of as applying only to gender equity in athletics, but its application is actually much broader. It applies to gender discrimination on college or university campuses in general, including academics, extracurricular activities and athletics. Title IX requires college or university staff to act once they know or reasonably should know of possible sexual harassment of or
discrimination against students. The college or university must then take “immediate and appropriate steps to investigate or otherwise determine what occurred and take prompt and effective steps reasonably calculated to end any harassment, eliminate a hostile environment, if one has been created, and prevent harassment from occurring again, regardless of whether the student who has been harassed complains of the harassment or asks the college to act.” A 2007 ruling by the Tenth Circuit Court of Appeals (which impacts Colorado colleges and universities), held that sexual assault is a form of sexual harassment under Title IX.

Title IX states that, “no person…shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal assistance.” The U.S. Department of Education, Office of Civil Rights (OCR), is charged with enforcement of Title IX. If a student’s ability to access and participate in any educational opportunity at school is impacted by a sexual assault, and that assault has a connection to the school itself (such as occurring on campus or at a school-sponsored event), a violation of Title IX may have occurred.

For Title IX to apply, the environment created by the sexual assault must rise to a level that is considered severe, persistent and pervasive. If this is found to be the case, then OCR, on the filing of a complaint, will investigate whether the institution had notice of the harassment/assault and whether it took immediate and effective action to stop the harassment, prevent its recurrence and, as appropriate, remedy its effects. Title IX does not hold a school responsible for the actions of individual students or staff members who perpetrate sexual assault or harassment, but rather it holds the institution responsible for its failure to remedy the discrimination once the school has notice.

For additional information on how the OCR identifies areas where institutions could be considered in violation of Title IX standards, and for information on how to file a complaint, visit: http://www2.ed.gov/about/offices/list/ocr/index.html or contact:

Office for Civil Rights/Denver  
U.S. Department of Education  
1244 Speer Boulevard  
Cesar E. Chavez Memorial Building  
Suite 310  
Denver, CO 80204  
Tel.: (303) 844-5695  
Fax: (303) 844-4303

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5 20 U.S.C. §1681(a)
6 20 U.S.C. §1681(a)
Campus Disciplinary Procedures
Each institution in Colorado has a student code of conduct that every student is held accountable to while enrolled at the institution. It varies from institution to institution as to whether students are held accountable for both on and off campus behavior. Please contact the institution’s individual conduct offices or officers for more specific information on jurisdiction. Regardless of whether criminal charges are being filed against a suspect in a sexual assault, a university/college or a victim/survivor may still wish for the case to be heard in a campus conduct proceeding. Campus conduct hearings can happen concurrently to the criminal process and cannot be delayed until the criminal process has been completed. Each institution conducts their processes differently but in all cases, both the survivor and the alleged perpetrator are afforded certain rights:

1. Both parties have the right to privacy and to be treated with dignity;
2. Both parties are allowed to have a non-participating adviser in the hearing;
3. The respondent (alleged perpetrator) has the right to confront his/her accuser;
4. The complainant has the right to be free from intimidation and harassment;
5. Both parties have the right to hear, respond to, and question all witnesses;
6. The complainant (survivor) has the right to a written notice of the outcome of the hearing and cannot be asked to sign a non-disclosure statement for that outcome;
7. Both parties have the right to appeal the decision;

The burden of proof for a campus conduct hearing is a preponderance of the evidence (51% likely the violation occurred) which is less than in a criminal proceeding, and unanimity of the decision making parties is not always required. A student who is found responsible for committing a sexual assault (often termed sexual misconduct on college campuses) can face a variety of sanctions from probation to dismissal from the institution. The victim/survivor does not have to have an affiliation with the campus for this type of action to be considered.

College Campus Response
Council member agencies include the Auraria Higher Education Center, Metropolitan State College of Denver, The Community College of Denver, and University of Colorado Denver, Johnson & Wales University, University of Denver (DU), Regis University and the Art Institute of Colorado. These campuses have provided details of their policies and procedures below. If you would like more specific information, please contact the institution directly.

The Art Institute of Colorado
The Art Institute of Colorado has been educating students in the fields of art, design, technology and culinary arts for over fifty years in Denver. The Art Institute of Colorado recognizes its students as responsible and dedicated men and women who are preparing for career employment. An integral part of their educational, career and professional development is the expectation that they conduct themselves in a respectful and professional manner.
As members of The Art Institute of Colorado community, students have responsibilities and duties commensurate with their rights and privileges. In this policy, The Art Institute of Colorado provides guidance to students regarding those standards of student conduct and behavior that it considers essential to its educational mission. This policy also provides guidance regarding the types of conduct that infringe upon the fulfillment of the college’s mission.

The Art Institute of Colorado is committed to providing workplaces and learning environments that are free from harassment on the basis of any protected classification including, but not limited to race, sex, gender, color, religion, sexual orientation, age, national origin, disability, medical condition, marital status, veteran status or on any other basis protected by law. Such conduct is unprofessional, unproductive, illegal, and generally considered unacceptable behavior. Consequently, all conduct of this nature prohibited, regardless of whether it violates any law.

**Sexual Assault Policies and the Rights of Victims**
The school provides regular workshops on preventing the occurrence of sexual assault, rape, acquaintance rape and other forcible and nonforcible sex offenses. If you request, college personnel will assist in notifying the proper authorities. The Art Institute of Colorado resources are available to assist students with working through the attack and in assisting in identifying independent counseling or mental health services. Victims can also contact the Rape Assistance and Awareness Program for assistance.

**Complaint Procedure**
Students who feel they have been harassed should follow the Student Grievance Procedure for Internal Complaints of harassment or discrimination. Promptly after learning of such alleged conduct, The Art Institute of Colorado will conduct an investigation for the purpose of determining whether prohibited harassment has occurred. Efforts will be made to ensure confidentiality to the extent consistent with the goal of conducting an appropriate investigation. Students who initiate or participate in such investigations in good faith will be protected against school-related retaliation. If an investigation confirms the allegations, The Art Institute of Colorado will take prompt corrective action, which may include discipline, up to and including immediate dismissal.

**Resources**
Campus Security: 303-824-4891  
Dean of Student Affairs: 303-824-4919  
The Office of Student Affairs: 303-824-4909 | Student Support Coordinator: 303-824-4912  
Housing and Residential Life: 303-824-4918  
Student Assistance Program: Wellness – 800-326-6142 (Available to all students, faculty, and staff)
The Auraria Campus
The Auraria campus is home to three institutions of higher education: the Community College of Denver, The Metropolitan State College of Denver, and the University of Colorado Denver. It also houses the administrative branch for the campus, the Auraria Higher Education Center (AHEC) which oversees the facilities and the Auraria Police Department. It houses approximately 48,000 students and has up to 60,000 people visit the campus every weekday.

Sexual Assault Response and Prevention
In 2009, the Auraria Campus launched The Phoenix Center at Auraria, a tri-institutional center dedicated to providing advocacy and support to survivors of interpersonal violence. The Phoenix Center at Auraria can support any student, staff, or faculty member who has experienced a sexual assault on or off campus and can provide free and confidential information and options to assist a survivor with next steps. Please call the 24/7 helpline for help and questions: 303-556-CALL (2255). The Phoenix Center at Auraria works with each institution on the Auraria Campus to ensure that a seamless provision of service is provided to any survivor who reports a sexual assault. In addition to survivor advocacy and response, The Phoenix Center at Auraria provides campus education including large scale events, resource fairs and classroom presentations throughout the year.

Auraria Campus Sexual Assault Policy
In addition to the Phoenix Center at Auraria, all three institutions and AHEC on the Auraria campus adhere to the 2007 Auraria Sexual Assault Policy which states:

“The Auraria Higher Education Center and its constituent institutions prohibit sexual assault, attempted sexual assault and other sexual offenses on property owned or controlled by the Auraria Higher Education Center or its constituent institutions, at institutionally-sponsored or supervised activities, or at functions of recognized student organizations.”

The policy includes information on options, support, and prevention on the Auraria Campus. The full text can be found by visiting: http://www.ahec.edu/policies/ and clicking on the Auraria Campus. Additionally, relevant Community College of Denver policies can be located here: http://www.ccd.edu/ccd.nsf/html/Expectations.

Disciplinary Procedures and Campus Conduct
The policy states: “Penalties for violations of this policy or the internal polices of the Auraria Higher Education Center or its constituent institutions by their employees or students are determined by their specific internal policies and procedures but may include termination or expulsion for instances of sexual assault or attempted sexual assault, and lesser penalties, including suspension, probation and assessment of financial penalties for other offenses, as appropriate.”

Reporting Options
For information on how all three institutions would respond to a reported sexual assault contact The Phoenix Center at Auraria. The Phoenix Center at Auraria acts as a central place for survivors on campus to confidentially learn about their options and what happens if they choose
to report. Speaking with The Phoenix Center at Auraria does not constitute giving legal notice to any institution on the Auraria Campus.

If the alleged perpetrator of the crime is an Auraria student, then there are options to pursue proceedings through each campus’ student conduct office. For information about how each institution will proceed with the campus conduct process please contact the following individuals/Offices:

University of Colorado Denver:
Community Standards and Wellness Office, 303-556-3682

Metropolitan State College of Denver:
Assistant Dean of Students/Judicial Officer, 303-556-4042

Community College of Denver:
Dean of Students, 303-556-3926, Director of Student Life, 303-556-8164 or Title IX Compliance Officer, 303-352-3037.

If the alleged perpetrator is an Auraria employee then there are resources available to survivors through each institution’s Human Resources/Equal Opportunity and Compliance Office. Please contact the following for more information:

University of Colorado Denver: Employment Rights and Compliance Officer, 303-315-2724
Metropolitan State College of Denver: Executive Director or Associate Director of the Equal Opportunity Office, 303-556-3022
Community College of Denver: Human Resources, 303-352-3000
Auraria Higher Education Center: Director of Communications and Institutional Relations, 303-556-8080

Resources
In addition to The Phoenix Center at Auraria, there is a tri-institutional Health Center on campus and each institution on the Auraria Campus has a Counselor or Counseling Center. These areas can provide confidential support and guidance to students who have experience sexual assault.

UC Denver Counseling Center: 303-556-4372
Metro State College Counseling Center: 303-556-3132
Community College of Denver Counselor: 303-352-3199
Auraria Campus Health Center: 303-556-2525
The Institute for Women’s Studies and Services, Metro State College of Denver: 303-556-8441

**Johnson & Wales University**
JWU was founded as a business school in 1914 in Providence, R.I. by Gertrude I. Johnson and Mary T. Wales. From its origins as a school devoted to business education, JWU grew to a junior college, a senior college, and ultimately, university status. The university became well established because of its strong commitment to specialized business education and the high ideals of its founders. A new career emphasis was introduced at JWU in 1973, when the
university announced the opening of what is now known as the College of Culinary Arts and the addition of an associate degree program in that field. Today, the Denver Campus is one of four campuses with our sister campuses located in Miami, Florida; Charlotte, North Carolina; and Providence, Rhode Island. The Denver Campus currently has over 1500 students and offers undergraduate degrees in culinary arts, hospitality and business and is located at the intersection of Quebec Blvd and Montview Blvd in the eastern part of Denver, CO.

**University Sexual Assault Policy**
Johnson & Wales University prohibits sexual assault, sexual battery, and other unlawful sexual activity, and offers programs aimed at the prevention of sexual offenses. These offenses are violations of state criminal law as well as the university’s Student Code of Conduct. In considering sex offenses, the university refers to the laws of Rhode Island, Florida, Colorado and North Carolina. While these laws are complex (containing a variety of technical definitions, distinctions between first- and second-degree offenses, situations constituting statutory rape, etc.), a summary of the basic elements of sexual assault, sexual battery and other serious sexual offenses in all four states would generally encompass the following: nonconsensual or coerced sexual activity; and for the purposes of sexual arousal, gratification or abuse.

**Sexual Assault Response and Prevention**
The single most important thing a sexual assault victim can do is tell someone — the police, a friend, a community-based rape crisis center, a counselor. Here at Johnson & Wales – Denver Campus, support is provided through the Health & Counselor Services, Campus Safety, and Student Affairs Office. Johnson & Wales University takes a proactive stance to educate its student body regarding issues of sexual assault and methods of prevention. Students receive sexual assault education at various times during the academic year. Health & Counseling Services provides support along with counseling for students who have been affected by sexual assault. If needed, above departments can assist in the follow interventions: transportation to medical resources, contact with local authorities, information regarding criminal and civil proceedings and/or the university’s student conduct review procedures, as appropriate, advocacy services, referrals/advice about university and community counseling services and assistance with personal safety concerns.

**University Disciplinary Action**
A sexual assault is a violation of the university’s Student Code of Conduct and reports of sexual assaults by students are addressed through the university’s Student Conduct Review procedures. Any student who admits responsibility for, or is found responsible for, a sexual assault under the Student Code of Conduct will, at a minimum, receive a sanction of suspension, which may last until the victim graduates. To ensure fairness, sensitivity, and respect for the rights of the victim and the alleged violator, the following are applicable to student conduct proceedings involving sexual assaults: (1) The victim has the right to a speedy hearing; (2) the victim has the right to make a “victim impact statement” in addition to an incident report. This statement will be considered by the judicial body if the alleged violator is found responsible; (3) both the accuser and the accused are entitled to the same opportunities to have others present during a disciplinary proceeding; (4) both the accuser and the accused will be informed of the final determination of any disciplinary proceeding brought alleging a sex offense and any sanction imposed against the accused.
Resources
Campus Safety (24 hours a day, 7 days a week): (303) 256-9500
Housing and Residential Education (professional staff member on duty): 303-246-3042
Director of Student Affairs (8:30 a.m. - 4:30 p.m.): (303) 256-9400
Crisis Counseling (after 4:30 p.m. and on weekends). In case of emergency, on-call counselor is available through Campus Safety: (303) 256-9500
Student Affairs (8:30 a.m. - 4:30 p.m.): 303-256-9400
Health & Counseling Services (9:00 a.m. - 4:30 p.m.): (303) 256-9448

Regis University
Regis University, founded in 1877, has been part of the regional community ever since. It currently enrolls more than 15,000 students. The University is comprised of Regis College, the Rueckert-Hartman College for Health Professions, and the College for Professional Studies and offers campus-based classes as well as online programs at the undergraduate, graduate, and doctoral levels. Each of the colleges offers courses at the university’s Lowell Campus in West Denver. The College for Professional Studies also offers courses at six satellite campuses in Colorado, which span from Ft. Collins to Colorado Springs.

Sexual Assault Response
Students seeking support in the aftermath of a sexual assault may contact the Office of Counseling and Personal Development, the Office of Student Life, or the Office of University Ministry (please see contact information below). The Office of Counseling and Personal Development is available to provide referrals to on- and off-campus resources on a student by student basis and provides both crisis and long-term counseling to all full-time Regis College and Rueckert-Hartman College of Health Professions students with no session limits.

Survivors who choose to report a sexual assault have several options. In any situation, assault survivors can report to The Office of Campus Safety and the appropriate law enforcement agency. Survivors who choose to report a sexual assault or attempted sexual assault have multiple options in filing charges through the criminal or court systems. If the accused is a Regis University student, survivors may also file charges in the Regis University student judicial system. Penalties for violations of the Regis University policy “include expulsion for instances of rape, attempted rape or sexual battery, and lesser penalties, including probation and assessment for other offenses, as appropriate.” Survivors may also inform University officials without filing formal charges. For more detailed information about reporting options, please access the complete policy on the university website: http://www.regis.edu/regis.asp?scnt=sl&p1=campsafe&p2=sxp

University Sexual Assault Policy

“The Regis University Standards of Conduct prohibit:
Rape, attempted rape, other non-consensual sexual activity, sexual battery, sexual harassment, including but not limited to, non-consensual verbal or physical conduct related to sex which
unreasonably interferes with an individual's work, educational, or social activities or creates a threatening situation for the individual, on University-owned or controlled property, at University-sponsored or supervised activities or at functions of recognized student organizations. Penalties for violations of this policy include expulsion for instances of rape, attempted rape or sexual battery, and lesser penalties, including probation and assessment for other offenses, as appropriate.”

To access the complete campus sexual assault policy, please go to the university website: http://www.regis.edu/regis.asp?scn=sl&p1=campsafe&p2=sxp

**Prevention and Education Programs**
The Office of Counseling and Personal Development and CHOICES, a student-run group responsible for campus outreach, sponsor multiple prevention and education sexual assault programs on campus. The staff of the Office of Counseling and Personal Development participates in training both professional Residence Life staff and student Resident Assistants to work with survivors and hosts campus-wide prevention and education programs dealing with issues of consent, sexual assault awareness on campus and in the community, and self-defense training. CHOICES works on programming outreach events that deal with sexual assault and relationship violence.

**Disciplinary Procedures and Campus Conduct**
Students who choose to report a sexual assault or attempted sexual assault have multiple options in filing charges through the criminal or court systems. If the accused is a Regis University student, survivors may also file charges in the Regis University student judicial system. Penalties for violations of the Regis University policy “include expulsion for instances of rape, attempted rape or sexual battery, and lesser penalties, including probation and assessment for other offenses, as appropriate.”

**Support for Survivors**
Support for student assault survivors is available through the Offices of Counseling and Personal Development, University Ministry, and Student Life. The Counseling Center provides psychotherapy for all full-time Regis College and Rueckert-Hartman College of Health Professions students, crisis counseling which includes educating survivors about their options within the University and legal systems, and referrals to off-campus resources. The University maintains information on support groups and counseling services in the greater Denver area for all student survivors who wish to receive assistance from off-campus sources.

**Campus Resources**
Campus Safety: 303-458-4122
Office of Counseling and Personal Development: 303-458-3507
Office of Student Life: 303-458-4086
Office of University Ministry: 303-458-4153
Established in 1864, the University of Denver is the oldest independent university in the Rocky Mountain region. We enroll approximately 11,600 students in our undergraduate and graduate programs. The University of Denver is committed to providing a safe living, learning, and working environment. DU’s Department of Campus Safety and the Gender Violence Education and Support Services office work collaboratively to provide prevention and awareness education, victims’ services, and community outreach.

**Sexual Assault Response and Prevention**
The Department of Campus Safety and the Gender Violence Education and Support Services office work with people whose lives are affected by gender violence and the multifaceted problems they face. Advocacy and support services are provided to DU students, staff, faculty, and visitors who have experienced any form of gender violence, including sexual assault.

**University of Denver Sexual Assault Policy**
The University community prides itself on creating a respectful and trusting environment. Therefore the University will not tolerate any form of sexual assault or sexual misconduct. These include incidents in which a person is without the physical or mental capacity to consent. The University of Denver defines Sexual Misconduct as, “Any physical act that is sexual in nature and performed without the effective consent of all parties.” Physical acts include sexual intercourse, sexual contact, and any other act which a reasonable person would associate with sexual conduct. For more information, visit the Department of Campus Safety’s Clery publication located at [http://www.du.edu/campussafety/documents/FortheRecord.pdf](http://www.du.edu/campussafety/documents/FortheRecord.pdf).

**Disciplinary Procedures and Campus Conduct**
At the University of Denver, the Office of Citizenship & Community Standards handles cases involving student conduct, including violations of the Sexual Misconduct policy. Once a complaint of Sexual Misconduct is filed, if the situation involves an alleged perpetrator who is a *current student*, an investigation begins. Once an investigation is completed, the case typically moves to a hearing with the Conduct Review Board to determine responsibility. The complainant (survivor) and respondent (alleged perpetrator) have the right to attend the hearing and participate fully in the Student Conduct Process. Once a decision is made on responsibility, if the respondent is held responsible for the behavior, outcomes will be determined which range in severity. For more details about the Student Conduct Process, please see the Citizenship & Community Standards website at [http://www.du.edu/studentlife/ccs/process.html](http://www.du.edu/studentlife/ccs/process.html).

**Resources:**
The Department of Campus Safety and the Gender Violence Education and Support Services office operate all year round. The sexual assault hotline, formally known as the Sexual Assault Survivor Advocate Network, is in operation 24/7 throughout the year.

The contact information for offices that provide support for sexual assault survivors include:

The Department of Campus Safety - 303-871-2334 non-emergency, 303-871-3000 emergency, [http://www.du.edu/campussafety/](http://www.du.edu/campussafety/)
College Campus Values and Standards
The subsequent values and standards are adopted by the Sexual Assault Interagency Council college campus partners by signing the 2011 Sexual Assault Response Protocol.

Colleges and universities in the City and County of Denver agree to support the following:

Core Values and Beliefs
1. Student survivors often do not disclose within the campus community due to fear of being blamed or disbelieved, therefore college campuses acknowledge the necessity of creating a culture that supports survivors coming forward.
2. Survivors have the right to be treated with fairness, dignity and respect.
3. Anyone can be sexually assaulted and a survivor will not be denied services based on race, religion, culture, ethnicity, national origin, sex, gender, gender identity, ability, sexual orientation or other social identities.
4. Students have the right to access information on sexual violence and campus resources, policies and options. Information should be transparent to assist survivors in making informed decisions.
5. A sexual assault experience is likely to impact a student’s academic success.

Sexual Assault Prevention Initiatives
1. Support and provide awareness and prevention education resources for students, faculty and staff.
2. Promote a safe campus by addressing both the physical environment and social climate.

Sexual Assault Intervention Practices
1. Adhere to confidentiality policies determined by each institution and guided by state law.
2. Allow survivors to request the course of action taken by the institution where possible and when not in conflict with state and federal law.
3. Allow survivors access to support services regardless of behavior prior to or during an assault.
4. Maintain professional roles in sexual assault cases and when necessary, make appropriate referrals for support services, victim advocacy, criminal investigation or other identified needs of each individual survivor.
5. Adhere to statutory obligations in sexual assault cases, including the Clery Act and Title IX.
6. Collaborate with external community-based and criminal justice agencies to promote comprehensive service provision for student survivors of sexual assault.
Law Enforcement Investigations
Denver Police Department—Sex Crimes Unit

The Sex Crimes Unit in the Crimes Against Persons Bureau of the Denver Police Department handles all sexual assaults with one notable exception: sexual assault on a child by a person in a position of trust, which is handled by the Child Abuse Unit.

The Sex Crimes Unit is dedicated to providing victims of sexual assault with a timely, thorough investigation. While the ultimate goal is the arrest of the assailant to prevent others from being victimized, the investigator will strive to be sensitive to the victim’s needs in order to minimize additional trauma. While a proper and thorough investigation must be unbiased, the Sex Crimes detectives approach the task by accepting the victim’s version of the facts, documenting that account, and proceeding with an investigation that explores all leads provided by the victim. When inconsistencies arise, they are addressed with the victim.

In order for law enforcement to successfully investigate the case, detectives need the full cooperation of the victim. During the investigative process the detective will keep the victim up-to-date on the status of the case.

Sex Crimes Unit Procedures
1. Consult with the patrol officer and/or respond to the crime scene, on an on-call basis.
2. Interview the victim.
3. Identify and interview witnesses.
4. Collect and analyze evidence.
5. Conduct a criminal history and background check on both the suspect and victim.
6. Interview the suspect.
7. Arrest the suspect, if probable cause standard is met.
8. Inform the victim of developments in the case.
9. Present the case to the District Attorney Intake Section to determine a course of action.
10. Communicate the DA’s decision to the victim.

Sex Crimes Unit Response in Detail
1. Sex Crimes investigators may be called to consult with the responding officer and/or respond to sexual assault crime scenes when their expertise is needed to supervise the collection of evidence or make an arrest. Detectives and/or their supervisor(s) will respond to crime scenes involving multiple victims, pattern offenses, multiple offenses (burglary, kidnapping, etc.) and when serious bodily injury is sustained.
2. The detective may contact the Victim Assistant Unit to provide support for the victim during the investigations process. The detective and/or the VAU team Victim Specialist will address the victim’s concerns for safety, and will take the steps necessary to accommodate the victim’s needs in the interview, including language interpreters for people with limited English proficiency and ASL interpreters for deaf victims. The detective will identify and document when the victim is an adult at risk and adjust charges accordingly. The detective will inquire about additional cultural needs or preferences and accommodate those as much
as is possible. This meeting ordinarily takes place at police headquarters, but exceptions may be made when necessary. Victim interviews may be video and/or audio tape-recorded.

3. The detective will canvas the crime scene in order to find any witnesses and/or evidence. If possible, the detective will interview the first person(s) the victim spoke to after the assault, regardless of how long ago the assault occurred.

4. Ordinarily, one detective carries the investigation from beginning to end. The detective will employ investigation strategies in anticipation of either a “consent” or “identity” defense. The detective may obtain the 911 tape, medical records, crime lab analysis results, and all other evidence directed by the victim’s account of the crime, including photographs to accentuate sensory and peripheral details which the victim provides. S/he will document the victim’s complaints of pain. The detective may obtain photographs of the scene, and the victim and suspect for present and delayed injuries that document resistance. If the detective wishes to polygraph the victim, approval of the sergeant must be obtained in advance and DPD Protocol for Polygraph Use with Victims will be observed (See Appendix).

5. When the detective has a named suspect, s/he will run a criminal history and background check on that person. A criminal history and background check is also completed on the victim to assure no adverse consequences in a potential prosecution. An NCIC printout relating to both the offender and the victim is included in the case file. Before the suspect is called in for an interview, the detective will employ all viable pre-interview strategies that may elicit admissions and/or corroborate details of the victim’s report.

6. The detective will interview the suspect and document the suspect’s version of the event. Suspect interviews may be video and/or audio tape-recorded. Suspects have a right to remain silent and may decline to be interviewed.

7. The detective will follow appropriate arrest procedures and comply with charging deadlines.

8. The detective (or other SCU personnel) will inform the victim of significant case developments, unless doing so will compromise the investigation, and will respond to the victim’s inquiries regarding the case, in a timely fashion. The detective will present a completed investigation to the District Attorney Intake Section. S/he will communicate the victim’s level of cooperation and willingness to participate in prosecution. S/he will respond to the intake deputy’s requests for additional information and/or investigative steps. If the case is refused at its initial review, the detective presents the case to the second intake deputy to see if the same filing decision is reached. The detective will inform the victim of the District Attorney’s decision regarding the prosecution of the case. The detective will also provide the victim with an SAIC brochure and insert that informs the reader, in general terms, about why cases are declined and where to turn for support, civil action and further information.

Note: Case status is described in five categories: Unfounded; Exceptionally Cleared; Inactive, Not Cleared; Cleared by Arrest; and Warrant Issued. (See Glossary of Terms).

9. If the case is declined, and no charges are pending, the victim can obtain a copy of the investigations file by contacting the Civil Liabilities Bureau. The victim will need to request the file in a letter identifying him/herself as the crime victim and giving the case number (or date of crime, location, and/or suspect name if known). The letter must have a notarized signature.
Prosecution

Denver District Attorney’s Office

Mission Statement: To professionally and competently prosecute crimes and investigate potential crimes on behalf of the people of the state of Colorado and in so doing, to promote justice, advocate for victims’ rights and advise and consult in the deterrence and prevention of crime. The Denver District Attorney’s Office will ensure the open, evenhanded and humane administration of justice.

The involvement of the District Attorney’s Office begins with an Intake Deputy. Charges identified by an Intake Deputy are filed and assigned to Deputy District Attorneys for prosecution. When a Deputy District Attorney receives the case, a team response ensues. The prosecution team consists of the Deputy District Attorney, Victim Advocate, Investigator, and Secretary.

Pre-Filing
Deputy District Attorneys are available to review warrants, to consult with Detectives regarding collecting evidence, the taking of witness statements and case development.

Intake Section
An Intake Deputy provides feedback and consultation to DPD Detectives in the course of case investigations. Once the investigation is completed, the Detective presents the developed case to an Intake Deputy to determine a course of action. An Intake Deputy must decide whether charges will be filed for prosecution.

The standard applied in filing decisions is a reasonable likelihood of conviction. That standard must be met on each and every element of the case. An Intake Deputy is ethically compelled to decline to file a charge for which there does not exist a reasonable likelihood of conviction at trial. The ethical duty exists even when the Deputy assesses the victim’s claim to be truthful. If an arrest was made and the suspect remains in custody, the decision to file must be made within 72 hours of arrest.

Intake Procedures
Intake Deputies:
1. Consult (as needed) with Detectives as they develop cases;
2. Review developed cases to determine a course of action;
3. Return refused sexual assault cases to the Detective for presentation to a second Intake Deputy for determination of whether the second Deputy concurs with the refusal decision.

Intake Response in Detail
1. Detectives are encouraged to discuss their cases informally during the investigation to get preliminary approval or guidance from an Intake Deputy. Deputies and Detectives discuss
the unique elements involved in sexual assault prosecutions, and strive to form collegial relationships that allow for the constructive review of the cases.

2. There are three courses of action an Intake Deputy may take. These include: file the case for prosecution, reject the case to be resubmitted pending additional investigation or refuse filing.

3. An Intake Deputy will identify and document when the victim is an adult at-risk and adjust charges accordingly.

**Sexual Assault Intake**

1. In September of 2009, the Denver DA’s office created the position of Sexual Assault Specialist. It is staffed by a Deputy District Attorney who acts as an on-call resource for the Sexual Assault Detectives. The Sexual Assault Specialist works closely with the Denver Police Department and the Sexual Assault Interagency Council in an ongoing effort to vigorously prosecute sexual assault cases while at the same time offering a voice to victims of these most serious crimes.

2. Additionally, the Denver DA’s office created a specialized sexual assault intake unit. It is staffed by five Deputy District Attorneys who are responsible for consulting (as needed) with the Detectives as they develop cases and for reviewing developed cases to determine a course of action.

3. When a decision is made to not file a case, the Detective will consult with a second Intake Deputy for determination of whether he or she concurs with the initial no-file decision. The DA’s office can only file a case in which there is a reasonable likelihood of conviction. In other words, the prosecution must be able to prove a case beyond a reasonable doubt to a jury. Members of the DA’s office are ethically compelled to decline to file a case for which there does not exist a reasonable likelihood of conviction at trial. That does not mean that the victim is not believed. Rather, there is some reason or reasons that the case cannot be proven beyond a reasonable doubt to the jury at trial.

4. If a victim has concerns regarding a filing decision, the filing Detective will be available for consultation with the victim in order to answer any questions. If the victim has additional concerns or questions re: a filing decision after speaking with the Detective, the Detective will facilitate communication with the Sexual Assault Specialist.

**Filed Cases**

After the filing of charges, the case is assigned to a courtroom and a team response ensues. The prosecution team consists of one or more Deputy District Attorneys, an Investigator, a Victim Advocate and a Secretary.

**Victim Advocate** – After a case is filed, the Victim Advocate first contacts the victim by telephone within two weeks when practicable. The notification letter is sent as soon as the filing information is available. The Victim Advocate further ensures compliance with the Victim Rights Amendment; which includes notification of the critical stages of the
prosecution. The Victim Advocate provides the victim with information, referrals, victim compensation guidelines, support and encouragement during the prosecution process. It should be noted that Victim Advocates in the District Attorney’s Office do not have a confidential relationship with the victim.

**Secretary** – The Secretary updates the prosecution file, prepares discovery and provides clerical support to the prosecution team.

**Investigator** – The Investigator responds to the investigation requests from the prosecution team, including requests for records, witness interviews and further case investigation.

**Deputy District Attorney** – The Deputy District Attorney reviews files, consults with victims, identifies and interviews witnesses, makes a determination regarding feasibility of a plea offer, and prepares and tries the case.

### Prosecution Team Procedures

1. The Victim Advocate will make the first contact with the victim to introduce himself or herself, inform the victim of charges, the Deputy District Attorney assigned, the date, time and location of the preliminary hearing, victim rights information, and referrals for support services. A meeting will be scheduled with the victim and prosecution team in which the victim is given an opportunity to ask questions, talk about procedures, express his or her wishes regarding case outcome. Referrals may be made to community based services such as RAAP and SAIC.

2. The Victim Advocate will maintain contact with the victim by phone and by mail to keep the victim informed of the date, time and place of critical stages of the proceedings.

3. The Victim Advocate will continue to inform the victim of available services, including translation services, counseling, victim compensation, child-care, transportation and additional support services.

4. The Deputy District Attorney shall: a) notify the victim of a motion for bond modification, and b) request that any release on bail or personal recognizance bond include protection orders for the victim.

5. The Deputy District Attorney will consult with the victim in advance of the trial, and, where practicable, will consult with the victim regarding any decisions concerning the case, including decisions concerning the reduction of charges, negotiated pleas, dismissal, or other disposition [outcome].

6. The Deputy District Attorney will file a motion for HIV testing.

7. The DA’s Office will provide a waiting area that is separate from that of the defendant, the defendant’s relatives and any defense witnesses.

8. Every effort will be made by the team to be sensitive to cultural and diversity issues.

9. The prosecution team will endeavor to ensure the victim’s safety throughout the criminal justice process through protection orders and notifications to the victim of any conditions that might compromise victim safety. The victim will be given information regarding the VINE system.
10. If the case is going to trial, the team will meet with the victim and prepare the victim for all aspects of the trial, including direct and cross-examination.

**Sentencing Procedures**

1. In the event of conviction, the prosecution team will inform the victim of his or her right to make an impact statement that will be included in the Pre-Sentence Investigation Report, and of his or her right to attend and be heard at the sentencing hearing.
2. The prosecution team will alert the victim of any post-trial filings and hearings.
3. The prosecution team will inform the victim of the right and the means to receive information from correctional officials and probation officers concerning the imprisonment and release of a person convicted of a crime against the victim.
4. If the victim chooses not to be present for sentencing, the Victim Advocate will contact the victim to provide information about the sentence imposed and any modification made to the sentence.

**Cold Case Sexual Assaults**

**Interagency Response Protocol**

*Through collaboration between several units within the Denver Police Department (DPD) and the Denver District Attorney’s Office, Denver is a national leader in utilizing forensic DNA to solve sexual assault cases committed by a previously unknown assailant. By working together, these Denver law enforcement agencies have investigated and successfully prosecuted cold cases using DNA matches obtained through the national law enforcement DNA database, CODIS (the COmbined DNA Index System). Because cold case sexual assault cases necessitate a separate protocol and victims in these cases have specialized needs, Denver maintains a protocol specifically for cold case sexual assaults and homicides. The following information describes these practices. Once there is a CODIS hit, there is a renewed investigation which may mean locating victims and witnesses or evaluating prior evidence after a significant amount of time has passed after the crime. These and other variables in investigations and prosecutions make it difficult to predict how long the renewed *Cold Case* investigation will take. To view the entire cold case protocol of each agency, contact:*

*Denver Police Department Crimes Against Persons Bureau: (720) 913-6050*
*Denver Police Department Victim Assistance Unit: (720) 913-6035*
*Denver District Attorney’s Office: (720) 913-9000*

Many technological terms are referenced in this section Please see the Glossary for more information.*
Denver Police Department—Cold Case Unit

Cold Case Unit – General Information
Currently, the Cold Case Unit of the Denver Police Department consists of nine detectives and one sergeant that exist as part of the Major Crimes Section within the Criminal Investigation Division. The Cold Case Unit is responsible for the investigation of unresolved sexual assault and homicide cases that meet the cold case criterion.

Post CODIS Hit Investigative Procedure in Brief
1. Upon notification from the Denver Police Department’s Crime Lab that a previously unsolved sexual assault has a CODIS match, the case will be retrieved from archives and reviewed by the Cold Case Unit supervisor or designee for assignment to a Cold Case detective.

2. The initial facts of the case will be assessed to determine two main factors:
   - Compile a full criminal history search of the (biologically) identified offender. This will assist in determining if the identified offender either closely matches the physical (height, weight, hair color, etc.) and race description, of the suspect in question or could be that of a consensual partner to the victim.
   - Verify the identified offender’s custody status (i.e. incarcerated within a detention center or prison facility, on probation, parole or out of custody).

3. In those cases in which the biologically identified suspect is determined to be out of custody, the assigned Cold Case Detective will check to determine if any outstanding warrants exist on NCIC/CCIS (National Crime Information Center/Colorado Crime Information System) for that individual. If a separate warrant is in fact active on the NCIC/CCIS system for the CODIS identified suspect, then the Cold Case Unit supervisor or designee will immediately notify the Denver Police Department’s Fugitive Unit supervisor so that a search and arrest plan can be formulated.

4. For those instances that the CODIS identified suspect is determined to be out of custody and probable cause exists in the “cold case” sexual assault, then an arrest warrant will be issued upon notification of the CODIS match.

Victim Contact
1. Due to the fact that a significant amount of time may have passed between when the initial report of a sexual assault was made and when it is re-opened after a CODIS match is obtained, the Denver Police Department and its members are sensitive to the manner and method used to re-contact the victim. To that end, the Cold Case Unit has on staff a dedicated Cold Case Program Coordinator to assist the detectives with the re-notification process and follow-up victim services.

2. Victim cooperation, along with evidence consideration is critical for the overall success in any criminal investigation. Cold Case investigations are unique in that detectives initiate the contact with the victim instead of the victim contacting the police directly. Therefore, detectives must be mindful that with the passage of time the victim’s age,
marital status, living condition, level of cooperation or interest, etc. evolves. As a result, direct, face-to-face contact with the victim is preferred for re-notification.

3. Circumstances, however, may arise where the assigned detective must first speak with the victim’s family members, spouse and/or friends to locate the victim. In these situations, the detective will not disclose case or victim sensitive information; rather the intent of the contact will be to locate the victim in order to speak directly to him/her.

4. Other acceptable options based on case circumstances to re-initiating contact with the victim include, but are not limited to, phone or mail (traditional or electronic). Once contact is made with the victim, a formal interview will be scheduled. If a victim has moved out of state, the Cold Case Unit supervisor or designee will draft an Out of State Investigative Travel Request for approval through the chain of command so that a face-to-face interview with the victim can be completed. In those instances, when out of state travel will delay the investigative process or is denied, a courtesy interview by the law enforcement agency where the victim currently resides will be coordinated through the DPD Cold Case detective.

5. After the assigned detective completes the victim interview, additional investigative work may become necessary. Examples of additional investigative steps include but are not limited to:

- Locating and interviewing “outcry” or eye/ear-witnesses
- Review previously completed audio and video taped interviews
- Revisit crime scene and document as necessary (i.e. photographs, diagrams, etc.)
- Contact the originally assigned detective
- Submit additional lab request for further analysis of evidence, if applicable
- Obtain Medical Release Form from victim
- Criminal history and background research of the biologically identified offender
- Victimology to determine any association to offender
- Interview biologically identified offender
- Issue arrest warrant
- Complete Court Order to collect confirmation DNA sample from offender

6. Once the assigned detective completes his/her investigation, the case will be presented to the prosecutors assigned to the Denver District Attorney’s Cold Case Unit. At this time, the case will either be accepted for criminal charges or refused. The assigned Cold Case detective will document the reason(s) for refusal within his/her Supplementary Report and the victim will be notified of case disposition regardless of the filing outcome.

Case Dispositions
A law enforcement agency can close criminal investigations through arrest of the suspect or by administrative action. As with any criminal investigation, investigators may assign one of five designations to a case file. These designations are as follows: Cleared by Arrest; Exceptionally Cleared; Warrant Issued; Unfounded; Inactive, Not Cleared. Please see the Glossary for definitions of terms describing the status of a case.
Denver Police Department—Victim Assistance Unit
The Cold Case Program Coordinator is a full-time position assigned to the DPD Victim Assistance Unit. The Cold Case Program Coordinator works side-by-side with the Cold Case Detectives and serves as the primary point of contact for victims, co-victims and family members identified in unsolved sexual assaults and unresolved homicides. S/he is available by cell phone outside of office hours for the Cold Case Unit and the victims or families whose cases have been assigned to the Cold Case Unit.

DPD VAU Cold Case Response in Brief
1. Cold Case Assignment
   - The Cold Case Unit Sergeant will notify the Cold Case Program Coordinator or designee of a CODIS hit or any new activity on an otherwise cold case.
   - The assigned Cold Case Unit Detective will brief the Cold Case Program Coordinator or designee regarding the status of newly assigned cases.
   - The Cold Case Unit Detective will provide the Cold Case Program Coordinator or designee with victim or family contact information.
   - The Cold Case Unit Detective will enlist the Cold Case Program Coordinator or designee prior to contacting the victim or family member of a cold case.

2. Victim and Family Contact
   - The Cold Case Unit Detective and the Cold Case Program Coordinator or designee will jointly meet with the victim or the family of the victim whenever possible.
   - In the event the Cold Case Unit Detective contacts the victim or family over the phone or without the Cold Case Program Coordinator or designee present, the Cold Case Unit Detective will provide contact information for the Cold Case Program Coordinator or designee.
   - Upon contact, the Cold Case Program Coordinator or designee will provide the victim or family with the applicable Cold Case Sexual Assault booklet.
   - In conjunction with the assigned Detective, the Cold Case Program Coordinator or designee will explain the investigative process in any post-DNA hit investigation. The roles of the assigned Detective, Cold Case Program Coordinator and the District Attorney will be outlined as well. Upon acceptance by the DA of the case filing, the Cold Case Program Coordinator will explain the status change of the case and provide the victim with the contact information for the DA’s Victim Advocate.
   - The Cold Case Program Coordinator or designee will conduct a needs assessment with the victim or family and initiate any intervention or victim services required or requested.
   - The Cold Case Program Coordinator or designee will remain available to the victim for ongoing needs related to the case. When appropriate, the Cold Case Program Coordinator or designee is available to the victim on a 24-hour basis.

3. Follow-Up and Ongoing Contact
   - The Cold Case Program Coordinator or designee will serve as the liaison between victims or family and the Cold Case Unit Detective for general follow-up.
- The Cold Case Program Coordinator or designee will provide ongoing victim or family contact and assistance as needed or requested.
- The Cold Case Program Coordinator or designee will maintain regular contact with the Cold Case Unit Detective and provide updates related to all ongoing victim or family contact.
- The Cold Case Unit Detective or cold Case Unit Supervisor will approve all case-specific information that the Cold Case Program Coordinator or designee provides to the victim or family.
- The Cold Case Program Coordinator or designee will document all victim or family contact in Versadex and provide the Cold Case Unit Detective with written documentation of that contact, as requested, for inclusion in the casebook.
- In the event the case remains unsolved, the Cold Case Program Coordinator or designee will maintain contact with the victim or family, as needed or requested, for ongoing support, services and assistance for the victim or family.

4. **Filing Victim Contact**
   - When Cold Case Unit Detectives file charges in previously unresolved cases, the Cold Case Program Coordinator or designee will notify the designated District Attorney Victim Advocate of the case filing. This notification will include victim name, contact information, and any other status information relevant to the case.

5. **Maintaining the Rights of Victims in Cold Cases**
   - Pursuant to the Colorado Victim Rights Act, the Cold Case Program Coordinator will insure that all notification requirements, procedures and any other rights afforded to victims in cold cases are maintained and fulfilled.
   - The Cold Case Program Coordinator will compile a list from Versadex two weeks prior to the beginning of each month of all Felony Sexual Assault and Felony Kidnapping cases that remain unresolved one year from the date the case was reported to the Denver Police Department, and contain, at a minimum, the following information:
     - DPD Case Number
     - Date of Incident
     - Name of Victim
   - The Cold Case Program Coordinator or designee will mail Opt-in letters at least two weeks prior to the anniversary date of the crime to all victims of sexual assault and felony kidnapping.
   - The Cold Case Program Coordinator or designee will maintain a record in Versadex of all Victim Rights Act (VRA) cold cases for any unresolved cold cases (as defined by statute) reported to DPD after July 1, 2006. These records will be updated monthly. The Versadex records will minimally include the following:
     - **Original Case Information**
       - Victim name
       - Case number
       - Date of Crime
       - Victim Contact Information
**Cold Case Information**
- Victim name
- Current contact information
- Case number
- Date of Crime
- Reassigned Detective if available
- Next of Kin (in homicide cases)
- Next of kin contact information
- Date opt-in letter sent (all cases)
- Date Opt-in form returned as undeliverable
- Date request for opt-in letter received

**Denver District Attorney’s Office—Cold Case Unit**

*Mission Statement: To professionally and competently investigate and prosecute previously-unsolved ("cold") cases on behalf of the people of the state of Colorado and in so doing, to promote justice, advocate for victims’ rights and advise and consult in the deterrence and prevention of crime. The Cold Case Unit of the Denver District Attorney’s Office will ensure the open, even-handed and humane administration of justice.*

The investigation of the vast majority of previously-unsolved ("cold") cases is renewed due to a "match" from a DNA database. At the earliest, the involvement of the District Attorney’s Office Cold Case Unit may begin with consultation with the DPD Cold Case detectives to determine which cold cases will be submitted for additional testing. Once a DNA "match" occurs, the Cold Case Unit Deputies may become deeply involved with the renewed investigation.

Without exception, the Cold Case Deputies become involved when the case is presented for filing by one of the DPD Cold Case Detectives. Charges identified by the Cold Case Deputy may be filed and prosecuted by the Cold Case Unit or may be assigned to Deputy District Attorneys outside of the Cold Case Unit for prosecution. When a cold case is filed, a team response ensues. The cold case prosecution team consists of the Deputy District Attorney(s), a Victim Advocate, an Investigator, and a Secretary.

**Pre-Filing**

Cold Case Deputy District Attorneys are available to review warrants, to consult regarding the collection of evidence, witness statements, and case development.

**Victim Contact During Investigation**

In most cases, a dedicated DPD Cold Case Program Coordinator along with a DPD Detective contacts the victim to notify of a renewed investigation. Where appropriate, a Cold Case Unit Deputy District Attorney may meet directly with a victim concerning the investigation.

**Cold Case Unit - Intake Function**

In the course of a cold case investigation, a Cold Case Unit Deputy provides feedback and consultation to DPD Detectives. Once the investigation is completed, the detective presents the
developed case to the Cold Case Deputy to determine a course of action. The Cold Case Deputy must decide whether charges will be filed for prosecution or declined.

The standard applied in filing decisions is a reasonable likelihood of conviction. That standard must be met on each and every element of the case. A Cold Case Deputy is ethically compelled to decline to file a charge for which there does not exist a reasonable likelihood of conviction at trial. The ethical duty exists even when the Deputy assesses the victim’s claim to be truthful. If an arrest is made, and the suspect remains in custody, the decision to file must be made within 72 hours of arrest.

Where the Cold Case Unit Deputy District Attorney declines to file a case, that decision is ordinarily communicated to the victim by the DPD Cold Case Unit. However, if the Cold Case Detective requests the assistance of the Cold Case Unit Deputy District Attorney, the Cold Case Unit Deputy will assist in communicating that decision to the victim.

**Cold Case Intake Procedures**
1. Consult (as needed) with detectives as they develop cases;
2. Review developed cases to determine a course of action;
3. Record prosecution issues on the refusal form when cases are declined for filing.

**Cold Case Intake Response in Detail**
1. Detectives are encouraged to discuss their cases informally during the investigation to get preliminary approval or guidance from the Cold Case Unit Deputy. Deputies and Detectives discuss the unique elements involved in cold case sexual assault prosecutions, and strive to form collegial relationships that allow for the constructive review of successes and failures.
2. There are three courses of action the Cold Case Unit Intake Deputy may take. These include: filing the case for prosecution; rejecting the case, to be resubmitted pending additional investigation; or refusing filing.
3. The Cold Case Unit Intake Deputy will identify the law in effect at the time of the commission of the crime and file charges accordingly.

**Cold Case Unit - Assigned Cases**
After the filing of charges in a cold case, the case may be prosecuted by one of the Cold Case Unit Deputies or it may be assigned to a deputy outside the unit. Either way, the case is assigned to a courtroom and a team response ensues. The prosecution team consists of one or more Deputy Attorneys, an Investigator, a Victim Advocate, and a Secretary.

**Victim Advocate** – After a case is filed, the Victim Advocate contacts the victim on behalf of the DA’s Office. The Victim Advocate further ensures compliance with the Victim Rights Amendment, including the notification of critical stages of the prosecution. The Victim Advocate provides victims with information, referrals, victim compensation guidelines and applications, court accompaniment, support and encouragement during the prosecution process. It should be noted that Victim Advocates in the District Attorney’s Office do not have a confidential relationship with the victim.
Secretary – The Secretary updates the prosecution file, issues subpoenas, endorses witnesses and prepares discovery.

Investigator – The Cold Case Unit Investigator responds to the investigation requests from the prosecution team including, but not limited to, further case investigation and interviewing witnesses. The Cold Case Unit Investigator often assists the DPD Cold Case Detectives with the initial investigation. This procedure is different from the standard procedure followed in non-cold case prosecution, in which the Investigator does not usually work on the case before it is accepted for filing.

Deputy District Attorney – The Deputy District Attorney reviews files, consults with victims and witnesses, makes a determination regarding the feasibility of a plea offer, and prepares and tries the case.

Prosecution Team Procedures
1. If, in the context of the cold case investigation, a Cold Case Unit Deputy has not already communicated with the victim, the Victim Advocate will make the first contact to introduce him or herself, inform the victim of charges, the name of the Deputy District Attorney assigned, the date, time and location of the preliminary hearing, victim rights information, and referrals for support services. A meeting will be scheduled with the victim and prosecution team in which the victim is given an opportunity to ask questions, talk about procedures and express his or her wishes regarding case outcome. Referral may be made to community-based services such as RAAP and SAIC.
2. The Victim Advocate will maintain contact, by phone and by mail, to keep the victim informed of the date, time and place of critical stages of the proceedings.
3. The DA’s Office will continue to inform the victim of available services, including: translation services; counseling; victim compensation; services for children, the elderly, and persons with disabilities who are victims; child-care; transportation; and additional support services. Victim services will be provided in accordance with the existing Cold Case Victim Compensation Policy.
4. The DA shall: a) notify the victim of a motion for bond modification; and b) request that any release on bail or personal recognizance bond include protection orders for the victim.
5. The DA will meet with the victim in advance of the trial, and will consult, where practicable, with the victim regarding any decisions concerning the reduction of charges, negotiated pleas, dismissal, or other disposition.
6. Where appropriate, the DA will file a motion for HIV testing pursuant to §18-3-415, C.R.S.
7. The DA will provide a waiting area that is separate from the defendant, the defendant’s relatives and any defense witnesses.
8. Every effort will be made by the team to be sensitive to cultural and diversity issues.
9. The prosecutor will endeavor to ensure the victim’s safety throughout the criminal justice process through protection orders and notifications to the victim of any conditions that might compromise victim safety. The victim will be given information regarding the VINE system (See Appendix for VINE information).
10. If the case is going to trial, the team will prepare the victim for direct and cross-examination.

**Sentencing Procedures**
1. In the event of conviction, the prosecution team will inform the victim of his or her right to make an impact statement that will be included in the Pre-Sentence Investigation Report and of his or her right to attend and be heard at the sentencing hearing.
2. The prosecution team will alert the victim of any post-trial filings and hearings.
3. The prosecution team will inform the victim of the right and the means to receive information from correctional officials and probation officers concerning the imprisonment and release of a person convicted of a crime against the victim.
4. If the victim chooses not to be present for sentencing, the Victim Advocate will contact the victim to provide information about the sentence imposed and any modification made to the sentence.
5. The Victim Advocate will provide debriefing after a trial, for the victim and victim’s family, regardless of the verdict.

**Denver District Attorney’s Office—Crime Victim Compensation**
The Crime Victim Compensation Board in the 2nd Judicial District began considering how best to make a limited and specific exception to the statutory one year deadline for filing a Crime Victim Compensation claim in response to the increased investigation and prosecution of “cold” cases. The intent of this policy is not to remove the one year statutory deadline for all crime victims, or in all cold cases but, rather, to respond in a limited way to the expanded use of DNA evidence in solving and prosecuting crimes. The Board believes that victims may suffer renewed trauma and may benefit from therapy when contacted by law enforcement pursuant to the investigation of a known suspect or by prosecutors preparing for a criminal trial. The Board then expanded the list of victims who are covered by this policy to included additional groups.

**Crime Victim Compensation Program Response in Detail**
1. In cases in which one of the four criteria in the paragraph below is met, the Board will consider an application for Crime Victim Compensation that is submitted after one year under the following circumstances:
   - The Board will only consider a request for therapy for the primary victim(s);
   - The crime must have happened in the 2nd Judicial District after July 1, 1982;
   - The applicant must have reported the crime to law enforcement when it occurred in accordance with existing statute; *(please see Appendix IX)*
   - The victim must cooperate in the investigation and prosecution of the crime.
   - The victim of a cold case who is requesting services must be the victim of a case that is being prepared for presentation to the District Attorney, that has been presented to the District Attorney, or in which charges have been filed by the District Attorney.
2. The Crime Victim Compensation Board in the 2nd Judicial District recognizes that circumstances exist in which a crime victim may apply for Crime Victim Compensation outside the statutory criterion of one year. The Board is aware that changes in science and evidence collection have increased the ability of law enforcement and the District
Attorney to identify and charge suspects on “cold cases.” In addition, victims compelled to testify pursuant to CRE 404(b), and who fit the above criteria, but who are not the primary victim in the crime being prosecuted, may also wish to seek therapy at the time of testimony. This may also be true of cases that are on appeal or are returned to the District Court as the result of appeal. Primary victims who were children at the time of their victimization but who wish to seek therapy as adults may also be considered.

**Courts**

Sexual offenses may be heard in one of four court settings, depending on the severity of the crime and upon the age of the offender.

**Municipal and County Courts**

All cities with 2000 or more people in the State of Colorado have the right to set up courts to deal with city matters. Municipal courts deal with violations of city ordinances committed within the city limits. In some municipal criminal prosecutions the defendant has the right to trial by jury although the majority of municipal criminal cases are not resolved in this manner. Regarding sex offenses, cases such as threats of sexual assault or sexual assault harassment may be heard in municipal court.

Generally, however, municipal courts are not empowered to make determinations relating to violations of state laws. Because Denver is a city and a county, Denver County Court and Denver Municipal Court are merged. Thus, the Denver County Courts are empowered to determine municipal matters. However, the majority of criminal cases filed in the county courts involve misdemeanor violations of state law. In addition to the sex offenses above, unlawful sexual contact is also prosecuted in the county court. Both municipal and county court decisions can only be appealed to the district court.

**District Courts**

There are 22 judicial districts in Colorado. A judicial district can be comprised of one or more counties. The City and County of Denver makes up the Second Judicial District. Each county has a district court and a county court. The district courts have the authority to handle many types of cases, including civil claims in excess of $15,000, domestic and felony criminal matters (including felony sexual assaults). Denver has separate courts to handle juvenile, probate, and county court cases. A decision of the district court can be appealed to the Colorado Court of Appeals or, in very limited cases, directly to the Colorado Supreme Court. The Colorado Supreme Court has discretion whether or not to accept an appeal from a decision of the Colorado Court of Appeals.

**Juvenile Court**

Denver Juvenile Court is unique in that it is a legislated court designed to handle only juvenile matters (e.g. delinquency, dependency and neglect, relinquishment of parental rights). In all other jurisdictions, juvenile matters are heard in District Court. Denver Juvenile Court has the
same authority as a District Court. Magistrates may be assigned to assist District Court judges with the juvenile docket. Magistrates may not hear jury trials or juvenile transfer hearings. A juvenile case may be transferred to adult court if it meets specific criteria. If a juvenile case is transferred to adult court, that juvenile is considered an adult and is subject to adult sanctions. Juvenile courts hear cases with charges ranging from misdemeanors to felonies.

Probation
(Excerpted from Recommended Approaches for Working with Victims of Domestic Violence and Sexual Assault: Division of Probation Services: Colorado Judicial Branch, 2003)

Statement of Common Ground:
“Colorado Probation is committed to public safety and victim and community reparation through offender accountability, offender skill and competency development and service to the community.” (Probation Advisory Committee, February 7, 2003)

“Probation in Colorado acknowledges that offenders convicted of offenses involving unlawful sexual behavior pose a unique risk to the community.” (Standards for Probation, Colorado Judicial Branch, July 2002, Section 1.9) When sentenced to Probation in Colorado, sex offenders are assessed, assigned a supervision level and supervised according to the State Court Administrator’s Office guidelines and local Probation Department’s policies and procedures. Domestic violence offenders are assigned a supervision level based on risk and supervised according to the State Court Administrator’s Office and local probation department’s policies and procedures.

Brief Summary of Probation Procedures:
1. The Probation Department completes a Pre-Sentence Investigation Report (PSIR) when ordered by the Court.
2. Screening and assessment tools are used as part of the PSIR process.
3. When possible, a victim interview may be conducted for the PSIR. Even if the PSIR is waived, the District Attorney is required to submit a victim impact statement to the court.
4. The PSIR is provided to the District Attorney’s Office, the Defense Attorney and the Court.
5. Judges may grant probation to an offender.
6. Terms and conditions of probation are defined in statute and established through court orders.
7. The probation department monitors compliance with probation conditions and implements sanctions for non-compliance.
8. The Victim Services Officers (VSO) provide the victim with information regarding their right to be notified of changes in status and critical stages of probation processes.

Probation Procedures in Detail:
1. Judges order a Pre-Sentence Investigation Report. The Probation Department is responsible for preparing the PSIR. Probation may receive a case when an individual is charged with an offense where the underlying factual basis is domestic violence, a sex
offense, when a history of sexual offenses are identified during an offender’s supervision for other crimes, when there is a factual basis for domestic violence or a sexual offense but the guilty plea is to a crime other than domestic violence or sexual offense, or when an individual is charged but not convicted of a sex offense yet there is a record of prior sexual offense(s).

2. Clinically valid and reliable screening and assessment tools are used to determine the offender’s level of risk and treatment needs as part of the PSIR process. Sex offenders receive a psychosexual evaluation, which may include either an Abel screening or An Affinity screening, and a polygraph or a plethysmograph. As a part of the psychosexual evaluation, assessments are completed to determine whether or not the offender should be considered a sexually violent predator as pursuant to C.R.S. 18-3-414.5 or in the case of a juvenile to determine the juvenile’s level of risk to re-offend in the community. Please see the appendix entitled, “Relevant Statutes.” Domestic violence offenders complete the Domestic Violence Screening Instrument (DVSI) and the Spousal Abuse Risk Assessment (SARA). An interview with the offender elicits other social, educational and vocational information. A state and federal criminal background check is completed on adult offenders. The results of this information may be used to determine if the defendant is appropriate for community supervision and what sentencing recommendations should be provided.

- **Domestic Violence Offenders** may be assessed utilizing either the behaviorally specific instruments (DVSI, SARA) or the standardized offender assessment instruments (SSI, LSI, and ASUS). Domestic Violence offenders assessed using the DVSI and/or SARA should be assessed in accordance with the training and guidelines as issued by the Office of Probation Services.

- **Sex Offenders** are assessed according to relevant guidelines. Felony domestic violence offenders and sex offenders who require an ASUS must also have an LSI completed to derive the recommended drug/alcohol treatment level. *(Standards for Probation, July 2002)*

3. When a Victim Impact Statement and/or other information regarding the impact of the crime on the victim has not been obtained and/or is not available from the District Attorney’s office, the Victim Services Officer or the investigating Probation Officer will contact the victim by phone or by mail to determine whether the victim would like to submit a victim impact statement. The Victim Services Officer or Probation Officer will ask the victim to describe the impact of the crime and to indicate what he/she would like to see happen. This information is included in the PSIR. The Victim Services Officer or Probation Officer informs the victim that this information is not confidential and that the District Attorney, Court and Defense Attorney all receive copies of this report.

4. When a PSIR is ordered, the PSIR is required to be delivered to the District Attorney, the defense attorney and the court a minimum of 72 hours (3 business days) prior to sentencing *(Colorado Probation Standards, July 2002)*. The PSIR might not be ordered in some cases, such as when a PSIR was done in another jurisdiction for a concurrent offense, or there is a request by both the defendant and District Attorney to waive the PSIR, this must be approved by the court.

5. Judges may grant probation to an eligible domestic violence and/or sex offender. Duration of probation is determined by statute and/or by court order.
6. The Sentencing Order, or the Mittimus, establishes the length of the sentence and what the defendant must pay and/or do to satisfy the sentence. These conditions are added to the Terms and Conditions of Probation that govern the defendant while on probation. The Terms and Conditions of Probation are signed by the sentencing Judge, the probation officer and the defendant, or in juvenile cases by the juvenile and the juvenile’s parent(s) or guardian(s).

7. Compliance with the terms and conditions are most often monitored through face-to-face contacts with the defendant and their family, court record reviews, and contact with treatment providers and employers. Frequency of contact is determined by the defendant’s risk or supervision level. Non-compliance results in sanctions; these may include additional conditions, extensions to probation or a probation revocation.

8. Probation services include a victim assistance component with specific protocols for notification and assistance for victims of domestic violence and sexual assault. An initial letter often followed by a telephone contact informs the victim of their right to receive notification. Victims must “opt-in” to the probation victim services program in writing. It is the responsibility of the victim to keep the victim services program updated with current address and phone numbers. The VSO will provide the victim with terms and conditions of probation, names and addresses of supervising probation officers, and expected termination date, as well as notification of changes in status and critical stages of probation processes, including:
   - modification of probation
   - probation revocation hearing
   - filing of any complaint, summons or warrant by the probation department for failure to comply with court orders or because the location of a person convicted of a crime is unknown (abscond)
   - change of venue for juveniles or transfer of probation supervision from one jurisdiction to another and courtesy supervision for adults
   - request for any release from probation supervision prior to the expiration of the original sentence (early termination)
   - death of the person while on probation
   - release or termination from probation (sex offenders released from probation are required to continue to comply with sex offender registration requirements until the judge orders them not to).

Post-Sentencing

Post-sentencing services are necessary in order to provide a continuum of case status information and access to support services for the victim when the convicted offender seeks appellate review or attacks the conviction or sentence. Victims are entitled to be informed about and participate knowledgeably in the post-sentencing criminal justice process. If a person convicted of a crime against a victim seeks appellate review or attacks the conviction or sentence, the District Attorney or the Office of the Attorney General will inform the victim of the status of the case and of the decision of the court.
The appellate process can be unsettling for victims and their families; the long awaited “end” of
the criminal justice process is tenuous instead of final. The appellate process begins 45 days
after sentencing and goes on indeterminately.

Attorney General’s Office

The Appellate Unit
If a person convicted of a crime against a victim seeks appellate review of the judgment of
conviction or sentence, the victim services coordinator of the Attorney General’s (AG) Office
will provide the victim with notifications, updates and referrals. The AG victim advocate sends
notification to victims at the time the case is received, provides ongoing notification during the
appeal process and also maintains communication with other post-conviction agencies
(Probation, Department of Corrections) regarding the status of the offender. Victims do not
participate directly (e.g., present victim impact information) in the appeal process because the
conviction is appealed on legal, rather than factual grounds.

Appellate Unit Procedures
1. Notify the victim of the initiation of an appellate attack on judgment and/or sentence
2. Update the victim on the progress of the appeal
3. Notify the victim of any hearings held on appeal and provide accompaniment to the
   hearing
4. Notify and provide an explanation of appellate decisions
5. Provide referral information regarding support services and assistance in applying for
   Victim Compensation, when appropriate

The Special Prosecution Unit
In special circumstances, the Attorney General’s Office is the sole prosecutor in district court,
and in those cases, the Victim Services Coordinator provides all victim notification, updates and
accompaniment in order to comply with the Victim Rights Amendment.

Sex Offender Management
Public awareness and concern about the physical and emotional damage sexual offenses have on
our society dramatically increased during the 1990’s. The Colorado Department of Corrections
has experienced a steady increase in the sex offender population. Public officials have enacted
legislation that requires these offenders to submit saliva samples for DNA testing, to register
with local law enforcement, and for offenders convicted of certain felony sex offenses to be
placed under lifetime supervision. All treatment and monitoring practices have been
standardized statewide and a set of minimum qualifications implemented for all professionals
working with this population.
Communities rely upon criminal justice authorities to ensure public safety, which is accomplished through understanding sex offenders’ sexual histories and limiting direct contact between offenders and potential victims. Traditionally, it was believed that sex offenders engage in specific types of behaviors based on the primary sexual preference (i.e., an offender assaults only adults or only children, and exhibitionists/voyeurs do not commit sex offenses that include physical contact). However, current research shows a “crossover effect” in sexual offenses not related to criminal classification and indicating that most sex offenders engage in multiple types of deviant behaviors, including offense against adults and children of various ages who are known and not known to them, as well as hands-on and hands-off offenses. This implies that classifying sexual offenders based upon inaccurate criminal sexual histories may not ensure public safety. These findings have encouraged the state and the department to revise many of its laws and management policies for sex offender supervision and monitoring.

The Sex Offender Management Board

In 1992, the Colorado General Assembly passed legislation that created the Sex Offender Management Board (SOMB) in the Division of Criminal Justice. The SOMB was charged to develop standards and guidelines for the assessment, evaluation, treatment, and behavioral monitoring of adult sex offenders. Currently, the SOMB is comprised of a multi-disciplinary panel of representatives from the following domains: the Department of Corrections, the Judicial Department, law enforcement, the Public Defenders Office, clinical polygraph examiners, the Division of Criminal Justice, district attorneys, county commissioners, the private criminal defense bar, Department of Human Services, sex offense-specific mental health treatment providers, the victim services community, the Department of Education, Out of Home Treatment Providers and Community Corrections.

The combined efforts of the Sex Offender Management Board members are focused toward developing a basis for systematic management and treatment of sex offenders. Hence, the Standards and Guidelines for the Assessment, Evaluation, Treatment, and Behavioral Monitoring of Adult Sex Offenders were created. The primary goal of this document is to improve community safety and protect citizens. The Standards are based on the best practices known today for managing and treating sex offenders.

The Standards were revised in March 2008 and include modifications to the treatment of sex offenders, polygraph protocol and treatment for adult sex offenders who have developmental disabilities. A copy of the Standards is available on request by calling the Division of Criminal Justice Sex Offender Management or on the website: http://dcj.state.co.us/odvsom/Sex_Offender.

In May 2002, the Sex Offender Management Board developed Standards and Guidelines for the Evaluation, Assessment, Treatment and Supervision of Juveniles Who Have Committed Sexual Offenses. A copy of the Standards and Guidelines (Revised March 2008) is available on request by calling the Division of Criminal Justice Sex Offender Management or on the website: http://dcj.state.co.us/odvsom/Sex_Offender.
Furthermore, in December 2003, the SOMB and The Colorado Department of Education developed a *Reference Guide for School Personnel Concerning Juveniles Who Have Committed Sexually Abusive and Offending Behavior*. A copy of the Reference Guide is available on request by calling the Division of Criminal Justice Sex Offender Management or online at: [http://dcj.state.co.us/odvsom/Sex_Offender](http://dcj.state.co.us/odvsom/Sex_Offender).

**Sentencing Options**

There are 3 sentencing options for felons. These options are probation, community corrections (halfway houses), and prison (DOC). Parole is different than probation in that parole is an early release from prison whereas probation is its own sentence. Someone can be sentenced to county jail as a condition of probation but not to prison.

For some adult sex offenders who are convicted of misdemeanors or municipal violations, there is also an option of a sentence to county jail.

Denver Juvenile Court sanctions encompass a wide range of options. Juveniles can be assessed fines, sentenced to 45 days in detention, sentenced to probation supervision until further order of the Court, ordered into treatment on an outpatient basis, placed out of the home for treatment purposes or committed to the Division of Youth Corrections through the Department of Human Services.

**Probation**

Upon conviction, sex offenders are directed to the probation department for a pre-sentence investigation (PSI). As part of the PSI, the offender is referred for a mental health, sex offense-specific evaluation to determine the extent of his/her sex offending behaviors, risk to re-offend, and amenability for community-based treatment. The results of the evaluation are incorporated into the pre-sentence report, and a final recommendation for sentence is made to the court. If the offender is granted probation, he/she is ordered to comply with numerous supervision and treatment conditions, including attendance and participation in sex offense-specific treatment (as defined by SOMB Standards), regular polygraph monitoring and no contact with victim(s) or minors. All sex offenders must register with local law enforcement and submit to DNA testing, per statute. Violations of probation or treatment conditions may result in a revocation of probation and re-sentencing to community corrections, DOC, or county jail.

Juveniles are not convicted of crimes; they are *adjudicated* as delinquents. After a finding of guilt has been made, juveniles who have committed sexual offenses are directed to the probation department for a pre-sentence investigation (PSI) report. If ordered by the Denver Juvenile Court, the juvenile is referred for an offense-specific evaluation to determine the extent of his/her sex offending behaviors, risk to re-offend, amenability for treatment, placement and treatment recommendations. If the evaluation is completed after a finding of guilt or a stipulated deferred adjudication and prior to sentencing, the results of the evaluation are incorporated into the PSI, and final recommendations for sentencing are made to the court. Juveniles who have committed sexual offenses have a right to have sentencing held within 45 days from a finding of guilt, which does not always allow for the offense-specific evaluation to be completed prior to
sentencing. Offenders who are granted probation are ordered to comply with numerous supervision and treatment conditions. Denver Juvenile Court sanctions encompass a wide range of options. A juvenile sentence can include restitution, fines, community service hours, work programs, alternative school programs, 45 days in detention, probation out-patient treatment program, out of home placement for treatment purposes or commitment to the Division of Youth Corrections. Juveniles who have committed sexual offenses must register with local law enforcement and submit to DNA testing, per statute. Juveniles may be exempted from the registration requirement if they meet specific criteria: 16-22-103(5)(a)(I-V). Please see the statute section for more information. Violations of probation or treatment conditions may result in a revocation of probation and re-sentencing. A judge or magistrate can modify the conditions of probation by ordering any of the sanctions listed above or as a last resort, placing the juvenile out of the home or sentencing the youth to the Division of Youth Corrections for up to two years. Juveniles who have reached the age of eighteen can be sentenced to the Division of Youth Corrections for up to two years, or sentenced to 180 days in county jail, or sentenced to Community Corrections if accepted by the Community Corrections Board.

**Community Corrections**

Community Corrections provides supervision in a residential setting. Community Corrections is a viable alternative to incarceration in prison for offenders convicted of less severe offenses who would otherwise be prison bound. Community Corrections also provides services to offenders in transition from prison to parole and for parolees released by the Colorado Parole Board. One of the main purposes of community corrections is the productive reintegration of offenders back into society.

Offenders placed in Community Corrections are required to work to pay restitution, court costs and fines, supervision costs, and room and board. They are required to pay federal, state, and local taxes and participate in offender specific treatment. Those offenders without a high school diploma are required to work towards their GED.

**Department of Corrections (Prison)**

The Colorado Department of Corrections promotes public safety and provides protection for the community by managing offenders within controlled environments including prisons, community-based facilities and parole programs. These secure environments are safe, humane, and offer offenders opportunities to develop and implement skills for a healthy, pro-social life. These self-improvement opportunities, which include employment, assist offenders in successful community-reintegration.

The Sex Offender Treatment and Monitoring Program (SOTMP) is structured into two phases (Phase I and Phase II), differentiated by degree of program intensity. The Phase I program is approximately six months in length, while Phase II is designed to continue until the offender transitions into community supervision. The program uses a cognitive behavioral therapeutic approach and is available at several facilities: Fremont Correctional Facility (FCF), Colorado Territorial Correctional Facility (CTCF), La Vista Correctional Facility for women (LVCF),
Arkansas Valley Correctional Facility (AVCF), the Youthful Offender System (YOS) and Arrowhead Correctional Center (ACC). Phase II is available in a therapeutic community format at ACC, and in modified formats at the other facilities.

Four reasons a sex offender would be denied placement on the SOTMP waiting list are as follows:

1. Treatment Window: An offender has more than 4 years to their parole eligibility date. This is designed to keep treatment at the end of the sentence to increase the treatment effect when transitioned to the community.
2. Conditional Requirements: An offender failed to fully demonstrate that he/she is motivated to participate in the program to address their sex offending behavior.
3. Refusal of Treatment: An offender verbally states that he/she will not participate in the program or refuses to cooperate during the screening.
4. Denial of Sexual Offending: An offender denies committing the sexual offense or having a sexual offending problem.

Sex offender treatment is more specialized than traditional mental health treatment because it incorporates monitoring and accountability for behavior. Prior to release from prison, offenders identify their specific risk areas and with assistance of therapists, formulate relapse prevention plans. Sex Offense Specific Treatment along with monitoring and accountability has shown to reduce the rate of recidivism by approximately 50%.

The goal of SOTMP is “no more victims” and the basic premises are:

1. Sex is not the only motivation for sexual assault.
2. There is no “cure” for sexually assaultive behavior; but behavior can be learned to be managed.
3. Sex offender treatment can only help individuals who acknowledge their problems and are motivated to change.
4. Group therapy is considered a “best practice.”
5. Use of male and female co-therapists in therapy is considered a “best practice.”
6. All sex offenders, regardless of their conviction type, are placed in the same groups to address crossover sexually assaultive behavior (eg. a sex offender may have been convicted for sexually assaulting an adult male, but also has a history of sexually assaulting pre-pubescent girls).

**Sexual Assault while Incarcerated**
The Colorado Department of Corrections (DOC) has a zero-tolerance policy relating to sexual assault/rape and sexual misconduct. It is the policy of the DOC to fully investigate and aggressively prosecute those who are involved in such conduct.
Parole
Parole is a conditional early release from prison, made by an independent seven-member board appointed by the Governor and confirmed by the Colorado Senate. Nearly all offenders whose crimes were committed after July 1, 1993, must serve a mandatory period of parole following their incarceration.

Common conditions of parole are that an offender must maintain a certain residence and attend certain treatment programs. If an offender violates conditions of parole the supervising parole officer may bring the offender in front of the parole board, and the parole board may revoke, continue or modify the parole. If parole is revoked, the offender may be sent to prison or a community correction halfway house. This depends on the offender’s original sentence and whether or not a new crime has been committed. Parole also has an Intensive Supervision Program that includes a significantly higher level of supervision with electronic monitoring. All sex offenders who are released to community supervision are supervised in accordance with the guiding principles of the Sex Offender Management Board. The four most important of those guidelines are: Sexual offending is a behavioral disorder which cannot be “cured,” sex offenders are dangerous, community safety is paramount, and assessment and evaluation of sex offenders is an on-going process. Progress in treatment and level of risk are not constant over time.

Specifically, sex offenders are supervised using the “containment” model of supervision. The officer is the head of the containment “team” which also consists of the approved therapist and polygrapher. Community Parole officers conduct home and employment visits and visit the offender’s offense specific treatment as well as conduct surveillance when needed.

Sex offenders are issued a “Sex Offender Supervision Directive” which outlines some of the restrictions and requirements to help ensure the offender’s compliance with conditions of community release and community safety.

Some of these requirements are listed below:

- They are not allowed to have contact with their victim or victims.
- They are not allowed to have contact with minors.
- They are not to frequent areas where children may be present.
- They may not possess pornographic or sexually stimulating materials.
- They may not access the Internet without prior approval and authorization from the CPO.
- They must allow searches of their computer, if they are allowed to have one.
- They are not allowed to access any chat rooms.
- They are not allowed to place any “personal ads” in any media.
- They may not possess any binoculars, telescopes or photography equipment.
- They may not engage in any act related to prostitution.
- They may not consume or possess alcohol.
- They must register as a sex offender if required to do so by Colorado Revised Statutes.
- They must undergo DNA testing.
- They must actively participate in offense specific therapy to include polygraph testing and other testing as applicable.

Due to an offender’s specific history other directives may be imposed by the supervising officer.
Sex Offender Registration
Per Colorado Revised Statute 18-3-412.5, any offender convicted of an identified sex crime or any other crime for which the factual basis was a sex offense must sign a notification to register.

The Denver Police Department Sex Registration Unit is part of the Pattern Crime Bureau within the Criminal Investigation Division. The Sex Registration Unit is responsible for registering sex offenders and maintains a file of those registered in the City and County of Denver.

Adult and juvenile sex offenders are required to register when they have been convicted, adjudicated or released from the Colorado Department of Corrections in the state of Colorado on or after July 1, 1991. The information collected from these offenders includes fingerprints, photos, other identifying information including place of employment, and registered vehicles.

All sex offenders and some other violent offenders must submit a DNA sample for genetic typing. Samples collected are analyzed and the DNA results are stored in a databank at the Colorado Bureau of Investigation. See the Relevant Statutes appendix for details on C.R.S 16-11-104.

Upon conviction and annually thereafter on their birth-date, sex offenders are required to register with local law enforcement. Many, including child sex offenders, are required to register quarterly. All sex offenders convicted of crimes that could involve the penetration of a child are required to register for life. Some sex offenders, generally those convicted of less serious crimes and some juveniles, may eventually petition the Court to discontinue the requirement. Failure to register constitutes a separate criminal offense. Please see the Relevant Statutes appendix for information on C.R.S 18-3-412.5.

The time frame to register is within 5 days of becoming a temporary or permanent resident and/or 5 days of changing an address. Registration applies to all out-of-state sex offenders as well. Sexually Violent Predators must register quarterly for life. Per Colorado Revised Statute, any person convicted of unlawful sexual behavior must sign a notification to register upon their release and give the Colorado Department of Corrections an address of where the offender plans to reside. Upon receiving this information, the address is confirmed by the Sex Offender Registration Coordinator with the help of local law enforcement. Not only must the address be valid, but the offender must also have permission to live there by the other occupants of the address.

Sex Offenders who fail to register for the first time can be charged with a class 6 felony offense if the person was convicted of felony unlawful sexual behavior or adjudicated for an offense that would be a felony sexual offense if committed by an adult. Sex offenders convicted of a misdemeanor sex offense or adjudicated for an offense that would have been a misdemeanor if committed by an adult can be charged with a class 1 misdemeanor. The misdemeanor offense is classified as one that presents an extraordinary risk of harm to society if the offender is an adult. Failure to register a second time can result in a class 5 felony charge if the offender is an adult. The penalty for the first adjudication for a juvenile (if the original offense would be a felony if committed by an adult) is a 45-day mandatory minimum detention sentence. A second or
subsequent adjudication results in out of home placement or commitment for not less than one year.

Additionally, the Colorado Bureau of Investigation shall post a link on the State of Colorado homepage on the internet to a list containing the name, address, physical description, digitized photograph, and a description of the offense or offenses committed by all convicted felony offenders. This includes those offenders sentenced as Sexually Violent Predators (and those who are found to be an offender under the laws of another state or jurisdiction that are comparable), offenders who have been convicted as an adult of two or more offenses involving unlawful sexual behavior or a crime of violence and those offenders convicted of a felony sexual offense, and whom the Colorado Bureau of Investigations has deemed as having failed to register.

Prior to discharge, a profile packet is compiled and distributed to the law enforcement agency in the jurisdiction where the offender will be residing and required to register. The purpose of this is to enhance the law enforcement agencies in their efforts to protect their communities. When an offender moves, he or she is required to put in a change of address at the agency where he or she was registered. It is required by law that the local law enforcement agency alert the agency in the new jurisdiction that the offender will be moving to their area. DPD retains the offender registration data until the offender is registered in another jurisdiction.

The public has access to information regarding registered sex offenders through the local law enforcement agency where the offender currently resides. In Colorado, sex offender registration information is considered public record. There are currently over 13,000 sex offenders registered in the state of Colorado. The number of offenders registered in Denver is over 1,800.

**Sex Offender Community Notification**

Required community notification in Colorado applies only to sex offenders deemed to be Sexually Violent Predators (SVP). This designation is made by the courts at sentencing, upon a specific research-based instrument developed to determine those Colorado offenders most likely to re-offend sexually, and recommendation by a sex offense-specific mental health evaluator and the probation officer, or the designation can be made by the parole board prior to an offender’s release from DOC. SVP’S are subject to lifetime quarterly registration. Local law enforcement in the jurisdiction where the SVP resides is responsible for conducting a community notification by means of a community meeting as outlined in the Protocols and Procedures for Community Notification Regarding Sexually Violent Predators, developed by the Sex Offender Management Board. See the Relevant Statutes appendix for more information. Information for victims regarding who to contact concerning Sex Offenders in DOC can be found on [http://www.doc.state.co.us/contacts.asp](http://www.doc.state.co.us/contacts.asp).
Protocol Evaluation
SAIC’s yearly goals and objectives include measuring the quality of sexual assault response in the City and County of Denver as well as the effectiveness of SAIC. Approaches for measurement may include analysis and implementation of national best practice models, victim and service provider focus groups and surveys, analysis of reporting and prosecution statistics and in-depth quantitative and qualitative research projects when funding is available.

Protocol Maintenance

Mission Statement
The Sexual Assault Interagency Council strives to provide a consistent, collaborative and culturally competent response from the criminal justice system, health and hospitals and victim service providers to encourage reporting and promote recovery. This mission is fundamental to every council task.

Membership
Council membership includes agencies that sign the Denver Sexual Assault Response Protocol and programs that have a vested interest in ensuring that the City and County of Denver is responding effectively to sexual assault. Membership entails assigning one agency member or several agency members (revolving chair) to a seat on the council. It is essential to the life of SAIC to have its founding members remain seated on the council. The founding members include the Denver DA’s Office, the Rape Assistance and Awareness Program, the Denver Police Department and Denver Health Medical Center. Without these four entities the council will no longer be effective in its mission. Interagency collaboration is the national promising practice in response to the crime of sexual assault.

Denver continues to have the dedication of the four founding agencies as well as many committed member agencies representing community-based victim service organizations, colleges and universities, coalitions, military branches, city and state government agencies, the healthcare industry and specialized legal services.

Due to the dedication of these agencies and their exemplary work, Denver is a national leader in multidisciplinary sexual assault collaboration.

Guidelines for Membership
Agencies meeting the following criteria may be considered for SAIC membership:
1. The agency’s mission, in whole or in part, must include providing sexual assault intervention, prevention, response, education or other direct services.
2. The agency serves victims who were sexually assaulted in the City & County of Denver.
3. Any other organization that has a vested interest in ensuring that the City and County of Denver is responding effectively to sexual assault.

- Membership may also be considered on a case-by-case basis if there is a strong argument for inclusion on the Council.

- A non-member agency may temporarily be invited to SAIC meetings if there is significant discussion surrounding an issue relevant to the agency and/or the agency can provide specialized input on the issue at hand.

- The Membership Committee will receive all applications for membership and make a recommendation for the Council to review. All potential member agencies will then be presented to the Council for a majority vote based on the membership criteria.

- An agency may appeal the Council’s decision and request further consideration if the Council votes to decline membership.

**Meetings and Attendance**
Council meetings are generally held on the first Wednesday of the month. Meetings are typically held bi-monthly but can be adjusted to accommodate the SAIC workload. Meeting minutes are available on the SAIC website: www.denversaic.org. Membership entails assigning one agency member or several agency members (revolving chair) to a seat on the council. It is strongly recommended that the representative hold an executive-level position at their agency and is actively involved in the decision-making process of their organization. If the representative is unable to attend a bi-monthly meeting, delegating a staff member from their agency to act in their place is highly encouraged.

**Subcommittee Participation**
The dedication of member agencies has made it possible to do exemplary work in improving sexual assault response and promoting recovery. In order to continue pursuing SAIC’s mission, agency involvement is crucial. SAIC recommends that each partner agency participate on a minimum of one SAIC subcommittee once per year.

**Agency Representative Roles**
- Attend all bi-monthly meetings in order to ensure all voices and agency perspectives are represented.
- Act as a Liaison by informing staff at your agency of any important news, updates and changes discussed at SAIC meetings or through electronic communication.
- Work collaboratively with other partner agencies to enhance sexual assault services and response in Denver through discussion, subcommittees, special projects and other initiatives.
- Be actively involved in ensuring that your agency is compliant with the Sexual Assault Response Protocol
Council Funding and Staffing

Funding
The Denver District Attorney’s Office will continue to act as the fiscal sponsor for SAIC. The Denver DA’s Office provides office space and supervision to SAIC staff. SAIC staff will continue to write grants that fund the operating expenses and salaries of the staff. These circumstances will remain as stated until the council decides to alter them.

Staffing
National studies have shown that multidisciplinary councils without an appointed staff have not fared well. Without staff to facilitate tasks, assist in bringing agencies together, and establish funding for council work, a multidisciplinary sexual assault council will accomplish considerably less work. SAIC will continue to support one full-time salaried Project Director and additional staff as necessary.

Glossary of Terms

Abel Screens
An assessment tool used by treatment providers to assess an offenders sexual interest.

Adjudicated
A finding of guilt for juveniles whether through trial or through plea negotiations, it is equal to the term conviction for an adult.

Case Manager
A service provider who works with a client to identify, sort through and pursue options following a sexual assault. This is achieved in collaboration with a network of client driven services that addresses the immediate and long term needs of a client, including crisis intervention, trauma counseling, quality of life issues, and prevention education.

Case Status Terminology (DPD)

Unfounded: Although unlikely, the unfounded designation would be given to those investigations where it was shown though any subsequent inquiry that a crime did not occur. Examples of such an occurrence would include:

- Incidents determined to be suicide, accident or natural death related.
- Cases where the victim (sex crimes) made admissions that the incident was consensual or did not happen.

Exceptionally Cleared: If it is determined that the incident took place, but the matter cannot be prosecuted in court due to some technicality such as the victim refused to prosecute; the matter is civil in nature; the suspect dies; or the D.A. refused the case for no reasonable likelihood of conviction.
Inactive, Not Cleared: Upon the evaluation and exhaustion of all known and possible investigative leads and the investigation cannot continue without new or additional information, the case will be inactivated. Inactive cases will remain closed until new information is developed or the statute of limitation for the offense expires.

Cleared By Arrest: When the suspect is arrested (or ordered into court) and filed on.

Warrant Issued: When a case has an identified suspect, probable cause exists to arrest the offender, the court provides an approved arrest warrant, and the suspect is on the NCIC/CCIC system.

**CCIC (Acronym for Colorado Crime Information System)**
A statewide, electronic database of crime information.

**Civil Liability Bureau**
The bureau of the Denver Police Department that acts as an agent for the Chief regarding document control. 720-913-6400

**CODIS (Acronym for the Combined DNA Indexing System)**
CODIS is a three-hitter: computer technology (a database program and software), forensic science (DNA profiles rigorously measured and maintained), and telecommunications (the ability of local, state, and federal labs to share information and communicate electronically) all rolled into one.

CODIS stores DNA profiles from around the country in a series of local, state, and national databases, all linked via computers, enabling crime labs at every level to share and compare DNA profiles electronically. Lightning fast searches using CODIS can link DNA found at one crime to other crime scenes and to convicted criminals whose DNA is already on file.7

**Cold Case**
As defined by Colorado Revised State Statute 24-4.1-302(1.2), a “Cold Case” is a felony crime reported to law enforcement that has remained unsolved for over one year after the crime was initially reported to law enforcement and for which the applicable statute of limitations has not expired.

**Cultural Sensitivity**
The recognition that a person’s culture, beliefs, background, etc. may impact a sexual assault experience and the development of services that are responsive to individual/cultural needs or preferences.

**Discovery**
The procedure by which the Denver District Attorney’s Office provides information, facts, documents and other materials to the defense regarding a filed case. Discovery is submitted by the Denver Police Department or obtained during further investigation. Discovery does not include the work product generated by the District Attorney’s Office.

7 CODIS definition from the FBI web site [http://www.fbi.gov/page2/feb04/codis020204.htm](http://www.fbi.gov/page2/feb04/codis020204.htm)
DNA (Acronym for Deoxyribonucleic Acid)
A nucleic acid that contains the genetic instructions used in the development and functioning of all known living organisms and some viruses. The main role of DNA molecules is the long-term storage of information. DNA is often compared to a set of blueprints or a recipe, or a code, since it contains the instructions needed to construct other components of cells, such as proteins and RNA molecules. The DNA segments that carry this genetic information are called genes, but other DNA sequences have structural purposes, or are involved in regulating the use of this genetic information.8

ETA (Acronym for Estimated Time of Arrival)

Evidentiary Exam
Also called forensic evidence collection exam, refers to the standardized procedures utilized to collect evidence from the clothes and person of a crime victim.

Hit Rate
The percentage of those previously unsolved cases that result in the scientific identification of a convicted offender, commonly referred to as a CODIS match.

Magistrates
County Court Magistrates are appointed by presiding judge. A magistrate must be a qualified attorney at law in good standing unless they are hearing only class A or B traffic infractions. No magistrate may preside in any trial by jury. Magistrates may hear the following matters:
- Class 2 misdemeanor traffic offenses
- Class A and B traffic infractions
- Other matters as determined by the rule of the Supreme Court
- Power to solemnize marriages

District Court Magistrates may be appointed, subject to appropriations, if approved by the Chief Justice of the Supreme Court, must be a qualified attorney at law admitted to practice in the State of Colorado and in good standing. No magistrate may preside in any trial by jury. Magistrates may preside over the following matters:
- As determined by the rule of the Supreme Court
- Solemnize marriages
- Probate Court

Juvenile Court Magistrates serve at the pleasure of the Court, must be a qualified attorney at law admitted to practice in the State of Colorado and in good standing. No magistrate may preside in any trial by jury or in transfer hearings. Unless a request is made by a party at the onset of a hearing that the matter be heard before a Judge, such right where applicable shall be deemed waived. Waiver does not apply to hearings held to advise the child of his or her rights, detention hearings, or preliminary hearings. Magistrates may hear all matters in Juvenile Court with the exception of jury trials and transfer hearings (delinquency, dependency and neglect, truancy, relinquishments).

MRE (acronym for Mobile Report Entry)
A portion of the law enforcement computer system that allows officers to create and send reports electronically.

NCIC (Acronym for National Crime Victim Information Center)
A national electronic database of crime data that can be accessed 24/7 by criminal justice agencies around the country.

Non-Stranger Sexual Assault (NSSA)
Frequently called acquaintance rape, describes a sexual offense perpetrated by someone known (not a stranger) to the victim.

Plethysmograph
A physiological assessment that measures a person’s sexual arousal to audio and or visual stimuli.

Prophylaxis
A preventative treatment that guards against disease

Protocol
A procedure or code of behavior.

Psychosexual
Refers to a sex offense specific evaluation. An evaluator trained in working with sexual offenders completes a number of different assessment tools and makes recommendations for incarceration, community placement, probation and treatment of these offenders. This evaluation is then incorporated into the Pre-sentence Investigation report prepared by probation and presented to the Court to assist in determining sentencing.

Recidivism
Relapse into criminal behavior, a re-offending pattern, when a person who has previously committed a crime commits another crime (statistical rate of re-offense).

Revocation
An official filing in Court that alleges a probationer has violated the terms and conditions of their probation. If the allegations are proven in Court, the probationer may have their probation revoke and could be set to jail or prison, or their probation could be revoked and reinstated with additional consequences for their violation.

SANE (Acronym for Sexual Assault Nurse Examiner)

Sliding Fee Schedule
The practice of charging fees for service that are based on one’s ability to pay. Fees will range from zero to a usual or standard amount charged for the service.

STI (Sexually Transmitted Infection)
An illness that is transmitted (or has a high likelihood of transmission) through sexual contact.
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Denver Interagency Child Abuse and Child Sexual Abuse Protocol

DENVER
INTERAGENCY
CHILD ABUSE,
CHILD
SEXUAL
ABUSE
AND
DRUG
ENDANGERED
CHILDREN
PROTOCOL
Child abuse and neglect, sexual abuse, and abuse through exposure to drugs and drug environments, represent serious child welfare concerns and serious crimes. The City and County of Denver has historically employed a multidisciplinary approach to investigate these cases, prosecute the perpetrators and provide services for the children and non-offending family members. The goal of all the partner agencies is to provide for the safety of all children.

In 1985, the Colorado Department of Health and Human Services funded the initial development of The Interagency Child Abuse Project Policies and Procedures, which was one of the first documents of its kind. The current protocol represents the evolution of the policies, procedures and best practices of the partner agencies. It also serves as a reference for persons who seek information regarding the handling of child abuse, child sexual abuse, and drug abuse investigation in Denver.

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We wish to recognize and thank the many other professionals from the above departments and agencies who have contributed to the development of this document. Thank you for your expertise, input, and editing. Primarily, however, we thank you for your unwavering commitment to the safety of children in our community.
DENVER HEALTH MEDICAL CENTER
POLICIES AND PROCEDURES

A. CHILD ABUSE AND NEGLECT

It is the policy of Denver Health to make available and provide services in accordance with the intent of Colorado law as it relates to child abuse and neglect. Colorado law requires specific persons who suspect child abuse or neglect to report the incident to the appropriate County Department of Human Services or local law enforcement, [C.R.S. 19-3-304(2)].

I. PURPOSE

Denver Health Medical Center (DHMC) will establish procedures for the management of child abuse and neglect. The procedures established will be consistent with Colorado law and insure the safety of children.

Definition: Child abuse or neglect means an act or omission in one of the following categories which seriously threatens the health or welfare of a child. A child is defined as any person under the age of 18 years. (C.R.S. 19-1031)

Child abuse / neglect may include the following:

- Evidence of skin bruising, bleeding, malnutrition, failure to thrive, burns, fractures of any bone, subdural hematoma, soft tissue swelling, or death;
- When the history given concerning such condition or health is at variance with the degree or type of such condition or death;
- Circumstances indicate that such condition or death may not be the product of an accidental occurrence;
- Any case in which a child is subject to sexual assault or molestation, sexual exploitation, or prostitution;
- Any case in which the child's parent(s), legal guardian or custodian fails to take the same actions to provide adequate food, clothing, shelter, medical care or supervision that a prudent parent would take.
- Any case is which a child is subjected to emotional abuse which means an identifiable and substantial impairment of the child's intellectual or psychological functioning or development.
- Any act or omission which puts a child at risk as described in section19-3-102(1)(a), (1)(b), or (1)(c).
- Any case is which, in the presence of a child, or on the premises where a child is found, or where a child resides, a controlled substance as defined in section 18-18-102(5)C.R.S., manufactured.

1 For the purpose of criminal investigation, charges, and prosecution, the statutory definition of child abuse is found at C.R.S. 18-6-401.
2. NOTIFICATIONS AND PROCEDURES

In all cases in which child abuse, neglect, or sexual assault is evident or suspected, it is the policy of Denver Health to report the case to the appropriate County Department of Human Services in accordance with Colorado law. In Denver, the report is called in to the Denver Department of Human Services (DDHS) hotline, (720-944-3000).

Every report that is called in will be followed by a written report, both fax and hard copy. A copy of the report will also be forwarded to the office of the Director of the Clinical Social Work Department.

In order to facilitate an investigation of child abuse or neglect, the medical provider may release the record of the investigation to the county Department of Human Services, and the investigating law enforcement agency. The Department of Human Services or the investigating law enforcement agency must provide a HIPAA compliant release of medical information prior to receiving the record. The release of medical information will be placed in the patient’s file.

If the Denver Department of Human Services (DDHS) is notified, a caseworker may come to the hospital or clinic to review the case and be involved in the decision regarding the disposition. The DDHS caseworker may, determine that the circumstances require the involvement of the Denver Police Department, (DPD).

Caseworkers from counties other than Denver will come to the hospital or clinic only if urgent:

1. Adams County 303-412-5212
2. Arapahoe County 303-636-1750
   303-795-4711 (weekend/evenings)
3. Boulder County 303-441-1240
4. Jefferson County 303-271-4131

Denver Health Clinical Social Work staff assigned to the Pediatric Service and Emergency Department may be available during office and some evening hours for consultation and coordination with the County Department of Human Services caseworkers. It is advisable to contact the Clinical Social Work staff member as early as possible when abuse or neglect is suspected. The staff member will assist in psychosocial assessment, management of family member(s) present and will advise the involved County Department worker regarding recommendations for disposition.

In all cases, the attending physician will be consulted before the patient leaves.
3. DOCUMENTATION

The physician or caregiver will document the following information:

- Signs of trauma on the non-accidental trauma (NAT) description sheet, the medical record, or a drawing on the encounter form.
- Photographs of any external signs of trauma if equipment is available. The physician or caregiver involved in the initial assessment and examination will report to the DDHS hotline and document that a report was made per established Denver Health procedure.

Per Denver Health policy, The Family Crisis Center (FCC) physician shall be notified of any hospital admission for child abuse, neglect or deprivation, failure to thrive, or sexual abuse, (720-944-3747). Any Emergency Department or hospital death of a child in which child abuse or neglect is suspected should also be reported to the FCC physician in addition to the DDHS hotline.

4. PREVENTION

In all DHMC service settings (maternity clinics, newborn services, pediatrics services, and adult services) health care personnel providing care to parents, infants and children will give special attention to parental expectations and parent-child relationships looking for early signs which may indicate increased risk for child abuse / neglect. When indicated, staff should develop and implement plans to assist the family and should arrange for follow-up services. Clinical Social Work Department staff are available to facilitate these procedures.

Written requests for assistance sent by DDHS caseworkers to the Clinical Social Work Department are accepted and acted upon. DDHS caseworkers sometimes advise that a woman may be coming to DHMC to deliver a baby and that there are current or past child protection cases. Action is taken by the Clinical Social Work Department to inform DDHS if the party concerned comes to DHMC.

B. SEXUAL ABUSE OF CHILDREN AND ADOLESCENTS

Treatment and Evaluation

It is the policy of Denver Health Medical Center to evaluate all suspected cases of sexual assault of a child and to report such cases to the appropriate authorities.

1. PURPOSE

Denver Health Medical Center has established procedures for investigating and treating the sexual abuse of children in a manner that is consistent with Colorado law and insures the safety of children.
Definition: The definition of sexual abuse and sexual exploitation used by DHMC includes guidelines promulgated by the American Bar Association Center for Child Advocacy and the Colorado Revised Statutes, (C.R.S 18-3-402, C.R.S 18-3-402, C.R.S 18-3-404, C.R.S 18-3-405 and C.R.S 18-3-405.3)

2. NOTIFICATION

Investigation of third party sexual assault, those in which the perpetrator is not member of the child's family or living with the child in a family-type relationship, is the responsibility of the local law enforcement agency. Notification procedures are as follows:

- The law enforcement agency from the jurisdiction in which the assault occurred must be notified if this has not already been done.
- If the assault occurred in Denver County, an officer of the Denver Police Department must authorize the use of the Sexual Assault Evidence Kit (SAEK) and accept custody of the SAEK or any other evidence.
- If the assault occurred outside Denver County, the law enforcement agency with jurisdiction will determine where the child will be evaluated. If the evaluation is authorized at DHMC, law enforcement personnel from that jurisdiction must initiate a police report and accept custody of any evidence.
- It is not necessary to notify the County Department of Human Services if the police are already involved. If it is determined prudent to do so, the Department of Human Services in the county where the child resides should be notified.

In the case of interfamilial child sexual assault, notification is made as follows:
- A report must be made to the Department of Human Services in the county where the child resides.
- If a SAEK is required, the law enforcement agency in the county where the assault occurred must also be notified.

3. PROCEDURES

The evaluation of sexual abuse victims will be performed immediately at the Denver Emergency Center for Children (DECC) or the Family Crisis Center (FCC) if the child is injured and needs medical care or if the child has been assaulted within the past 72 hours and needs a forensic examination.

In cases where there is NO concern for the injury and the assault occurred greater than 72-hours prior, the medical examination will be arranged by the investigating agency.

Cases of sexual assault on children who reside in Denver County should be reported
to the DDHS hotline. If the child does not require a forensic exam or require treatment of injuries, DDHS staff will arrange an examination at the Family Crisis Center (FCC).

Per Denver Health policy, Patients seen in the Community Health Centers with evidence of acute trauma or for whom a forensic exam is indicated should be referred to the Family Crisis Center or the Denver Emergency Center for Children (DECC). Patients who do not exhibit acute trauma or for whom a forensic exam is not indicated should be referred to the Family Crisis Center.

**Consent:** Although parental consent is preferable, patients under the age of 18 years may give their own consent for sexual assault examination and treatment. If a parent refuses to give consent and there is any possibility the child has been sexually assaulted, the child can be examined without consent as part of a child abuse investigation.

The physician will attempt to notify the parent(s) or legal guardian of the sexual assault when the child indicates he/she was the victim of a sexual assault. However, **other confidential information** revealed by the patient not related to the assault cannot be revealed to the parent(s) or legal guardian if the patient indicates that the information is confidential.

### 4. ASSESSMENT

Preliminary to the assessment the following should be completed:

- Notify the clinical social worker
- Obtain necessary authorization for a SAEK
- Collect necessary clothing from the patient in the following way:
  1. Place two chux together on the floor and have the patient undress while standing on the chux.
  2. Place each item of clothing in a separate paper bag.
  3. Place the top chux in a separate paper bag.
- Give all bags to police
- Use the standard Sexual Assault Form for adolescents. However, it should never be used for young children (generally children under 12 years). Use of this form involves the interviewer asking leading questions which in young children is often inadmissible in court. For young children, use a blank encounter form.

The goal of the physician is not to conduct a detailed forensic interview but to obtain the minimum information necessary to make decisions about the timing and extent of the exam and the need to report. It is the responsibility of law enforcement or the County Department of Human Services to obtain an extensive history. The information obtained by the physician should determine if the suspected perpetrator is a third party or family member.
Examination: Examination of the child should not be more traumatic than the assault and should follow the general guidelines below:

- It is not always necessary to perform a pelvic exam on a patient if vaginal penetration clearly did not occur.
- A thorough physical exam needs to be performed and all evidence of trauma documented using the NAT form and genital diagram.
- A genitalic and anal exam should be performed on young children.
- Tanner Stage of Development should be documented.
- An exam should be performed as indicated by the age of the child patient, type of assault, and degree of injury. **Speculum examinations should never be performed on prepubescent children.** Consultation with the OB/GYN Service and/or sedation may be necessary in those cases in which there are extensive injuries which cannot be determined due to the child’s fear or lack of cooperation.
- Many prepubescent children will not tolerate swabs in the vagina. If this is the case, consideration of sedation should be made on a case by case basis in consultation with the parent(s).

Forensic examination - Sexual Assault Evidence Kit: A SAEK should be used if an exam indicates contact or there is a history of oral, vaginal, or anal contact with the assailant’s penis and/or saliva **within 72 hours** of the exam. Instructions for use of the kit are printed on the envelopes and must be followed carefully.

There are chain of custody procedures to be observed when using the SAEK. The **red seal** on the evidence kit should be **intact** until broken by the physician.

After the seal is broken, the contents of the kit must be in the physician’s possession at all times until samples are collected and sealed in the evidence box. The envelopes, tubes, and slides can be labeled by other personnel under the physician’s presence, but the physician should initial each item before it is sealed. The completed SAEK should be locked in the evidence box located in the DECC **only** if the Denver Police Department is investigating the case. If another law enforcement agency is involved, that department must take custody of the completed SAEK.

Medical tests: the following medical tests may be indicated at the time of the examination depending on the circumstances of the sexual assault and other variables.

1. **Pregnancy testing** will be done on all pubertal patients. The family or patient should be counseled on the possible need for another follow-up pregnancy test.

2. **Sexually transmitted disease (STD)** will be done by the medical provider based on the most recent standards of care.
Prophylaxis:

Pregnancy and STD prophylaxis may be offered to the patient by the medical team as indicated.

The physician will complete a routine hospital encounter or the Sexual Assault Form as well as the Denver Police Department Sexual Assault Examination Request attached to the SAEK. Once complete, the latter form is enclosed in the SAEK.

If the assailant is a family member, someone living in the home, someone closely associated with the family, temporary caretaker, or if the safety of the child if returned home is a concern, the examining physician must report the case to DDHS at 720-944-3000 to request that the on-call worker determine the disposition of the child.

The checklist must be completed.

DENVER DEPARTMENT OF HUMAN SERVICES
INVESTIGATIVE PROCEDURES

1. PURPOSE

Child Protection Services (CPS) constitute a comprehensive set of services. The purpose of CPS is to maximize the ability of families to protect and care for their own children, minimize harm, and ensure permanency planning. Safety of the children is paramount.

The purpose of the intake system is to receive, review and conduct both an initial assessment of all reports of intrafamilial abuse or neglect to children as well as a more complete family assessment when the report contains specific allegations of known or suspected abuse or neglect as defined in statutes and regulations. This assessment will be completed within thirty days of the referral date.

Colorado Revised Statutes - C.R.S. 19-3-308(4)(a) provides that the county department shall be the agency responsible for the coordination of all investigations of all reports of known or suspected incidents of intrafamilial abuse or neglect. The county department shall conduct the investigation in conjunction with the local law enforcement agency, to the extent a joint investigation is possible and deemed appropriate.

2. NOTIFICATIONS

The Department shall forward copies of all referrals received by the Hotline to the Missing and Exploited Persons Unit of the Denver Police Department (DPD) within
24 hours. DPD Missing and Exploited Persons Unit staff will review for possible assignment.

In cases of child abuse or child endangerment, including those involving Drug Endangered Children (DEC)*, that warrant a criminal investigation, the DDHS caseworker will notify the Denver Police Department via the Communications Bureau (Dispatch). An officer will be dispatched to the location to complete a GO report and order-in all involved persons on DPD form 140, Protective Custody Notice and/or Request to Appear. This notice also includes the parents Rights and Remedies. If there are questions if the abuse or endangerment will warrant a criminal investigation, the caseworker will contact The Missing and Exploited Persons Unit supervisor.

DPD will immediately notify DDHS upon discovery of a suspicious child fatality. DDHS will assess the safety of any other children in the home and assign a fatality investigative caseworker to complete a fatality investigation.

In cases of suspicious death, the Department will notify the DPD homicide unit immediately with any information relevant to the possible cause of death. This includes family history of abuse or neglect to other children.

In cases where a suspected child abuse victim is transported to a medical facility and DDHS is notified, DDHS will notify DPD and an officer will respond to complete a GO Report.

Immediate medical evaluation and treatment is indicated in all cases in which children are found in methamphetamine labs. Children should be transported as follows:
- Family Crisis Center (weekdays)
- Denver Emergency Center for Children (DECC), 24 hours a day, 7 days/wk

All DEC children should have a medical examination follow-up at the Family Crisis Center within 72 hours.

For cases that result in a criminal filing by the District Attorney’s Office, the Department shall make available records requested by DPD or the District Attorney’s Office pursuant to C.R.S. 19-1-307(2)(a). (See Memorandum in Appendix D)

* Drug Endangered Children (DEC) refers to the following:
- Persons under 18 years of age who are:
  - directly or indirectly exposed to use, sale, manufacturing of illegal drugs or intoxicated caregiver; or
  - live in a house where illegal drugs are used, sold and/or manufactured; or
  - who ingest or inhale illegal drugs or exposed in the home; or
  - are exposed to the toxic chemicals of home drug lab
- Infants exposed to illegal drugs in utero
- Infants/Children who suffer physical abuse and neglect because of their caretaker’s substance abuse.
3. RESPONDING CASEWORKER'S ROLE

Denver County Department of Human Services has an Emergency Response Team (ERT) that is available for consultation 24 hours a day, 7 days a week to respond to allegations of abuse and neglect including those involving drug endangered children.

ERT caseworkers will be available to respond immediately to any situation where the child/children may not be safe. Whenever possible, it is preferred that the ERT caseworker and DPD officer respond together to the scene of the abuse or neglect.

If a caseworker responds to a report of abuse or neglect without police, and there is probable cause to believe that the abuse or neglect is criminal, DPD will be called. If there are questions whether the abuse or neglect will necessitate a criminal investigation, the caseworker will contact DPD's Missing and Exploited Persons Unit supervisor. The responding officers will complete a GO report and order in all parties involved, including the victim, on DPD form 140, Protective Custody Notice and/or Request to Appear for the next business day. With the information supplied by the caseworker, the officer and caseworker will decide if the child needs placement. If it is determined the child is to be placed, a determination will be made as to who transport the child. DDHS staff are encouraged to transport the child when appropriate to minimize trauma for the child. If worker or child safety concerns exist, the officer will follow DPD protocol and transport the child.

If the reported abuse or neglect is not criminal in nature, but a DDHS caseworker determines that an emergency placement of a child is necessary, the caseworker must call DPD for an officer or the Denver Juvenile Court for a verbal order of custody.

The caseworker will request the DPD officer take the child into protective custody and explain the concerns. The caseworker will also request the officer serve the parent or guardian with DPD form 140, Protective Custody Notice and/or Request to Appear for the next business day. This notice also includes the Parents’ Rights and Remedies Form and is used to place the child into protective custody.

In the event that there is a disagreement between the DDHS caseworker and the DPD officer regarding the removal of a child from the home, the caseworker will call the DDHS Administrator or supervisor on duty for guidance. The administrator or supervisor will contact the DPD Missing and Exploited Persons Unit Supervisor. If the DPD Missing and Exploited Persons Unit Supervisor is unavailable, a DPD Missing and Exploited Persons Unit detective should be contacted for further consultation. Absent a court order, the ultimate decision to leave a child in the home or take a child into protective custody is the decision of law enforcement.

The worker will be available to meet with the parents the next business day to discuss the allegations. Plans will be made for the child to return home with
services, without services or to explain to the parent or guardian why the child cannot return home. The worker will also request names and addresses of any available relatives or kin to assist the family and the children.

DPD may also be called for assistance in the following circumstances:

- Serious cases of child abuse requiring immediate response including domestic violence,
- Injurious home environment with unsafe living conditions,
- Cases involving Drug Endangered Children,
- Sexual abuse cases where the victim is at continued risk from the perpetrator,
- Abandoned or seriously neglected children,
- Suspicious child death cases,
- Situations in which the family is likely to flee the jurisdiction with the children. SEXUAL ABUSE (Intrafamilial, custody, care),
- Any case where there is suspected sexual abuse of a child.

In cases of sexual assault that warrant a criminal investigation, the DPD Missing and Exploited Persons Unit will be notified immediately by telephone. A copy of the TRAILS referral and a memo with additional information will be forwarded to the Missing and Exploited Persons Unit as soon as possible.

The caseworker will assist with the investigation as requested by the assigned Missing and Exploited Persons Unit detective.

The caseworker will be responsible for arranging a medical evaluation of the child. In all cases that involve penetration, a medical exam must be conducted.

**INVESTIGATION OF THIRD-PARTY SEXUAL ASSAULT, ABUSE AND NEGLECT**

Law enforcement personnel shall assume the primary responsibility for the coordination and investigation of third party sexual assault, abuse and neglect by suspects ten years or older. CRS 19-3-308(5.3)(a).

DDHS may, upon recommendation of the Sex Abuse Unit Supervisor or Missing and Exploited Persons Unit supervisor, conduct an investigation regarding reports of sexual abuse and neglect when the alleged perpetrator is under the age of ten.

DPD may notify DDHS if they determine that a child’s safety and/or protection is compromised in the case of a third party sexual assault or abuse and neglect case and request further investigation.

DDHS may investigate and determine the appropriate action and services.

DDHS Sex Abuse Unit staff will work in partnership with DPD to provide requested assistance during the course of the investigation following normal DDHS protocols.
Before an investigation is completed, if DPD determines that the assistance of DDHS is required for the child or the child's family, then DDHS shall respond in a manner they deem appropriate.

**ASSESSMENT OF INSTITUTIONAL ABUSE [CRS 19-3-308(4.5)(A)]**

Institutional abuse or neglect includes those reports that occur in any private or public facility that provides out-of-home childcare including day care homes and centers and 24 hour childcare facilities. School settings shall not be viewed as institutional abuse.

DDHS shall coordinate the investigation of reports of institutional abuse. DPD shall be notified by DDHS when the investigation warrants their involvement.

The initial investigation by DDHS shall assess the need for emergency intervention and evaluate the safety of the child or other children in the institution. A report of minor injury resulting from physical restraining shall not, by itself, require a full investigation unless there are surrounding circumstances that would indicate abusive or neglectful behavior by the care provider. Such circumstances include those reports in which someone is specifically alleging the behavior to be abusive or those reports in which there has been a pattern of frequent injuries by the same caretaker or of similar incidents in the same facility.

The State Department of Human Services Licensing Section shall be notified if the abuse or neglect occurred in a state licensed facility.

DDHS shall assess all cases of institutional abuse and cases where the alleged perpetrator is a person in a position of trust. Investigations may be conducted independently or by another agency. Institutional abuse if in a category that would otherwise require a joint investigation; DDHS and DPD shall be responsible for all investigations of child sexual assault by an adult in institutional facilities, and shall report all findings to the appropriate licensing authority. However, DPD shall respond to all child sexual assault calls allegedly occurring within the school system.

**4. ASSESSING THE ALLEGATIONS/DDHS CASEWORKER**

Sound practice and protection of the child or child victim dictates the importance of the investigation. The agency receiving the report shall notify the other agency that a joint investigation is indicated.

The DDHS caseworker's screening includes obtaining information from collateral sources, such as schools, medical personnel, law enforcement or other care providers.
This initial risk assessment is performed by the Hotline in accordance with a standardized risk assessment tool.

The investigation/assessment shall determine the nature, extent, and cause of the alleged abuse or neglect. Investigation shall include the following activities:

- An interview and/or observation of the child out of the presence of the suspected perpetrator. (CRS 19-3-308(234), 19-3-308-5) (7.202.52 Colorado Department of Human Services Policy and Procedures for Child Welfare Services)
- An assessment of the child's current physical, mental or emotional condition will be completed. Based on the assessment, a medical examination may be conducted. Assessment may include a visit to the child's place of residence or place of custody if there are concerns regarding the conditions of the home.
- A list of the names and description of the conditions of other children living in the household.
- An interview of the child's parents or other caretakers, siblings, guardians or custodians, as appropriate.
- A consideration of ethnic, religious and cultural issues shall be made.
- Caseworkers will seek the assistance of a certified professional when special needs are present- i.e., monolingual clients, hearing impaired clients, developmentally impaired clients.
- If access to the home or child is denied, DDHS caseworker may seek assistance of the DPD or a court order to obtain access.

5. JOINT INVESTIGATION COORDINATION

The following cases shall be investigated jointly by the Department of Human Services and the Denver Police Department:

- Intrafamilial sexual abuse
- Physical abuse where there are injuries or obvious marks indicative of abuse
- Severe or repeated neglect and/or failure to thrive
- Situations in which parents are arrested and children are deemed at risk by DPD
- Safety issues, i.e. injurious environment
- Cases involving Drug Endangered Children
- Upon request by either agency, the District Attorney's Office, or the Court.

If the investigation warrants, each agency shall check its records for previous contacts with the family and suspected perpetrator. This includes a check with the State Database by the DDHS and NCIC/CCIC by law enforcement. Denver Police Department will check Department of Motor Vehicles and other public records when necessary.

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2 State Database of Confirmed Persons Responsible for Abuse and Neglect
The DDHS caseworker and the DPD detective conducting the investigation must communicate to share information and discuss the investigation. The discussion should include:

- When the interview will be conducted,
- Where interviews are to be conducted,
- The order of interviewing victims, parents, siblings, relatives, teachers, therapists, suspects, and any other witnesses,
- Who will take the lead in interviewing each person,
- Whether to video and/or audiotape,
- What interviewing aids are appropriate.

6. DOCUMENTATION OF THE INVESTIGATION

The following information shall be obtained from all interviews:

- Location (address, county and state of occurrence)
- Offense elements
- Identification of victim and perpetrator
- Identification of other victims and any witnesses
- Dates of occurrence
- Injuries documented

DDHS maintains a 24 hour Hotline for the purposes of receiving all reports of abuse and neglect. Upon the request of hospital/health care staff, law enforcement or the District Attorney’s Office, the Hotline staff shall immediately notify the ERT caseworker of the need to speak directly to them regarding a case needing an emergent response. The Hotline staff shall attempt to obtain the following information from the reporter and record the information on the TRAILS Referral Report Form:

- Name of parents
- Address
- Phone number
- Name and phone number of reporting party, title and/or relationship of reporter
- Special needs or disabilities
- Present location of child if different from parent's address
- Name of Case Aide/Hotline staff who took the call
- Date and time of call
- Name, sex and birth date of all children in household
- Nature and extent of abuse, including any known details
- Any known information of the alleged perpetrator
- Primary language spoken by family involved
- Actions taken by reporting party

A review of County and State records and a check of the State Database will occur
on all reports. The results and date of these checks will be documented.

The caseworker may close a case within 30 days if the investigation indicates the allegation of abuse/neglect is clearly unfounded and the family is not requesting further services.

Services may be provided when the allegations of abuse/neglect have been confirmed.

The Child Protection Review Team will review cases of abuse and neglect. The County Department shall enter all confirmed child abuse or neglect cases to the State Database as soon as the investigation is completed. This will be done no later than 60 calendar days after receipt of the complaint. Services may be offered if the investigation indicates lack of evidence to sustain the allegation.

There shall be documentation in the record of the services offered. Appropriate referrals shall be made to community resources for the provision of services. These referrals shall be documented in the case record.

7. RESPONSE TIME

Both Hotline screeners and the Intake Supervisor prioritize the assessment of referrals based upon an initial assessment of risk of abuse and the current safety of the child. Priority in response time is determined using the following time frames unless there are circumstances that require a different response. Response outside of these time frames will be documented in the record.

- **All High Risk Referrals** the safety and protection issues shall be addressed immediately and no later than 24 hours after the initial receipt of the report.

- **All Moderate or Low Risk Referrals in which the child's safety has not been secured** the investigation shall be initiated as soon as possible, but no later than 72 hours after receipt of the report.

- **All Low Risk Referrals in which the child's safety has been secured** the assessment shall occur as soon as possible but no later than four working days after the receipt of the report.

The Intake Supervisors have four options when reviewing referrals:

1. **Assign** to an intake caseworker for assessment

2. **No assignment**. Reports that do not require further assessment shall be documented along with the reasons that indicate further investigation is not needed.

3. **The referral may be held** until more information is received or until staff is available for assignment. If the referral meets the criteria for case assignment, it
will be assigned to a caseworker within the time frames indicated by the risk assessment outlined above. If referral cannot be assigned within these time frames, the reason will be noted by the supervisor on the reporting form. "Hold" is written in the assigned work field on the Form 36 and the date is written in the date field. The supervisor will complete the supervisory risk assessment. The packet will be held in the assignment box and reviewed again the following day.

4. The referral will be assigned to a professional screening caseworker for further evaluation and review. Referrals appropriate for assignment to a casework screener include:

- Reports that do not have complete information sufficient to determine the need to assign the referral to a caseworker;
- Reports that do not include a specific allegation of abuse or neglect but indicate that there is potential for harm and a reporting party requests a call back;
- Requests for services not provided by DDHS but available in the response does not discover evidence of known or suspected abuse or community.

The intake assessment will be completed within 30 days of receipt of the child abuse and neglect report unless there are circumstances that prevent this from occurring. Such circumstances will be documented in the case record.

Referrals that will not be assigned for further assessment include:

- Reports that indicate no evidence of known or suspect abuse or neglect or request for services;
- Reports with inadequate identifying information which makes it impossible to proceed with assessment, (i.e. no names or way of finding names, no address or way to find address.);
- Reports received by the DPD or DDHS which include the following:

1. The report made directly to the police or referred to the police by DDHS indicates no known or suspected child abuse or neglect and DDHS concurs. The exception would be in cases where DPD requests a follow up or there have been two prior reports that were not investigated in the past two years.

2. DPD has been called because the child(ren) is home alone but DPD response does not discover evidence of abuse or neglect and DDHS concurs. At least one child must be twelve years of age or older.

3. A complaint made to DPD or DDHS contains no specific details indicating abuse or neglect and DPD response does not discover evidence of abuse or neglect. Exceptions include situations in which a DDHS assessment is required, the child(ren) is under school age, DDHS or DPD has received prior reports involving the same household or individuals.

4. A complaint indicates that the home environment is known or suspected to be dangerous due to drug or gang related activity, however, police neglect
as indicated in the complaint.

5. A complaint concerns only school attendance problems with no indicators of abuse or neglect. Complaints from schools concerning severe neglect and endangerment will be handled according to DDHS protocol.

6. A complaint is made by a party identified with a known pattern of harassment, (same caller, same complaint, and prior investigation has revealed no abuse or neglect.) The exception would be if the complainant gives specific information concerning abuse or neglect which meet assignment criteria.

7. A request for a custody evaluation in which no known or suspect child abuse or neglect is alleged and there is no specific court order.

8. A complaint of third party physical or sexual abuse that does not involve institutional abuse or an alleged perpetrator under the age of ten. In all other cases, DPD investigates.

9. A complaint that concerns abuse or neglect which occurred in the past and there is no complaint concerning current abuse or neglect. When the alleged victim is under school age, consideration will be given for assignment depending on the nature of the past abuse and possible ongoing vulnerability of the child.
   - When the child is 16 years of age or older and there is no evidence of abuse or neglect.
   - Cases that involve child to child fighting or sexual play and the children are within four years of each other in age. An exception may be made if there is evidence of lack of supervision on the part of the parent.

8. PROTECTIVE CUSTODY OR OTHER IMMEDIATE ACTIONS

Law enforcement assistance and/or an appropriate court order may be sought when one or more of the following criteria exist. CRS 19-3-308 (3)(b) and CRS 19-3-308 (4)(b):
   - A caseworker is unable to properly investigate a report of suspected child abuse or neglect due to the family's unwillingness to cooperate.
   - The DDHS investigation indicates the need for removal of the child from the home.
   - The family is already under the jurisdiction of the court and a modification is necessary to ensure the child's continued safety.
   - It is necessary to restrain an individual from having contact with the child or to exclude an individual from the family home to ensure that the child is safe.

A child can be removed from the home by:
   - Police protective custody
   - A court order
   - A signed voluntary placement agreement
Within 48/72 hours of a police protective hold, the child shall:
- Be returned home
- Be placed with a relative approved by DDHS
- Remain in placement through a court order
- Continue in placement by virtue of a voluntary placement agreement signed by the parent.

When a child is taken into protective custody, the DDHS caseworker shall provide the parent with a Parent Information Fact Sheet.

The type of placement utilized shall be the least restrictive and most appropriate alternative to meet the child's need.

9. JUVENILE COURT - DEPENDENCY AND NEGLECT PETITION

DDHS will make a decision whether to file a Dependency and Neglect Petition in Denver Juvenile Court. Within 48 - 72 hours of a child being taken into police custody a detention hearing must be held if that child is to remain in custody. The purpose of the court action is to promote safety of the child and ensure adequate care. The City Attorney's Office shall represent DDHS in Denver Juvenile Court. The Guardian ad Litem shall be appointed by Juvenile Court to represent the child's best interests.

When the D & N petition involves a DEC and there is a concomitant criminal case, a referral to the Family Integrated Drug Court will be considered.

10. CHILD FATALITIES

Preface: Volume 7, 7.202.75 states the following:

The county department shall investigate child fatalities in intrafamilial and institutional settings in those in cases in which,

1. There is reason to know or suspect that abuse or neglect caused or contributed to the child's death,
2. The death is not explained or cause of death is unknown at the time of the child’s death,
3. The history given about the child's death is at variance with the degree or type of injury and subsequent death.

DDHS will investigate the death of any youth that has an open case within the Family and Children Division. This includes youth between 16 and 21 years of age who may be eligible for specialized services.
In those cases in which a child fatality meets the above criteria, DDHS will do the following:

1. All notifications of child deaths must be routed to or called into the Hotline. In most cases, fatalities are reported by DPD or Denver Coroner’s Office.

2. The Hotline will determine if there are other children in the family and search available systems and data bases to determine if the family has any prior referrals or involvement within the DDHS system or any county department of human services in Colorado. The Hotline will generate a referral (DW-36) with the information collected.

3. After obtaining the above information, the Hotline will immediately contact the following:
   - During business hours - (1) Child Death Supervisor, (2) Intake Administrator
   - After hours - (1) Administrator on call, (2) After-hours Emergency Response Worker, (3) Child Death Supervisor, (4) Intake Section Administrator.

4. During Night Caller hours (midnight - 8 a.m.) the night caller will do the following:
   - The Night Caller will be notified by the Crisis Center answering service that a child death has occurred,
   - The Night Caller will immediately call the On-Call Supervisor, On-Call Administrator, and Intake Section Administrator. The Intake Section Administrator will contact the Family and Children’s Division Director.
   - It is imperative to learn if other children are involved with the family system both within the home where the fatality occurred and outside the home. The Night Caller will access both TRAILS and CIAO for any previous family involvement with DDHS or any other county department of human services in Colorado.
   - The Night Caller will coordinate any immediate investigation needs with DPD.
   - A Night Caller report must be given to the Hotline to generate a referral the next business day.

5. During business hours, Child Death Supervisor will immediately do the following:
   - Assign the referral to an internal child fatality investigation worker who is specifically trained to facilitate the appropriate investigation protocols and child fatality dynamics.
   - Draft a document noting the dynamics in the case of the deceased. (See appendix A) The documentation will be emailed to the persons on the child fatality distribution list.
   - Keep Intake Administrator regularly updated as to status of the case.
   - If the death is suspicious, the State of Colorado Department of Human Services Administrator must be notified within 24 hours pursuant to the requirements of Volume 7, 7202.77, Reporting to the State.
   - If applicable, work with the Victim Assistance Unit of the Denver Police Department to notify parents of the child’s death.
   - If applicable, notify the Denver Juvenile Court, Denver City Attorney, and the child’s Guardian ad Litem of the child’s death.
   - Supervisor will provide trauma counseling resources to any DDHS staff
involved in the case.

6. **Child Death Caseworker** will do the following:
   - Asses the safety of other children in the home. The assessment will include visiting the home, interviewing or evaluating children and examining the children's physical, mental and emotional status.
   - After completion of the above assessment, the worker and a supervisor will agree on a safety intervention.
   - If removal of children is needed, this will be done through a police hold or verbal order of custody from the on-call judge.
   - Collaborate with DPD, the District Attorney, Coroner's Office, and hospital in the investigation of the death. Provide the parties with information related to any prior DHS involvement with the child, family, or alleged perpetrator.
   - If the death is suspicious, the caseworker will submit a report summarizing the investigation of the death to the Child Protection Intake Section Administrator within 30 days. If more time is needed, a written request must be submitted to the State Department of Human Services.
   - If the death is suspicious, the caseworker will consult with DPD and the DA's Office before sanctioning the family or the child's move from the state.
   - If applicable, the caseworker will compile names of all DDHS personnel involved in the case prior to the child's death. 
   - Consult with the On-Call Administrator.

7. If death occurs after hours, the **Emergency Response Worker** will do the following:
   - Consult with the On-Call Administrator.
   - Assess the safety of other children in the home.
   - If removal of children is needed, this will be done through a police hold or a verbal order of custody from the on-call judge.
   - Collaborate with DPD concerning immediate investigation needs.
   - Provide a copy of the Emergency Response Report to the Hotline to generate a referral.
   - Staff the case with assigned Child Death Caseworker.

8. The **Intake Section Administrator** will:
   - Keep the Division Director informed.
   - Submit an Internal Review report within 45 days as required by Volume 7.
   - If needed, coordinate the scheduling of a State Fatality Review with the State Administrator.
   - Facilitate all necessary staffing, internal administrative reviews and meetings regarding the fatality.

9. The **Division Director** will:
   - Keep the agency Manager and Public Information Officer up to date regarding the case.
   - Review Internal Administrative Review Report prior to submission to the
State.
- Participate in any on-site State Department of Human Services reviews.

11. CONFLICT CASES

An example of a conflict case is when the perpetrator or parent is an employee of the Department. The caseworker assigned to the investigation will immediately notify his/her supervisor to assess whether it would be a conflict for the Department to continue the investigation. If it is determined to be a conflict, an administrator or the supervisor will request a courtesy supervision from a separate county department. The safety of the children must be considered in the expediency of the decision.

12. POLICE OFFICERS AND THEIR FAMILIES

If a referral is received regarding a member of the Denver Police Department, the intake supervisors will notify Missing and Exploited Persons Unit Supervisor that the referral has been received. If this is not known at the time of the referral, the intake caseworker will contact the Missing and Exploited Persons Unit Supervisor immediately upon discovering that one of the parents or the suspected perpetrator is a member of the Denver Police Department. The Missing and Exploited Persons Unit Supervisor will coordinate with the Internal Affairs Bureau to determine whether the Denver Police Department should open an investigation. If an Internal Affairs Investigation is opened and a Dependency and Neglect petition is necessary, the Department will coordinate with the assigned investigator in obtaining the necessary information.

DENVER POLICE DEPARTMENT POLICIES AND PROCEDURES

INVESTIGATIONS

A. STANDARDS FOR JOINT INVESTIGATIONS

Child abuse and neglect are community problems requiring a comprehensive and coordinated response by law enforcement, human services, and other agencies when appropriate. The Denver Police Department and the Denver Coroner’s Office will have primary responsibility for the investigation of any death occurring within the City and County of Denver. When such investigations involve the death of a child, the Denver Department of Human Services (DDHS), will be notified as part of that investigation. Where abuse is suspected or other safety concerns are evident, officers will follow the standard investigative protocols outlined in the Operations Manual. The Denver Department of Human Services may be contacted for assistance in these instances.
For an incident where the child remains at the scene, or is transported and abuse is suspected, an investigator will respond.

Child death investigations will include but are not limited to:
   a. Any unattended child death to include suspected S.I.D./S. cases...
   b. Any child death that appears suspicious.
   c. Any child death where there are other children in the family and/or in the home.
   d. Any case where physical abuse has occurred and there are injuries.
   e. Any case where there is severe and repeated abuse.
   f. Investigations requested by other agencies, the District Attorney or the Court.

B. PROCEDURES FOR JOINT INVESTIGATIONS

Sound practice and protection of children dictates the importance of the investigation. Any agency receiving a report that fits the criteria for joint investigation will notify the other involved agency when that joint investigation is both practical and appropriate.

Investigations conducted by the investigative agencies will follow their standard investigative protocols.

Upon the determination of a joint investigation between the Denver Department of Human Services and the Denver Police Department, an investigative plan will be developed. Should a criminal investigation be appropriate, the Denver Police Department will notify the Denver Department of Human Services of the following:
   a. When and where any and all interviews will be conducted, taking into consideration the agreements of the Forensic Interview MOU. (Appendix C)
   b. What interviews will be conducted and the order of such interviews.
   c. Determine the lead interviewer and the role of each person in the interview room.
   d. How the interview is to be documented, (audio / video).
   e. What interview aids, if any, are appropriate.

The goal of any interview is to obtain the following information:
   a. Location of the offense.
   b. Elements of the offense.
   c. Identification of all victims, witnesses, and perpetrators.
   d. Date of offense(s) occurrence.
   e. Documentation of injuries.

The Denver Police Department is responsible for gathering and preserving all evidence collected in criminal cases in accordance with standard investigative protocols outline the Denver Police Department Operations Manual.
LAW ENFORCEMENT INVESTIGATIVE PROCEDURES

1. PURPOSE

It will be the responsibility of the Denver Police Department to conduct criminal investigations, gather and maintain evidence collected as a result of the investigation, assemble and present cases to the Denver District Attorney and assist in the protection of all children alleged to be victims of any crime. All cases submitted to the Denver Police Department for consideration will be presented to the DA’s Office for consideration of filing charges.

The Colorado Revised Statutes - C.R.S. 19-3-308(5.3)(a), provides that law enforcement agencies are solely responsible for the coordination and investigation of all reports of third party abuse, neglect, or sexual assault committed by persons ten years of age or older.

Except in cases involving schools, investigations of all abuse and sexual assault cases where the perpetrator has care, custody, control or is a family member of the victim will be the shared responsibility of the Denver Department of Human Services (DDHS) and the Denver Police Department (DPD).

2. NOTIFICATIONS

a. In all cases of interfamilial child abuse, the Denver Police Department will be notified. Officers will complete a GO report. As much as is practical, all persons involved will be ordered-in to the Family Crisis Center for the next business day on DPD form 140, Protective Custody notice and/or Request to Appear. When necessary, the DDHS will be notified by phone in addition to the required reports.

b. All calls to the DDHS hotline are recorded on the statewide computer tracking system (TRAiLS). A copy of such documentation will be submitted to the Denver Police Department within 24 hours, or the next working day, for review and possible follow-up assignment. Emergencies called in on the hotline during non-duty hours will be referred to the ERT caseworker.

c. When officers respond to a complaint called in by the DDHS Hotline, officers will complete a GO report and advise the Hotline worker of the outcome of the call.

d. In cases of criminal child abuse or child endangerment, the DDHS caseworker will notify DPD via the Communications Bureau. An officer will then be dispatched to the location. The officer will complete a GO report and order-in all involved persons on DPD form 140. Should it be necessary, the officer will contact the Missing and Exploited Persons Unit Supervisor.

e. In cases where a death has occurred and the death is unattended or appears suspicious in nature, a Homicide Unit Supervisor will be responsible for making all other notifications as set forth in the Denver Police Department

f. In cases where a death has occurred, a Homicide Unit Supervisor and the on-call Chief Deputy District Attorney will be notified. In addition, to this notification, the Missing and Exploited Persons Unit Supervisor will also be notified. This is done to best utilize the expertise of the Missing and Exploited Persons Unit in child death cases and to better facilitate follow-up notifications of DDHS.

g. In cases in which there is serious bodily injury (SBI), the Missing and Exploited Persons Unit Supervisor will be notified.

h. In cases where a suspected child abuse victim is transported to a medical facility, officers of the Denver Police Department will respond for the purpose of protecting and collection of evidence. A GO report will be completed and a copy of DPD form 140, Protective Custody Notice and/or Request to Appear will be left with the medical facility to initiate a police hold. The responding officer is responsible for notifying the DDHS Child Abuse Hotline.

i. When the investigation involves a suspected perpetrator who was acting in an official capacity as an employee of a school district, the Denver Police Department detective will notify Denver Public Schools security.

j. Officers with questions will notify a Missing and Exploited Persons Unit supervisor.

k. The supervisor of the Missing and Exploited Persons Unit will provide a list of assigned cases and their respective outcomes to the Denver District Attorney on a quarterly basis.

3. RESPONDING OFFICER’S ROLE

(1) The first priority in a child abuse or sex assault investigation is to ensure the protection of the child. Police officers must investigate all complaints concerning abused/neglected children to determine their validity. When a child is a victim of child abuse, child neglect or sexual assault, the officer has the responsibility of deciding if the child should be left in the home. Officers are given the authority to remove children from their parent or legal guardian without a court order, and must evaluate the safety of the child victim as well as other children who are in the care of the parent or legal guardian. Under CRS §19-3-401, the officer has the authority to remove the child “whenever the safety or well-being of the child is immediately at issue and there is no other reasonable way to protect the child”. Once a decision is made to remove a child, officers must contact the Denver Department of Human Services at 720-944-3000 and advise the social worker a child placement is needed. Refer to Denver Police Department Operations Manual section 308.03(2). It is the officers’ decision when a child is taken away from a parent or legal guardian, and it is social services decision where the child will be placed. If an officer is unsure if a child should be placed into protective custody, they must notify their supervisor to
make the determination. If the supervisor is unsure if a child should be taken into protective custody the MEP Unit supervisor must be contacted. If children are taken into protective custody and no adults are present, a copy of a DPD form 140, Protective Custody Notice and/or Request to Appear, must be left at the residence.

The responding officer is responsible for the following:

**Child Abuse with serious bodily injury:**
- a. Arrange for transport if the child is at the scene.
- b. Obtain all facts pertaining to the event.
- c. Contact the appropriate Denver Police Department Supervisor.
- d. Contact the on-call Missing and Exploited Persons Unit Supervisor.
- e. Complete all necessary reports.
- f. Collect evidence, or arrange to have collected.
- g. Assist the on-call detective when requested.
- h. Assure the safety of other children present.
- i. Notify the DDHS Child Abuse Hotline.

**Sexual abuse (intrafamilial, custody, care) within 72 hours of the incident:**
- a. In all cases where sexual abuse is alleged or evident, the Missing and Exploited Persons Unit Supervisor and DDHS will be notified.
- b. Obtain the facts from the outcry witnesses.
- c. The victim will be interviewed by trained investigative personnel. Officers will only gather basic facts and only if absolutely necessary complete the initial investigation.
- d. Obtain statements from all witnesses.
- e. Determine the need for a search warrant. Questions must be directed to the Missing and Exploited Persons Unit Supervisor.
- f. If no warrant is needed, collect all evidence at the scene.
- g. Complete all necessary paperwork.
- h. Arrest a suspect only after consultation with a Missing and Exploited Persons Unit detective or supervisor.
- i. Transport the child to the Denver Health Medical Center (DHMC) or Children's Hospital for treatment and completion of a sexual assault exam.
- j. Order-In family members to the Family Crisis Center.

**Sexual abuse (intrafamilial, custody, care) after 72 hours of incident:**
- a. In all cases where sexual assault is alleged or evident, the Missing and Exploited Persons Unit Supervisor and DDHS will be notified.
- b. Obtain the facts and written statements from the outcry witnesses.
- c. The victim will be interviewed by training investigative personnel. Officers will only gather the basic facts and only if absolutely necessary complete the initial investigation. The victim will be interviewed and videotaped.
- d. Obtain statements from all witnesses.
- e. Determine the need for a search warrant. Questions must be directed to the Missing and Exploited Persons Unit Supervisor.
- f. If no warrant is needed, collect all evidence at the scene.
g. Complete a GO report.

h. Approval for arrest must be obtained from the supervisor of the Missing and Exploited Persons Unit.

i. Order-in the victim and guardian on DPD form 140, Protective Custody Notice and/or Request to Appear.

j. Order-in the suspect on DPD form 140, Protective Custody Notice and/or Request to Appear. The order-in time for suspects will be listed as 10:30a.m.

k. Should the welfare of the child or integrity of the investigation be of concern, the child will be placed into temporary custody. Should the child be placed in a facility other than the Family Crisis Center, a DPD form 104, Protective Custody Notice and/or Request to Appear will be completed. A copy of this order-in will be left with the facility.

Third party sexual assault:

Third party sexual assault investigations will follow the protocols outlined in the Denver Police Department Operations manual and the Denver Sexual Assault Response Protocols delineated in the Sexual Assault Interagency Council manual.

Responding to a school:

Police officers and school personnel should take into consideration the child's sensitivity and need for privacy. A location that will minimize attention should be chosen for any interview conducted at a school facility.

When child abuse is alleged, the officer shall observe the child and consider if medical attention is necessary. A Missing and Exploited Persons Unit detective can be called to interview the child.

Factors to consider in evaluating whether the child should be interviewed:

a. Has the child disclosed details to another person?

b. The child's age and maturity.

c. The child's ability to relate information about what occurred.

d. The emotional stability and physical needs of the child.

4. ASSESSING THE FACTS: RESPONDING OFFICER AND/OR DETECTIVE

Section 19-3-308, C.R.S., of the Colorado Children's Code states that a thorough investigation is made immediately upon receipt of a report of known or suspected child abuse or neglect. It further directs that the investigation include:

a. A determination of the nature, extent and cause of the abuse or neglect;

b. The identification of any other children living in the same place; and

c. An assessment of the conditions of any other children living in the same place.

It is optimal that the physical assessment be made by medical personnel; however,
during the initial contact it is not always possible and must frequently be assessed by the responding officer who must determine whether care is necessary.

To comply with section 19-3-308, C.R.S., the child may have to be examined for physical injury and those injuries documented. If medical personnel have examined the child a report should be obtained documenting the injuries. If injuries are obvious, paramedics should be summoned to examine the injuries. Officers may be present while paramedics examine the injuries and document their location. If there is no alternative available and the child must be examined, the officer may check for injuries. Because of the traumatic nature of such examination, medical personnel should complete these exams.

The responding officer will assess and examine the possibility of other safety issues including:
  a. Safety of children in the home
  b. Emotional abuse.
  c. Drug/Alcohol exposure.

The responding officer will obtain written statements from all witnesses. Should any safety issues exist, the officer will notify the DDHS Hotline.

5. DOCUMENTATION OF THE INVESTIGATION

  a. It is the responsibility of the responding officer to complete a GO report. Officers must obtain approval from their supervisor or the supervisor of the Missing and Exploited Persons Unit prior to jailing a suspect.
  b. A GO report will be completed irrespective to the abuse or neglect being founded or unfounded. Should officers respond to a complaint and locate no children, a GO report titled “letter to detectives” will be sent to the Missing and Exploited Persons Unit detailing the type of call dispatched and what was observed. Include the names of all persons contacted at the location.

6. GATHERING EVIDENCE

  1. Evidence will be collected in accordance with standard investigative practice outline in the Denver Police Department Operations Manual.

  2. While conducting a scene examination, officers will record their observations accurately. This documentation is important for future testimony in subsequent criminal and civil proceedings. Areas of concern include but are not limited to:
     a. Physical conditions of all children present, including their appearance and any injuries.
     b. Condition of surrounding. Include safety concerns such as unprotected or open windows, exposed wiring, vermin, human or animal waste, weapons, drugs or associated paraphernalia.
c. General condition of the home including cleanliness and adequacy of sleeping, eating, and washing facilities.
d. Availability of food and water.
e. Adequate heat, light, and space.

3. Officers will observe and record the behavior of the parent(s) and child(ren) toward each other in the officer's presence. Behavior may include various non-verbal messages such as:
   a. Eye contact between family Members.
   b. Facial expressions.
   c. Voice tone or voice inflection.
   d. Levels of communication between family members.
   e. Willingness to listen.
   f. Ability to express feeling or engage in physical closeness.

4. Photographic and videotape evidence will be collected in standard investigative format as outlined in the Denver Police Department Operations Manual.

5. Once collected, all physical evidence will be handled with standard investigative practice as outlined in the Denver Police Department Operations Manual. This will include evidence gathered from any suspect. Legal orders may be utilized for this collection as outlined in the Colorado Revised Statutes.

6. Should any officer have questions about any procedure as it pertains to documentation or collection of evidence or crime scene, a Missing and Exploited Persons detective will be contacted for direction and assistance.

7. Obtain medical records pursuant to section 19-1-307(2)(a), C.R.S.

7. PROTECTIVE CUSTODY HOLDS

Pursuant to 19-3-401, C.R.S., law enforcement officers are the only authorized entity, outside the courts, which have statutory power to place a protective hold on a child. When a decision has been made to place a child, the officer will notify the DDHS Hotline for placement location. If needed, the officer will transport the child to the placement facility.

a. DPD officers will assist DDHS caseworkers with the enforcement of a court ordered hold. In these situations, officers are only present to keep the peace and ensure the safety of all the parties involved.

b. The officer taking the child into protective custody will serve the parent or guardian with DPD form 140, protective Custody Order and/or Request to Appear. A copy of the form will be sent to DDHS and the Missing and Exploited Persons Unit. If the child is placed into a facility other than the
Family Crisis Center, a copy of DPD form 140, Protective Custody Order and/or Request to Appear will be left with such facility.

c. Protective holds on other children in the home should be strongly considered when investigating a child death, serious physical abuse/neglect cases or cases involving sexual abuse.

d. Officers investigating other cases such as domestic violence, drug or alcohol incidents or any other case where child abuse/neglect issues are present, should complete additional investigation. Should it be necessary, protective holds should be considered in appropriate incidents.

8. IDENTIFYING AND INTERVIEWING POTENTIAL WITNESSES

Interviews of any and all witnesses will be conducted utilizing standard investigative procedures and practice as outlined in the Denver Police Department Operations Manual.

9. IDENTIFYING AND INTERVIEWING POTENTIAL SUSPECTS

Standard investigative procedure will be utilized in identifying and arresting suspects of a criminal episode. The practice and procedure outlined in the Denver Police Department Operations Manual and the Colorado Revised Statutes will be adhered to.

Interviews of suspects will be conducted in accordance with standard investigative practice outlined in the Denver Police Department Operations Manual and the law.

10. DRUG ENDANGERED CHILDREN (DEC)

1. Definitions

Drug Endangered Children are defined as:

- Persons under 18 years of age who are:
  - directly or indirectly exposed to the use, sale or manufacturing of illegal drugs or caregiver intoxicated by use of alcohol; or
  - live in a house where illegal drugs are used, sold and/or manufactured; or
  - who ingest or inhale illegal drugs or are exposed in the home; or
  - are exposed to the toxic chemicals of a home drug lab
- Infants exposed to illegal drugs in utero,
- Infants/children who suffer physical abuse and/or neglect because of their caretaker's substance abuse.

Controlled substance is defined as a drug, substance, or immediate precursor included in schedules I through V of Part 2 of Section 18-18-102, (C.R.S.), including but not limited to heroin, methamphetamine, cocaine, marihuana, and
marihuana concentrate.

**Clandestine laboratory** is defined as a scene having hazardous chemicals, glassware, fertilizers, seeds, molds, or spores used to manufacture or grow controlled substances.

2. **Patrol Response:**
   a. When officers arrest a suspect for violation of any controlled substance law and the suspect is either the parent or guardian of a child or children who are physically present, officers shall further assess if the actions of the suspect permitted that child or children to be unreasonably placed in a situation that posed a threat of injury to the child’s or children’s life or health or if the child’s or children’s current safety is a concern.

b. If officers determine that the actions of the suspect permitted the child or children to be unreasonably placed in a situation that posed a threat of injury to the child’s or children’s life or health, or if the child’s or children’s current safety is a concern, officers shall call the Denver Department of Human Services Hotline at 720-944-3000 for placement of the child. The Emergency Response Worker shall determine where the child or children will be placed. Officers should never place a child or children away from his/her/their parent or legal guardian without consent from the Denver Department of Human Services.

   1. Officers shall complete a GO report, adding the offense “Child Abuse-aggravated” to the report and route this to the Vice/Drug Control Bureau handle.

   2. If children are taken into protective custody officers must complete DPD form 140, Protective Custody Notice and/or Request to Appear and check the box titled “protective custody”. Refer to Denver Police Department operations manual section 308.05 for distribution.

c. If officers determine that suspect is legal guardian or parent of a child or children, although a child or children are not physically present, and that child’s or children’s safety is a concern because of the nature of the offense, officers shall notify the Denver Department of Human Services Hotline at 720-944-3000. Officers shall alert the Hotline of the circumstances of the arrest and any concerns for the child or children. Officers shall further include the notification to the Denver Department of Human Services in their statements.

d. In the event that patrol officers determine that a child or children shall be placed and notification is made to the Denver Department of Human Services Hotline and a worker does not respond to the scene in an appropriate timeframe, an employee of the Denver Police Department shall transport the child or children to the Family Crisis Center. Notification of the transport shall be made to the Hotline to
ensure that a representative of the Denver Department of Human Services is present to meet and take custody of the child or children at the Family Crisis Center.

3. When officers find evidence of a **Clandestine Laboratory** as defined in section 308.06(1)(c) officers shall immediately notify the on call Vice/Narcotics Bureau supervisor.

   a. If children are involved, an offense of “Child Abuse-Aggravated” will be added to the GO report and the children will be included in the report as entities.
   
   b. The Vice/Narcotics Bureau personnel will contact the Denver Human Services Emergency Response Team to assist with placement of the children.

   1. **DEC** found in clandestine laboratories require immediate medical examination as follows:
      - Family Crisis Center (weekdays)
      - Denver Emergency Center for Children (DECC)

   2. Vice/Narcotics Bureau Personnel must provide drug exposure history to medical personnel when a child is brought in for medical evaluation.

4. In the event that Detectives determine that a child or children shall be placed and notification is made to the Denver Department of Human Services Hotline and a worker does not respond to the scene in an appropriate time frame, an employee of the Denver Police Department shall transport the child or children to the Family Crisis Center. Notification of the transport shall be made to the Hotline to ensure that a representative of the Denver Department of Human Services is present to meet and take custody of the child or children at the Family Crisis Center.

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**DENVER DISTRICT ATTORNEY'S OFFICE**

**POLICIES AND PROCEDURES**

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**I. STATEMENT OF PURPOSE**

Children victimized by physical and sexual abuse deserve a thoughtful and effective response from law enforcement that recognizes their special needs. The Denver District Attorney’s Child Abuse protocol reflects our mission to work together with other agencies involved in child abuse cases to reduce the trauma for child victims. It is designed to provide a consistent response to child physical and sexual abuse cases that meets the needs of child victims while maintaining the integrity of a thorough investigation and an effective prosecution.
II. INTAKE PROCEDURES

Once the Denver Police Department has investigated a case, they shall present the case to the Denver District Attorney's office for a filing decision. All suspected cases of child physical/sexual abuse presented to the Denver Police Department must be presented to the Denver District Attorney's Office for a filing decision. This includes both felony and misdemeanor offenses.

The Denver District Attorney's Office agrees to maintain a specialized Intake Unit for the purpose of making filing decisions in child physical/sexual abuse cases. A deputy district attorney should consider the following factors when reviewing a case for filing:

A. Evidentiary considerations

1. The child's statement
2. Statement of other witnesses including other children, non-offending parents, teachers, other professionals, or adults
3. Medical findings
4. Physical findings
5. Behavioral findings
6. Any relevant psychological information involving the child, family, or alleged perpetrator
7. Therapist evaluations of the child
8. The statement(s) of the alleged suspect
9. Criminal history of the alleged suspect
10. Prior referrals or bad acts of the alleged suspect
11. Suspect's polygraph results

B. Legal Sufficiency

In addition to the above considerations, the prosecuting attorney must consider the "legal sufficiency" of the evidence. These considerations include:

1. The applicable statute of limitations
2. Existence of admissible evidence to prove all the elements of the crime
3. Availability and credibility of necessary witnesses
4. The specificity of the allegations

In the final analysis, the prosecuting attorney must make a charging decision in accordance with their ethical duty to ensure that the case can be proven "beyond a reasonable doubt."

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3 This function will be maintained subject to budgetary constraints.
III. CASE STAFFING

The District Attorney’s Office agrees to maintain a specialized prosecution unit to specifically target and prosecute felony child physical abuse/sexual abuse cases. Each case will be staffed with a deputy district attorney, DA investigator, victim advocate and support staff member. These individuals will be assigned to the case once it has been accepted by the district attorney’s office for filing. These individuals will remain on a case until final disposition. Every attempt will be made to maintain continuity of personnel on each case.

1. DISTRICT ATTORNEY’S INVESTIGATOR ROLE

An experienced DA’s investigator will be assigned to every child physical abuse/sexual abuse case. The role of the DA’s investigator will be to conduct a thorough and complete investigation. The specifics of each investigation will depend on the type of abuse (physical/sexual); the child’s age and ability to communicate; the timeliness of the outcry; and the existence of other corroborative witnesses and evidence. Additionally, DA’s investigators will identify information helpful to the prosecution of a case including identifying prior victims of the defendant’s misconduct and issuing search warrants for additional evidence which may corroborate a victim’s statement.

When necessary, the DA’s investigator may need to take additional statements from victims and witnesses. When practicable, child victims and witnesses will be interviewed in a child friendly environment such as the Family Crisis Center or the Denver Child Advocacy Center. Additionally, the DA’s investigator will be familiar with "best practices" standards as it relates to interviewing children. The investigator will be responsible for complete and accurate documentation of each interview.

2. DISTRICT ATTORNEY’S VICTIM ADVOCATE ROLE

The victim advocate will have primary responsibility for notifying victims and their parents or guardians of all critical stages of the criminal prosecution process pursuant to the Victim Rights Amendment.

The victim advocate will provide the victims and their parents or guardians with information regarding additional resources in the community including referrals for therapy, applications for Crime Victim Compensation, and other services. In every case involving a child victim or witness, the victim advocate will identify and attempt contact with other professionals who are involved with that child. These

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4 Currently called the Family Violence Unit.
5 Memorandum of Understanding regarding forensic interviewing practices.
6 See C.R.S. 24-4.1-301 and C.R.S. 24-4.1-304
7 See C.R.S. 24-4.1-301 and C.R.S. 24-4.1-304
contacts are made to ensure that the child victim's/witness' needs are being met and to coordinate the prosecution effort with the child's family or foster family, therapist, Denver Department of Human Services (DDHS) case worker, guardian ad litem, court appointed special advocate (CASA), representatives of Denver Public Schools, and other professionals. The purpose of this outreach is to facilitate an understanding of the child's needs prior to the prosecution of a case and to ensure that the child is properly supported throughout the criminal justice process. The victim advocate will seek input regarding the child victim's ability to testify, the trauma if any likely to result from testifying, and the child victim's feelings on the case.

The victim advocate and other team members will work to prepare child victims and witnesses for the courtroom experience. Additionally, the victim advocate and other team members will provide the child with the opportunity to become familiar with the actual courtroom in which they will testify.

At the conclusion of the criminal case and upon request, the victim advocate will notify DDHS, DPD, and other involved professionals of the outcome of the case. The victim advocate will provide information to the victim concerning the victim's right to be heard post-conviction. The victim advocate will assist the victim in registering with probation to be notified of any change in the defendant's status. In those cases that result in a sentence to the Department of Corrections, the victim will be assisted in registering with the DOC to be informed of any change in inmate status and to be heard concerning community corrections eligibility or parole eligibility.

3. ROLE OF DEPUTY DISTRICT ATTORNEY

The prosecuting attorney shall ensure that in every case involving child victims and witnesses that the child is treated with the utmost care and respect. The prosecuting attorney will balance this role with maintaining offender accountability and ensuring the safety of the community.

Prosecutor's responsibilities include but are not limited to the following:

1. Prosecutors assume the ultimate responsibility for informing victims and their families of the status of the case from the time of the initial charging decision to determination of the defendant's sentence.  
2. Prosecutors shall bring to the attention of the court the views of the victims on bail, continuances, plea bargains, dismissals, sentencing and restitution.
3. Prosecutors should charge and pursue to the fullest extent of the law any and all charges which accurately reflect the defendant's misconduct. The prosecutor must have a good faith belief that the charges against the suspect can be proven beyond a reasonable

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*C.R.S. 24-4.1-302.5*
doubt.

4. Prosecutors should strongly encourage the court to place statutory priority on child physical abuse and sexual abuse cases. The prosecutor should discourage continuances unless the successful outcome of the prosecution is jeopardized absent a continuance. When such delays are necessary, the prosecutor shall attempt to secure dates which are agreeable for the victim, the victim's family and law enforcement.

5. Prosecutors shall ensure that a criminal restraining order prohibiting the defendant from having contact with the victim and/or the family is issued at the beginning of every case.

6. Prosecutors, when practicable, shall include the victim and their family in decisions concerning a reduction of charges, plea offers, dismissal or other dispositions.

7. Prosecutors shall maintain communication with the victim and their family to respond to their inquiries.

8. Prosecutors dealing with both misdemeanor and felony level child abuse cases shall be given specialized training. This training requirement may be met by the prosecutor's participation at in-house trainings as well as through participation in a mentoring relationship with attorneys who are experienced in the area of prosecuting child physical and sexual abuse cases.

9. Prosecutors shall conduct a thorough review of the case to identify and file any relevant pretrial motions. The purpose of the motions should be to aid the prosecutor in: (a) preventing unnecessary harassment or intimidation of a child witness; (b) easing the way for a child victim who is required to testify at court hearings; and (c) ensuring the admission of important evidence at trial. In those instances in which

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9 C.R.S. 18-3-411 and C.R.S. 18-6-401.1(4)
10 C.R.S. 18-1-1001
11 C.R.S. 24-4-1-302.5
12 Prosecutors should be prepared to respond to motions which improperly intrude into the privacy of the child witness. These motions include: (1) Motion for Psychiatric or Psychological Examination of the Victim; (2) Motion for Second Physical Examination of the Victim; (3) Motion to Admit Evidence of a Victim's and Witness' Prior (sexual) History pursuant to C.R.S. 18-3-407; (4) Motion to Disclose the Address and Telephone Number of Child Witness.
13 The prosecutor should be aware of statutes which in a qualifying case may ease the burden of a testifying child witness. These statutes include: (1) Motion for Videotape Depositions, C.R.S. 18-3-413 and 18-6-401.3; (2) Motion for Use of Closed Circuit Television, C.R.S 18-3-415.5; (3) Motion to Admit child Hearsay Statements, C.R.S. 13-25-129.
14 Prosecutors should be aware of statutory and legal authority which enables the attorney to present the strongest case possible including: (1) Motion in Limine to Admit Other Act Evidence pursuant to C.R.E. 404(b) and C.R.S. 16-10-301; (2) Notice of Intent to Offer Expert Testimony; (3) Motion in Limine to Preclude Evidence; (4) Motion for Expanded Voir Dire.
the law provides for HIV testing of a defendant,\footnote{See C.R.S. 18-3-415} the prosecuting attorney will facilitate preparation of the necessary motions for the Court. County Court deputies handling misdemeanor cases will be expected to follow the same procedures outlined above for felony level Deputies assigned to the Family Violence Unit.

IV. GUIDELINES FOR PROSECUTION

1. Vertical Prosecution

   A. District Court Child Physical and Sexual Abuse Cases

   The Denver District Attorney's Office maintains a commitment to "vertical prosecution" in cases involving charges of child physical/sexual abuse.

   This means that the prosecutor assigned to the case will be the individual who makes all subsequent decisions including preliminary hearing, witness preparation, pre-trial motions, trial and sentencing. The deputy district attorney will make these case decisions with the advice and counsel of the Chief Deputy District Attorney in the Family Violence Unit and the Denver District Attorney. The advantage of this system is that it promotes trust in the prosecutor and promotes the prosecutor's fullest understanding of what approach to take, what evidence to present, and what plea agreement and sentence to recommend.

   B. Juvenile Court Child Physical and Sexual Abuse Cases

   Misdemeanor and felony child abuse cases filed in the Juvenile Court will be handled in the following manner. Every child abuse case which comes into the Juvenile Court division will be reviewed by the Juvenile Court Chief Deputy. A preparation worksheet will be placed in each file that gives the deputy district attorney guidance on legal issues and investigative steps to take. The case is then assigned to a particular deputy district attorney. Once a case is assigned, the deputy is expected to handle all aspects of the case from start to finish, irrespective of which courtroom the deputy is assigned to or if the deputy moves out of the Juvenile Court division before the case has been completed. The deputy and Chief will discuss what offer may be appropriate on a case. Only the Chief Deputy can change the assignment of a Juvenile Court child abuse case. The investigators and victim advocates are directed that child abuse cases have high priority. Case progress is periodically reviewed by the Chief.
C. County Court Child Physical and Sexual Abuse Cases

Misdemeanor child abuse cases will be handled in the following manner.

Every child abuse case which comes into the County Court division will first be reviewed by one of the County Court Chief Deputies. A preparation worksheet will be placed into each file that gives the deputy district attorney guidance on legal issues, investigative steps to take and general guidance about what type of plea bargain offer may be appropriate. The case is then assigned to a particular deputy district attorney. Once a case is assigned, the deputy is expected to handle all aspects of the case from start to finish, irrespective of which courtroom the deputy is assigned to or if the deputy moves out of the County Court division before the case has been completed. Only a Chief Deputy can change the assignment of a County Court child abuse case.

2. Plea Dispositions

While the District Attorney's Office will endeavor to zealously prosecute cases involving child victims, in certain cases a guilty plea may be the desirable outcome. A plea of guilty by a defendant will ensure that the defendant will be held accountable for his misconduct, may spare the child victim possible anxiety associated with public court hearings, and prevent costly appeals. However, this must be balanced with the victim's wishes and desires in the case. Ultimately, the decision to offer a plea bargain to a defendant rests with the prosecuting attorney. Factors that prosecutors should consider include:

(1) Severity of the crime
   i. The violent nature and duration of the criminal act
   ii. Crimes involving a greater number of victims
   iii. Impact of the crime on the victim

(2) Dangerousness of the Offender
   i. Prior criminal history of defendant
   ii. Threats of harm to victim

(3) Victim's wishes and well being

(4) Newly developed evidence or legal problems including:
   i. Crucial witnesses become unavailable for trial
   ii. Victims or witnesses alter or change their original testimony
   iii. Legal rulings which suppress important evidence.

Any and all such plea dispositions must be made in accordance with The Victim's Rights Amendment Act.\(^\text{16}\)

\[^{16}\text{C.R.S. 24:4.1:301}\]
V. GUIDELINES FOR HANDLING SENSITIVE INFORMATION

The Denver District Attorney’s Office recognizes that sexual assault on children cases contain highly sensitive information. This information includes the name and address of victims and their families, the details of the sexual assault crime and, in some cases, medical information.

As a result, the Denver District Attorney’s Office will designate on the outside of each file whether a victim of sexual assault is implicated in a specific case. The notation will allow district attorney personnel to readily identify those cases that require additional services for victims and to ensure that the file will be handled with appropriate discretion.

When a sexual assault case has reached its final conclusion, that file will be stored in the Denver District Attorney’s Office in a manner which prohibits access to anyone but Denver District Attorney personnel.

VI. CHILD FATALITIES

The Denver District Attorney's Office provides an on-call Chief Deputy District Attorney assigned to respond to all homicide calls after regular business hours. In a case where physical abuse has resulted in the death of a child, the Chief Deputy of the Family Violence Unit may be contacted by the on-call deputy. The Chief Deputy or their designee will be prepared to respond to crime scenes as well as authorize necessary warrants. This deputy will participate as needed by the Denver Police Department in the investigation of a case.

VII. DRUG ENDANERGED CHILDREN (DEC)

The Denver District Attorney's Office Drug Unit reviews all felony level drug cases for filing. The Denver District Attorney's Office Drug Unit is aware of the health risks which can occur when children are exposed to controlled substances as defined in C.R.S. 18-18-102. When a review of a felony level drug filing indicates that a child or children were present at the time the drug offense was committed the Drug Unit considers filing child abuse charges pursuant to C.R.S. 18-6-401 in conjunction with the drug charges. All deputies in the Denver District Attorney's Office receive regular trainings on the issue of drug endangered children.

17 For purposes of this section a “child” will be defined as a person 12 years of age or younger. A “child abuse death” is that death which is caused by but not limited to the following: death by beating, burns, and Shaken Baby Syndrome.
VIII. CONCLUSIONS

The Denver District Attorney’s Child Abuse protocol provides the framework for approaching child physical abuse, child sexual abuse and drug endangered children cases in a way that ensures the most effective law enforcement response possible and the least amount of additional trauma to the victim. The protocol acknowledges that there are special considerations for child victims of abuse and that working together with investigators, prosecutors, and treatment providers, we can create continuity in each case that reduces trauma and aids in a successful outcome.
Appendix II
DPD Protocol for Polygraph Use with Victims

A. Philosophy
1. We recognize that polygraphs are used as an investigative tool.
2. The potential to polygraph a sexual assault victim will never be used to threaten a victim in any way, nor shall it be the sole determining factor to proceed with the investigation.

B. Process
1. Prior to mentioning the use of a polygraph to a sexual assault victim, detectives will consult with and obtain concurrence from the supervisor of the Sex Assault Unit.
2. Polygraphers who polygraph sexual assault victims are trained in the area of special needs for victims of this crime. Sensitivity should be stressed concerning these cases.
3. Community-based victim advocates will be instructed on the use of the polygraph upon request.
4. Community-based victim advocates associated with a victim of sexual assault will be notified of the request for a polygraph whenever possible.
5. The victim may request to meet with the detective and a community-based victim advocate prior to consenting to a polygraph exam, for the purpose of:
   a. allowing the victim to ask questions about the process prior to consent;
   b. informing the victim of her/his rights to refuse the exam;
   c. informing the victim of the admissibility issues in her/his particular case; and
   d. informing the victim that the exam will be concluded at her/his request.
6. Victims will be informed that they may have a support person (friend, therapist, community-based victim advocate) accompany them to the Polygraph Unit, who may wait for them outside, but not be allowed in the room with them.
7. Victims will be given an opportunity to think about the polygraph prior to consenting.
8. Victims will not be polygraphed without prior informed written consent.
9. The detective will orally provide to the victim information about the potential uses of the results of the exam.
Appendix III

SAIC Victim/Survivor Resolution Process

The SAIC office invites victims/survivors of sexual assault to contact our office if they are dissatisfied with services provided by any member agency. Member agencies are asked to distribute SAIC’s brochure which invites victims/survivors to voice their opinion regarding the sexual assault services they received in the City and County of Denver. An anonymous feedback form is available at www.denversaic.org under “Contact Us.” Member agencies are also encouraged to refer survivors to SAIC in appropriate situations.

The SAIC Project Director will facilitate the resolution process by receiving the report of a complaint, hearing from the victim/survivor in detail and providing advocacy, support, information and referrals as necessary. The Project Director acts as a liaison between the victim/survivor and the agency by contacting the agency representative, arranging and facilitating the appropriate intervention with the goal of a conclusion that is satisfactory to the victim/survivor.

Victim/Survivor Resolution Process in detail:
Note: Every survivor has individual needs/requests. SAIC will modify this process on a case-by-case basis as appropriate to ensure an effective, victim-centered approach to each concern.

1. Initiate contact with the victim/survivor and hear concerns within 3 business days.
2. Establish the jurisdiction of the complaint. If outside the City and County of Denver, make appropriate referrals.
3. Explain to the victim/survivor that interpretation can be arranged for interactions during the resolution process if needed.
4. Inform the survivor of the Victim/Survivor Resolution Process and SAIC’s role.
5. A copy of the resolution process will be offered.
6. Explain that SAIC Project Director is not covered by statutory privilege (13-90-107). However, personally identifying information disclosed by the survivor will not be shared without consent.
7. Inform the victim of rights afforded to them under the Victim Rights Act
8. Inform the victim/survivor of their options for pursuing the concern, including:
   a. Filing an anonymous complaint to use as a training tool and prevent similar incidents in the future
   b. Pursuing a Victim Rights Act complaint
   c. Pursuing the complaint through SAIC

Pursuing a complaint through SAIC
1. SAIC Project Director will contact the appropriate Agency representative by the next business day and express the concerns of the victim/survivor. The representative will strive to respond within 3 business days.
2. SAIC Project Director will arrange for the concern to be mediated based on the circumstances of the complaint and the victim’s wishes, including direct communication with the victim via telephone, writing, or in-person.
3. If the victim/survivor would like to meet with the agency, SAIC Project Director will facilitate the meeting at the victim’s request. A victim advocate will also be made available at the victim’s request.
4. SAIC Project Director will assist the victim/survivor in drafting questions that the victim would like answered in case the agency will need to research an answer prior to the meeting.
5. The Agency representative and/or an appropriate supervisor will attend the meeting. The subject of the complaint will only be present at the victim’s request and with the agency’s approval.
6. If the concern is not remedied to the victim’s liking, SAIC Liaison will discuss internal or external options for the victim/survivor to pursue.

The victim has the right to:
- Receive a timely initial response from SAIC (approx. 3 business days).
- Be heard by SAIC and voice concerns.
- Request an interpreter for interactions during the Victim/Survivor Issue Resolution process.
- Engage in the SAIC Victim/Survivor Resolution process described above.

The purpose of SAIC and the Victim/Survivor Resolution Process is to ensure victims/survivors of sexual violence in Denver receive the best possible response services. While SAIC partner agencies are proactive in maintaining effective practices, the Victim/Survivor Resolution Process is in place to respond when a victim/survivor is dissatisfied with the outcome. The process provides the opportunity to give feedback to SAIC, voice concerns, and gather information pertaining to sexual assault response and individual cases. Information shared throughout this process is also helpful in identifying gaps and improving services. While SAIC cannot guarantee case outcomes, we can determine if the response to the crime followed protocol, take necessary steps to address the concern and ensure your voice is heard.
Appendix IV
Denver Health Standard Policies and Procedures
Evaluation and Treatment of Sexually Abused Children and Adolescents

DENVER HEALTH

STANDARD POLICIES AND PROCEDURES

SUBJECT: Evaluation and Treatment of Sexually Abused Children and Adolescents

APPROVED: Patricia A. Gabow, M.D., CEO and Medical Director

I. Purpose:

To define sexual abuse of children and the procedures for investigating and treating such abuse at Denver Health Medical Center (DHMC).

II. Definition:

Using the American Bar Association’s Resource Center for Child Advocacy and Protection Guidelines and adapting them to Colorado’s Criminal Statutes, the following are considered to constitute sexual abuse:

A. Any penetration, however slight, of the vaginal or anal opening of one person by the penis of another person, whether or not there is the emission of semen; or

B. Any sexual contact between the genitals or anal opening of any one person and the mouth or tongue of another person; or

C. Any intrusion by one person into the genitals or anal opening of another person, including the use of any object for this purpose, EXCEPT that it shall not include acts intended for a valid medical purpose; or

D. The intentional touching of the genitals or intimate parts, including the breasts, genital area, groin, inner thighs, and buttocks or the clothing covering them, of either the child or perpetrator, can reasonably be construed as being for the purpose of sexual arousal, abuse or gratification. It shall not include:

1. Acts which may reasonably be construed to be normal caretaker responsibilities, interactions with, or affection for the child; or


E. The intentional masturbation of the perpetrator’s genitals in the presence of a child; or

F. The intentional exposure of the perpetrator’s genitals in the presence of a child, or any other sexual act, intentionally perpetrated in the presence of a child, if such exposure or sexual act is for the purpose of sexual arousal or gratification, aggression, degradation, or other similar purpose; or

G. Sexual exploitation which includes allowing, encouraging, or forcing a child to:

1. Solicit for or engage in prostitution; or
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2. Encourage the filming, photographing, videotaping, posing, modeling, or performing before a live audience, where such acts involve exhibition of the child’s genitals or any sexual act with the child.

III. Policy:

A. The policy of DHMC is to evaluate all suspected cases of sexual assault of a child and to report such cases to the appropriate authorities as required by Colorado Statute C.R.S. 19-3-304 and C.R.S. 19-3-307 and permitted by 45 CFR §§164.512(a) and 164.512(b)(1)(ii). The protected health information disclosed to the authorities should be the minimum necessary to satisfy the reporting purpose.

B. Jurisdiction:

1. Third Party Assaults (perpetrator is a stranger):
   a. The police department from the county in which the assault occurred must be notified, if this has not already been done.
   b. If the assault occurred in Denver County, an officer of the Denver Police Department must authorize the use of the Sexual Assault Evidence Kit and accept custody of any evidence.
   c. If the assault occurred outside Denver County, the police department with jurisdiction will determine where the child will be evaluated. If this police department authorizes evaluation at DHMC, their personnel must come and initiate a police report and accept custody of any evidence.
   d. It is not necessary to notify the Department of Human Service if the police department is already involved. If desired, the Department of Social Services in the county in which the victim resides should be notified.
   e. Department of Human Services:
      1. Denver County (720)944-3000
      2. Adams County (303)412-5212
      3. Arapahoe County (303)686-1750 or (303)795-4711 evenings/weekends
      4. Boulder County (303)441-1240
      5. Jefferson County (303)271-4131

2. Non Third Party Assaults (the perpetrator is related to the victim or is in a position of trust):
   a. A report must be made to the Department of Human Services in the county where the victim resides.
   b. If a sexual assault evidence kit is required, the police department in the county where the assault occurred must also be notified.

IV. Procedure:

A. Triage:
1. The evaluation of sexual abuse victims will be performed immediately at DHMC in the Emergency Department (ED) or Peds Urgent Care Clinic (PUCC) in the following situations:
   a. The patient is injured and needs medical care,
   b. The child has been assaulted within the past 72 hours and needs a forensic examination.

2. Patients under the age of 18 years:
   a. If the patient presents to the ED and does not have traumatic injuries requiring care, he/she will be triaged to the PUCC when the clinic is open. If the patient has major trauma, care will be provided in the ED. Sexual assault evaluation may be completed in the ED, unless transfer to the PUCC is deemed appropriate.
   b. When the PUCC is closed, all patients will be seen in the ED by the Emergency Medical Service Junior Resident. Consultation will be provided by the Senior Pediatric Ward Resident as needed.
   c. Consultation may be obtained from the Child Protection Team On-Call Physician. Physician coverage after hours, on weekends and holidays is provided jointly at both DHMC and the Children’s Hospital. Staff can call (303) 861-6919 and ask for the physician on-call.

3. Cases of sexual abuse of children who reside in Denver County and 1) do not require a forensic exam and 2) have no injuries, should be reported to the DDHS (Denver Department of Human Services) Hotline at (720) 944-3000. Staff at DDHS will arrange an examination, if necessary, at the Family Crisis Center. It is preferable to have these cases evaluated by the staff at the Family Crisis Center and not at DHMC. Extensive interview of the child (especially young children) should be done by the more experienced staff at the Family Crisis Center.

4. If the child lives outside of Denver County, the Department of Human Services for that county needs to be contacted unless it is a third party assault and the police have been notified. (See Attachment V for phone numbers).

5. Patients seen in the Community Health Centers should be referred to the Family Crisis Center unless there is evidence of acute trauma or a forensic exam is indicated.

B. Consent:

1. Although parental consent is preferable, patients under the age of 18 years may give their own consent for sexual assault examination and treatment.

2. If a parent refuses to give consent for examination, and there is any question of possible sexual assault, the patient can be examined without consent as part of the investigation of child abuse (sexual assault falls under child abuse laws if the patient is a minor).

3. The physician should attempt to notify the parents or legal guardian of the sexual assault when the minor patient indicates that he/she was a victim of sexual assault. However, it should be kept in mind that other confidential information revealed by the adolescent victim not related to the assault (i.e., previous consensual
sexual activity) cannot be revealed to the parent(s)/legal guardian if the adolescent indicates the information is confidential.

4. The individual’s, parents, or personal representative’s authorization is not required to disclose the protected health information to the appropriate authorities.

C. Initial Assessment:

1. Notify the clinical social worker.
2. Obtain authorization for the SAEK from the police.
3. Collect necessary clothing from the patient by:
   a. Placing 2 chux together on the floor and having the patient undress while standing on the chux.
   b. Placing each item of clothing into a separate paper bag.
   c. Placing the top chux in a separate paper bag.
   d. Giving all bags to the police.

4. The standard “Sexual Assault Form” (see attachment VI) may be used for adolescent victims. However, it should never be used for a young child (generally less than 12). Use of this form will cause the interviewer to ask leading questions, which in very young children is often inadmissible in court. For young children use a blank encounter.

D. History:

1. The goal of the physician is not to conduct a detailed forensic interview but to obtain the minimum information needed to make decisions about the timing and extent of the exam and the need to report. It is the responsibility of the Police Department or Department of Human Services to obtain an extensive history.

2. The history should determine if the perpetrator is “third party (stranger)” or “person in a position of trust.”

E. Examination:

1. The exam should not be more traumatic than the assault. It is not always necessary to perform a pelvic exam on a patient if vaginal penetration clearly did not occur.

2. A thorough physical exam needs to be performed and all evidence of trauma documented using the NAT form and genital diagram (Attachment VIII).

3. A genital and anal exam should be performed on young children.

4. Tanner Stage of Development should be documented (Attachment VII).

5. An exam should be performed as indicated by the age of the patient, type of assault, and degree of injury. Speculum examinations should never be performed on prepubescent children. Consultation with the OB/Gyn Service and/or sedation may be necessary in those cases in which there are extensive injuries, which cannot be determined because of fear and lack of cooperation of the child.
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6. Many prepubescent children will not tolerate swabs in the vagina. If this is the case, **consideration of sedation** should be made on a case by case basis in consultation with the parent(s). If swabs could not be obtained, indicate this on the vaginal swab envelope of the SAEK.

F. Forensic Examination (Sexual Assault Evidence Kit):

1. Chain of custody: the **red seal** on the evidence kit should be **intact** until broken by the physician. After the seal is broken, the contents of the kit must be in the physician’s possession at all times until samples are collected and sealed in the evidence box. The envelopes, tubes, and slides can be labeled by other personnel in the physician’s presence, but the physician should initial each item before it is sealed. The completed SAEK should be locked in the evidence box located in the ED **only** if Denver police department is involved in the case. If another police department is involved, that police department must take custody of the completed SAEK.

2. A Sexual Assault Evidence Kit (SAEK) should be used if exam indicates contact or there is a history of oral, vaginal, or anal contact with the assailant’s penis and/or saliva within 72 hours of exam. Instructions for use of the kit are printed on the envelopes and must be followed carefully.

G. Medical Tests:

1. **Pregnancy Testing** A pregnancy test must be done on all pubertal patients. The family or patient should be counseled on the possible need for another follow-up pregnancy test.

2. **STD Testing** In general, it is not necessary to culture victims for STD especially in pubertal victims. A positive result would be difficult to interpret as the infection could have occurred prior to the assault. However, obtaining cultures may be indicated in the following situations:
   a) There is a history of vaginal discharge in a prepubescent child
   b) There is a history of chronic sexual abuse involving vaginal or anal penetration in a prepubescent child.

   If a decision is made to test for STD, testing for chlamydia **must** be done by **culture**.

3. **HIV Testing** Testing for HIV is optional and should be done on a case by case basis. Families or patients opting for HIV testing should have an HIV ELISA done at the initial visit, 6 weeks, 3 months, and 6 months.

4. **Hepatitis B, C** Testing for Hepatitis B/C is optional. If testing is opted for Hepatitis B/C serology should be obtained at initial visit and then 12 weeks post assault.

H. Prophylaxis (see attachment IV for drugs and dosages)

1. **Pregnancy**
   Pregnancy prophylaxis should be offered to all patients at risk of becoming pregnant as a result of the assault. A pregnancy test must be performed prior to administration of prophylaxis.

2. **STD**
   STD prophylaxis should be offered to all victims in whom there was vaginal or anal penetration.
3. **HIV prophylaxis:**
   The decision to prophylaxis against HIV infection should be made on a case by case basis in consultation with the parent(s). The risk of HIV infection following an acute assault is low and the efficacy in preventing infection with prophylaxis is unknown. If HIV prophylaxis is opted for, the discussion with the patient or parents should include:
   a) Potential toxicity
      - minor: nausea, vomiting, diarrhea, headache
      - major: anemia, pancreatitis
   b) Treatment duration is 4 weeks
   c) Cost (~$800.00 for 30-day course)
   d) Need to start chemoprophylaxis ASAP up to 72 hours after the assault
   e) The need for close follow-up that is necessary to assess tolerance and toxicity of the antiretrovirals.

If a family or patient opts for HIV prophylaxis they need to see their PCP 2 weeks after starting prophylaxis. For questions concerning HIV prophylaxis, Jody Maes, M.D. is available for consultation. She can be reached at 303-436-6180 or paged at 303-826-2380; or call John Ogle, M.D. at 303-436-6690, pager 303-540-4014.

I. **Documentation:**

   The physician must complete a routine hospital encounter or the Sexual Assault Form (attachment VI) as well as the “Denver Police Department Sexual Assault Examination Request” which is attached to the Evidence Kit. Please make sure that this latter form is enclosed in the SAEK.

J. **Disposition/Checklist:**

1. If the assailant is a family member, someone living in the home (i.e., mother’s boyfriend), someone closely associated with the family, temporary caretaker, or if the safety of the child if returned home is a concern, the examining physician (when Clinical Social Work staff are not available to assist) must report the case to DDHS at (720) 944-3000, to request that the on-call worker come to the hospital to determine disposition of the child.

2. The checklist (Attachment V) should be completed.

V. **References**

   45 CFR §§164.512(a) and 164.512(b)(1)(ii)
Appendix V
Sexual Assault on a Child

The response to a juvenile reporting a sexual assault differs from the protocol for adult victims in significant ways. Juvenile victims include anyone under the age of 18 years. What follows is a brief summary of the practices and policies of each protocol agency when the victim is a child.

Denver Police Department

Communications 911 and Dispatch
- Response to an underage caller is the same as for an adult: an officer will be sent to respond. The call-taker will inquire of the caller if there is an adult or parent or guardian with them.

Patrol
- Both the Sex Crimes Unit and the M.E.P. Unit prefer to handle all victim interviews. Gather the necessary information and order the juvenile victim into the appropriate location for the interview. Contact the appropriate investigative unit for assistance.
- Utilize a Question/Answer interview format rather than asking the victim to provide a written statement to gain the information for the GO Report.
- If the victim has no parent or guardian, the patrol officer will contact the Family Crisis Center and they will assist with the proper placement of the child.
- Patrol officer will run a missing persons check on the child and if outstanding warrants come up, as is true for adult victims, the child will be arrested.

Victim Assistance Unit
- All VAU services require parental approval or the demonstration of a diligent effort to obtain it. If parental/guardian consent is unavailable, the Victim Assistance Unit (VAU) member can follow up a police contact.

Sex Crimes Unit
- The Sex Crimes Unit investigates sexual assaults on children except when the suspect is a family member or a person whose relationship with the child constitutes a “person in a position of trust”. The Missing and Exploited Persons Unit handles all SAOC cases when the suspect is in a position of trust. Third party offenders may be acquainted with the child victim and/or the victim’s family, but do not have a care giving role.
- The Sex Crimes supervisor should be contacted if there are question on what location to order the victim in to. The unit uses forensic interviews and interviews can also completed by the unit detectives depending on the age of the victim. The unit supervisors are on call when assistance is needed or requested.
Child Abuse Unit

- The Child Abuse Unit investigates all sexual assaults on children when the suspect is a family member or a person in a position of trust. These cases fall under the Child Abuse Protocol. Please see Appendix I for complete information.

Denver Health and Hospitals
Denver Health Medical Center
When medical treatment and/or a medical forensic examination on a child are warranted, it is provided at the Denver Emergency Center for Children (DECC). Non-acute cases where medical examinations are not indicated go to the Family Crisis Center. Please see the appendix, “Standard Policies and Procedures for the evaluation and treatment of sexually abused children and adolescents” for complete information.

Community Victim Services
Rape Assistance and Awareness Program
All RAAP employees and volunteers are mandated to report suspected child abuse in accordance with state law. The 24-hour hotline serves victims of all ages with crisis intervention and referral. Case management and Counseling services are provided to victims 13 years and older. Thirteen and fourteen year-olds require parental consent to receive counseling; older youth may receive those services without parental consent.

Denver Children’s Advocacy Center
The Denver Children’s Advocacy Center conducts forensic interviews with alleged victims of child abuse at the request of the Denver Police Department and/or the Denver Department of Human Services. Forensic interviews are most often conducted at the DCAC campus, but can also be conducted at the police department headquarters or the Family Crisis Center at the discretion of the multi-disciplinary team. DCAC is able to provide forensic interview services after working hours on emergency cases, also at the discretion of the multi-disciplinary team. Victim advocacy services are available to all families of children that undergo forensic interview at DCAC.

Denver District Attorney’s Office
Intake Section
Filing decisions on many sexual assaults on a child (SOAC) under age 18 are made by the Family Violence Unit (FVU), whether the offender is a person in a position of trust or a third party. FVU cases conform to the Child Abuse Protocol practices: see Appendix (I).

Prosecution Team
Cases involving child victims that are filed for prosecution will always be assigned to the Family Violence Unit when the relationship between the defendant and child is within the family or constitutes a position of trust. Please see the Child Abuse Protocol (Appendix I) for more information.
Cases involving child victims where the defendant is a stranger or another third party, not a person in a position of trust, may be assigned to a DA’s Office Prosecution Team see page 26.

**Courts**
Sexual offenses are heard in different court settings depending upon the severity of the offense and the age of the offender. Some sexual assaults on children are perpetrated by juvenile offenders and will be heard in juvenile court.

**Probation**
Juvenile sex offenders are supervised according to the State Court Administrator’s Office *Probation Guidelines for Juveniles who have Sexually Offended* and the Denver Juvenile Probation Department’s policies and procedures. Terms and conditions of probation are established through the Court and in compliance with the Colorado Children’s Code for juveniles.
Appendix VI
Safety Planning

For persons who have been sexually assaulted, the concept of "safety" must be broadened to include planning for the survivor's mental, spiritual, emotional and physical well-being. Some sexual assault survivors face immediate safety issues, specifically if the perpetrator resides in the survivor’s home, attends the same school, is employed at the same location or knows where the above places are located. Additionally, the trauma resulting from victimization may put a survivor at risk for substance abuse or self-harm. It is important to listen to the survivor and address immediate and perceived safety concerns with the survivor before returning to his or her community.

Safety planning is a vital component to the response to sexual assault. Hospital social workers and community-based, law enforcement and/or legal advocates typically perform this duty. However, instances may arise when an advocate is unavailable and therefore hospital personnel and responding patrol officers should be prepared to safety plan as well.

- Determine if the survivor has a safe residence to return to. If the survivor does not feel safe returning home, assistance should be given by exploring alternatives available such as relatives, friends and shelters. In the case of child survivors, assistance from Denver Department of Human Services Child Protection Team should be requested. Long-term safety planning may include exploring the Colorado Address Confidentiality Program.
- Determine if the survivor has transportation to safely reach home or an alternative location. If not, assistance with transportation should be provided. The DPD Victim Assistance Unit may be able to provide immediate transportation and/or housing assistance if there are safety concerns related to a victim returning to her residence.
- Following a sexual assault, the survivor may experience a time of crisis and confusion. The survivor may need a great deal of emotional support. The survivor should be counseled prior to discharge regarding feelings frequently experienced by sexual assault survivors. They should be told these feelings are normal and they have a right to feel them. Survivors should be helped to identify a personal support system (relatives, friends, clergy, or others they can talk to or get support from over the next few days). Survivors should be given information regarding professional resources for counseling available in the community and how to access those services.
- Survivors should receive information regarding resources for recommended medical follow-up, contact persons, questions or medical concerns that arise following a sexual assault forensic examination.
- If reporting, survivors should be informed of the next steps in the criminal justice process and provided with an appropriate point of contact from law enforcement or the prosecution office.
- Because a person in crisis may not recall the information received during the immediate response, written materials and follow-up are encouraged with the survivor’s permission.
Appendix VII
VINE (Victim Information & Notification Everyday)

The Denver Sheriff’s Department provides victims of crime vital information through a computerized telephone service known as VINE. By registering with VINE, a victim can determine the custody status of an inmate at Denver County Jail and be notified of any change including release, transfer or escape.

To register, the victim needs a touchtone telephone, the inmate’s number (assigned by the jail) or inmate’s name and dials **1-888-263-8463**. Prompts are given by the system to register. The victim will be asked for a telephone number where s/he can be contacted for notification. The victim will create a four digit code, a Personal Identification Number (PIN), which will be used to confirm notification. This number must be something easy to remember. VINE will ask for the PIN when it calls the victim. When providing notification, the system will call repeatedly for up to 48 hours until the correct PIN number is entered to cancel the incoming calls.

All registration calls are anonymous and free of charge.
Appendix VIII
Denver Police Department Training Bulletin
Unreported Sexual Assaults – Kit Collection & Storage

DENVER POLICE DEPARTMENT

GERALD R. WHITMAN, CHIEF OF POLICE

Date of Issue: 02/21/11, revised (original date of issue 11 September 2008) Page 1 of 2

Source: Scott Snow, Victim Assistance Unit
Sgt. Phil Hernandez, Sex Crimes Unit
Sgt. Julie Wheaton, Sex Crimes Unit
Det. Brian Cotter, Information Management Unit

Unreported Sexual Assaults – Kit Collection & Storage

Pursuant to C.R.S. §18-3-407.5, amended in 2008 by House Bill 1217, law enforcement agencies are now required to collect and store sexual assault kits when a victim does not wish to participate in the criminal justice system or otherwise cooperate with law enforcement.

These cases will be recorded and documented in Versadex as “Unreported Sexual Assaults” pursuant to C.R.S. §12-36-135; medical licensees are required to report any injury that they believe result from a criminal act, immediately to the police of the city, town, or city and county or the sheriff of the county in which the licensee is located.

DPD Procedure

Officers responding to any hospital following the reporting of a sexual assault where the victim has requested that a sexual assault kit be completed but states an unwillingness to proceed with a criminal investigation, will create a Versadex report.

The report will be created from the drop-down menu USING THE CODE 9999-6 (UNREPORTED SEXUAL ASSAULT).

The Unreported Sexual Assault report shall include the following information:
- Location of the sexual assault (if known). If unknown, use the address of the hospital where the exam was completed.
- As much information about the victim known to the responding officer as a person entity or an unidentified person entity.
- A brief text narrative explaining the officer's response.

NO INVESTIGATION WILL OCCUR FOLLOWING THE COLLECTION AND RECORDING OF THE VICTIM'S NAME AND CONTACT INFORMATION. Officers shall not collect any physical evidence (i.e. clothing, linens, etc.). The purpose of these reports is to generate a G.O., provide the CAD # to the hospital, and for the Department to collect & store the sex assault kit.

The Department's limited involvement with these cases is to collect and store the sex assault kit pursuant to C.R.S. §12-36-135 unless the victim later chooses to make a report through the Sex Crimes Investigations Unit. Responding Patrol Officers' primary responsibility is to ensure that a Versadex report (Unreported Sexual Assault) is completed and the sex assault kit evidence is collected and handled in a manner that maintains the chain of custody and integrity of any potential evidence collected within the sex assault kit.

Upon completion, officers will collect and transport the sex assault kit to the DPD Property Bureau in the same manner as any other sex assault kit. It is not necessary for the responding officer to wait for the kit to be completed.
however, the CAD / GO Number must be provided to the hospital staff (preferably the SANE nurse conducting the exam).

Supervisors in the Sex Crimes Investigation Unit shall maintain the property invoices for the collected sex assault kits.

There will be no Crime Lab BEAST number assigned and the Crime Lab will have no record of the evidence.

Sex assault kits (from Denver Health Medical Center) will have the following information recorded on the kit:

- "VAWA" will be written on the kit
- A GO/CAD number
- A hospital label with victim’s name, etc.

Updating the MRE tables for laptop computers

All MDT’s should now be updated to include the offense code created for these reports. If there are any technical problems creating the GO, officers should contact the Information Management Unit (IMU)

Additional Information

C.R.S. 18-3-507.5

(3) (a) A LAW ENFORCEMENT AGENCY, PROSECUTING OFFICER, OR OTHER GOVERNMENT OFFICIAL MAY NOT ASK OR REQUIRE A VICTIM OF A SEXUAL OFFENSE TO PARTICIPATE IN THE CRIMINAL JUSTICE SYSTEM PROCESS OR Cooperate with the LAW ENFORCEMENT AGENCY, PROSECUTING OFFICER, OR OTHER GOVERNMENT OFFICIAL AS A CONDITION OF RECEIVING A FORENSIC MEDICAL EXAMINATION THAT INCLUDES THE COLLECTION OF EVIDENCE.

(b) A VICTIM OF A SEXUAL OFFENSE SHALL NOT BEAR THE COST OF A FORENSIC MEDICAL EXAMINATION THAT INCLUDES THE COLLECTION OF EVIDENCE THAT IS USED FOR THE PURPOSE OF EVIDENCE COLLECTION EVEN IF THE VICTIM DOES NOT WANT TO PARTICIPATE IN THE CRIMINAL JUSTICE SYSTEM OR OTHERWISE Cooperate with the LAW ENFORCEMENT AGENCY, PROSECUTING OFFICER, OR OTHER GOVERNMENTAL OFFICIAL. THE DIVISION OF CRIMINAL JUSTICE IN THE DEPARTMENT OF PUBLIC SAFETY SHALL PAY THE COST OF THE EXAMINATION.

Appendix IX
Relevant Statutes

The following section contains the statutory citations and descriptive captions for the Colorado Revised Statutes mentioned in previous sections of the Denver Sexual Assault Response Protocol. Other Federal and state laws relevant to sexual assault responders are included as well.

Federal

*Violence Against Women and Department of Justice Reauthorization Act of 2005*

*Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act*

*Title XI, Educational Amendments of 1972*

*Americans with Disabilities Act of 1990*

*ADA Amendments Act of 2008*

Colorado

C.R.S. §12-36-135. Injuries to be reported – penalty for failure to report – immunity from liability.


C.R.S. §16-13-901. Legislative declaration. (Part 9 COMMUNITY NOTIFICATION CONCERNING SEXUALLY VIOLENT PREDATORS)

C.R.S. §§ 16-22-101-115. Colorado Sex Offender Registration Act


C.R.S §§ 18-3-401- 417. Criminal Code—Offenses Against the Person—Unlawful Sexual Behavior)

- C.R.S. §18-3-407.5. Victim evidence - forensic evidence - electronic lie detector exam without victim’s consent prohibited.

- C.R.S. §18-3-412.5. Failure to register as a sex offender.

- C.R.S. §18-3-414.5. Sexually violent predators – assessment – annual report.
-C.R.S. §18-3-415. Acquired immune deficiency syndrome testing for persons charged with any sexual offense.

C.R.S. §§ 18-6.5-101-106. Wrongs to At-Risk Adults

C.R.S. §19-3-304. Persons required to report child abuse or neglect.


C.R.S. §24-72-304. Inspection of criminal justice records.
24-4.1-301. Legislative declaration.
The general assembly hereby finds and declares that the full and voluntary cooperation of
victims of and witnesses to crimes with state and local law enforcement agencies as to such
crimes is imperative for the general effectiveness and well-being of the criminal justice system of
this state. It is the intent of this part 3, therefore, to assure that all victims of and witnesses to
crimes are honored and protected by law enforcement agencies, prosecutors, and judges in a
manner no less vigorous than the protection afforded criminal defendants.


As used in this part 3, and for no other purpose, including the expansion of the rights of any
defendant:

(1) "Crime" means any of the following offenses, acts, and violations as defined by the statutes
of the state of Colorado, whether committed by an adult or a juvenile:

(a) Murder in the first degree, in violation of section 18-3-102, C.R.S.;
(b) Murder in the second degree, in violation of section 18-3-103, C.R.S.;
(c) Manslaughter, in violation of section 18-3-104, C.R.S.;
(d) Criminally negligent homicide, in violation of section 18-3-105, C.R.S.;
(e) Vehicular homicide, in violation of section 18-3-106, C.R.S.;
(f) Assault in the first degree, in violation of section 18-3-202, C.R.S.;
(g) Assault in the second degree, in violation of section 18-3-203, C.R.S.;
(h) Assault in the third degree, in violation of section 18-3-204, C.R.S.;
(i) Vehicular assault, in violation of section 18-3-205, C.R.S.;
(j) Menacing, in violation of section 18-3-206, C.R.S.;
(k) (Deleted by amendment, L. 95, p. 1256, § 22, effective July 1, 1995.)
(l) First degree kidnapping, in violation of section 18-3-301, C.R.S.;
(m) Second degree kidnapping, in violation of section 18-3-302, C.R.S.;
(n) (I) Sexual assault, in violation of section 18-3-402, C.R.S.; or
(II) Sexual assault in the first degree, in violation of section 18-3-402, C.R.S., as it existed prior
to July 1, 2000;
(o) Sexual assault in the second degree, in violation of section 18-3-403, C.R.S., as it existed prior to July 1, 2000;

(p) (I) Unlawful sexual contact, in violation of section 18-3-404, C.R.S.; or

(II) Sexual assault in the third degree, in violation of section 18-3-404, C.R.S., as it existed prior to July 1, 2000;

(q) Sexual assault on a child, in violation of section 18-3-405, C.R.S.;

(r) Sexual assault on a child by one in a position of trust, in violation of section 18-3-405.3, C.R.S.;

(s) Sexual assault on a client by a psychotherapist, in violation of section 18-3-405.5, C.R.S.;

(t) Robbery, in violation of section 18-4-301, C.R.S.;

(u) Aggravated robbery, in violation of section 18-4-302, C.R.S.;

(v) Aggravated robbery of controlled substances, in violation of section 18-4-303, C.R.S.;

(w) Repealed.

(x) Incest, in violation of section 18-6-301, C.R.S.;

(y) Aggravated incest, in violation of section 18-6-302, C.R.S.;

(z) Child abuse, in violation of section 18-6-401, C.R.S.;

(aa) Sexual exploitation of children, in violation of section 18-6-403, C.R.S.;

(bb) Crimes against at-risk adults or at-risk juveniles, in violation of section 18-6.5-103, C.R.S.;

(bb.3) Any crime identified by law enforcement prior to the filing of charges as domestic violence, as defined in section 18-6-800.3 (1), C.R.S.;

(bb.7) An act identified by a district attorney in a formal criminal charge as domestic violence, as defined in section 18-6-800.3 (1), C.R.S.;

(cc) Any crime, the underlying factual basis of which has been found by the court on the record to include an act of domestic violence, as defined in section 18-6-800.3 (1), C.R.S., pursuant to section 18-6-801 (1), C.R.S.;

(cc.1) (I) Stalking, in violation of section 18-3-602, C.R.S.;

(II) Stalking, in violation of section 18-9-111 (4), C.R.S., as it existed prior to August 11, 2010;

(cc.3) A bias-motivated crime, in violation of section 18-9-121, C.R.S.;

(cc.5) Careless driving, in violation of section 42-4-1402, C.R.S., that results in the death of another person;

(cc.6) Failure to stop at the scene of an accident, in violation of section 42-4-1601, C.R.S., where
the accident results in the death of another person;

(dd) Any criminal attempt, as described in section 18-2-101, C.R.S., any conspiracy, as described in section 18-2-201, C.R.S., any criminal solicitation, as described in section 18-2-301, C.R.S., and any accessory to a crime, as described in section 18-8-105, C.R.S., involving any of the crimes specified in this subsection (1);

(ee) Retaliation against a witness or victim, in violation of section 18-8-706, C.R.S.;

(ee.3) Intimidating a witness or a victim, in violation of section 18-8-704, C.R.S.;

(ee.7) Aggravated intimidation of a witness or a victim, in violation of section 18-8-705, C.R.S.;

(ff) Tampering with a witness or victim, in violation of section 18-8-707, C.R.S.;

(gg) Indecent exposure, in violation of section 18-7-302, C.R.S.; or

(hh) Violation of a protection order issued under section 18-1-1001, C.R.S., against a person charged with committing sexual assault, in violation of section 18-3-402, C.R.S.; sexual assault on a child, in violation of section 18-3-405, C.R.S.; sexual assault on a child by one in a position of trust, in violation of section 18-3-405.3, C.R.S.; or sexual assault on a client by a psychotherapist, in violation of section 18-3-405.5, C.R.S.

(1.2) "Cold case" means a felony crime reported to law enforcement that has remained unsolved for over one year after the crime was initially reported to law enforcement and for which the applicable statute of limitations has not expired.

(1.3) "Correctional facility" means any private or public entity providing correctional services to offenders pursuant to a court order including, but not limited to a county jail, a community corrections provider, the division of youth corrections, and the department of corrections.

(1.5) "Correctional official" means any employee of a correctional facility.

(2) "Critical stages" means the following stages of the criminal justice process:

(a) The filing of charges against a person accused of a crime;

(a.5) The decision not to file charges against a person accused of a crime;

(b) The preliminary hearing;

(c) (I) Any court action involving a bond reduction or modification at which the following occurs:

(A) A bond is set lower than the scheduled or customary amount for the specific charge, including any adjustments made by the court to the amount of bond to correspond to the specific charge to which the defendant pled guilty or for which the defendant was convicted, if the adjusted bond is lower than the scheduled or customary amount for the specific charge;

(B) A change in the type of bond;

(C) A modification to a condition of the bond;
(D) A defendant is permitted to appear without posting a bond;

(E) In a case involving a capital offense, the court grants the defendant's motion for admission to bail pursuant to section 16-4-101 (3), C.R.S.; or

(F) For jurisdictions that do not have a bond schedule or customary amount for bond, a bond is modified to a lower amount than that set at the initial bond hearing.

(II) Notwithstanding the provisions of subparagraph (I) of this paragraph (c), the following shall not constitute a bond reduction or modification:

(A) The initial setting of a bond, whether set by the court at the first appearance or by another entity authorized to do so by the court prior to the first appearance;

(B) The setting of a new bond upon the filing of charges by the district attorney, so long as the bond is set at or above the scheduled or customary amount for the specific charge filed; and

(C) For nonbailable offenses pursuant to section 16-4-101, C.R.S., the subsequent setting of a bond by the court.

(d) The arraignment of a person accused of a crime;

(e) Any hearing on motions concerning evidentiary matters or pre-plea or post-plea relief;

(e.5) Any subpoena for records concerning the victim's medical history, mental health, education, or victim's compensation;

(f) Any disposition of the complaint or charges against the person accused;

(g) The trial;

(h) Any sentencing hearing;

(i) Any appellate review or appellate decision;

(j) Any subsequent modification of the sentence;

(k) Any probation revocation hearing;

(k.3) The filing of any complaint, summons, or warrant by the probation department for failure to report to probation or because the location of a person convicted of a crime is unknown;

(k.5) The change of venue or transfer of probation supervision from one jurisdiction to another;

(k.7) The request for any release from probation supervision prior to the expiration of the defendant's sentence;

(l) An attack on a judgment or conviction for which a court hearing is set;

(m) Any parole application hearing;

(n) The parole, release, or discharge from imprisonment of a person convicted of a crime;
(o) Any parole revocation hearing;
(p) The transfer to or placement of a person convicted of a crime in a nonsecure facility;
(q) The transfer, release, or escape of a person charged with or convicted of a crime from any state hospital;
(r) Any petition by a sex offender to terminate sex offender registration;
(s) The execution of an offender in a capital case; and
(t) A hearing held pursuant to section 18-1-414 (2) (b), C.R.S.

(3) "Lawful representative" means any person who is designated by the victim or appointed by the court to act in the best interests of the victim.

(4) "Significant other" means any person who is in a family-type living arrangement with a victim and who would constitute a spouse of the victim if the victim and such person were married.

(5) "Victim" means any natural person against whom any crime has been perpetrated or attempted, unless the person is accountable for the crime or a crime arising from the same conduct, criminal episode, or plan as crime is defined under the laws of this state or of the United States, or, if such person is deceased or incapacitated, the person's spouse, parent, child, sibling, grandparent, significant other, or other lawful representative. For purposes of notification under this part 3, any person under the age of eighteen years is considered incapacitated, unless that person is legally emancipated. It is the intent of the general assembly that this definition of the term "victim" shall apply only to this part 3 and shall not be applied to any other provision of the laws of the state of Colorado that refer to the term "victim".

(6) "Victim's immediate family" means the spouse, any child by birth or adoption, any stepchild, the parent, the stepparent, a sibling, a legal guardian, significant other, or a lawful representative of the victim.

(7) "Witness" means any natural person:

(a) Having knowledge of the existence or nonexistence of facts relating to any crime;
(b) Whose declaration under oath is received or has been received as evidence for any purpose;
(c) Who has reported any crime to any peace officer, correctional officer, or judicial officer;
(d) Who has been served with a subpoena issued under the authority of any court in this state, of any other state, or of the United States; or
(e) Who would be believed by any reasonable person to be an individual described in paragraph (a), (b), (c), or (d) of this subsection (7).
24-4.1-302.5. Rights afforded to victims.

(1) In order to preserve and protect a victim's rights to justice and due process, each victim of a crime shall have the following rights:

(a) The right to be treated with fairness, respect, and dignity, and to be free from intimidation, harassment, or abuse, throughout the criminal justice process;

(b) The right to be informed of and present for all critical stages of the criminal justice process as specified in section 24-4.1-302 (2); except that the victim shall have the right to be informed of, without being present for, the critical stages described in section 24-4.1-302 (2) (a), (2) (a.5), (2) (e.5), (2) (k.3), (2) (n), (2) (p), and (2) (q);

(b.5) The right to be informed of and present for the critical stages described in section 24-4.1-302 (2) (k) to (2) (q) and (2) (s), upon the written request of the victim; except that the victim shall have the right to be informed of the critical stage described in section 24-4.1-302 (2) (l) without submitting a written request for notification;

(b.7) For a victim of a sex offense, the right to be informed of the filing of a petition by the perpetrator of the offense to terminate sex offender registration pursuant to section 16-22-113 (2) (c), C.R.S.;

(c) (I) Except as otherwise provided in subparagraph (II) of this paragraph (c):

(A) The right to be informed, upon request by the victim, when a person who is accused or convicted of a crime against the victim is released or discharged from county jail;

(B) The right to be informed, upon written request by the victim, when a person who is accused or convicted of a crime against the victim is released or discharged from custody other than county jail, is paroled, escapes from a secure or nonsecure correctional facility or program, or absconds from probation or parole.

(II) With respect to the release or discharge of a person from a county jail or correctional facility, the provisions of subparagraph (I) of this paragraph (c) shall apply when the person released or discharged is no longer within the care and control of the supervising law enforcement or correctional agency. The provisions of subparagraph (I) of this paragraph (c) shall not apply to the temporary transfer of the care and control of a person from a county jail or a correctional facility by the supervising law enforcement or correctional agency to another equally or more secure county jail or correctional facility, so long as the person will return to the care and control of the transferring supervisory agency.

(d) The right to be heard at any court proceeding:

(I) Involving the defendant's bond as specified in section 24-4.1-302 (2) (c);

(II) At which the court accepts a plea of nolo contendere;

(III) At which the court accepts a negotiated plea agreement;

(IV) At which a person accused or convicted of a crime against the victim is sentenced;
(V) At which the sentence of a person accused or convicted of a crime against the victim is modified; or

(VI) At which the defendant requests a modification of the no contact provision of the mandatory criminal protection order under section 18-1-1001, C.R.S.;

(e) The right to consult with the prosecution after any crime against the victim has been charged, prior to any disposition of the case, or prior to any trial of the case, and the right to be informed of the final disposition of the case;

(f) The right to be informed by local law enforcement agencies, prior to the filing of charges with the court, or by the district attorney, after the filing of charges with the court, of the status of any case concerning a crime against the victim, and any scheduling changes or cancellations, if such changes or cancellations are known in advance;

(g) The right to be present at the sentencing hearing, including any hearing conducted pursuant to section 18-1.3-1201 or 18-1.4-102, C.R.S., for cases involving class 1 felonies, of any person convicted of a crime against such victim, and to inform the district attorney and the court, in writing, by a victim impact statement, and by an oral statement, of the harm that the victim has sustained as a result of the crime, with the determination of whether the victim makes written input or oral input, or both, to be made at the sole discretion of the victim;

(h) The right to have the court determine the amount, if any, of restitution to be paid to a victim pursuant to part 6 of article 1.3 of title 18, C.R.S., by any person convicted of a crime against such victim for the actual pecuniary damages that resulted from the commission of the crime;

(i) The right to be informed of the victim's right to pursue a civil judgment against any person convicted of a crime against the victim for any damages incurred by the victim as a result of the commission of the crime regardless of whether the court has ordered such person to make restitution to the victim;

(i.5) (Deleted by amendment, L. 2006, p. 645, § 4, effective July 1, 2006.)

(j) The right to be informed, upon written request from the victim, of any proceeding at which any postconviction release from confinement in a secure state correctional facility is being considered for any person convicted of a crime against the victim and the right to be heard at any such proceeding or to provide written information thereto. For purposes of this subsection (1), "proceeding" means reconsideration of sentence, a parole hearing, or commutation of sentence.

(j.3) The right to be notified of a referral of an offender to community corrections;

(j.5) (I) The right to provide a written victim impact statement, an oral victim impact statement, or both, that will be included with any referral made by the department of corrections or a district court to place an offender in a community corrections facility or program.

(II) For purposes of this paragraph (j.5), the victim shall have the right to provide a separate oral statement to the community corrections board considering a transitional referral, but the board shall have discretion to place reasonable parameters on the victim's oral statement. If a community corrections board denies the offender's referral to community corrections, the
victim's right under this subparagraph (II) to provide an oral statement shall not take effect.

(j.7) The right, at the discretion of the district attorney, to view all or a portion of the presentence report of the probation department;

(k) The right to promptly receive any property that belongs to a victim and that is being held by a prosecutorial or law enforcement agency unless there are evidentiary reasons for the retention of such property;

(l) The right to be informed of the availability of financial assistance and community services for victims, the immediate families of victims, and witnesses, which assistance and community services shall include, but shall not be limited to, crisis intervention services, victim compensation funds, victim assistance resources, legal resources, mental health services, social services, medical resources, rehabilitative services, and financial assistance services, and the right to be informed about the application process for such services;

(m) The right to be informed about what steps can be taken by a victim or a witness in case there is any intimidation or harassment by a person accused or convicted of a crime against the victim, or any other person acting on behalf of the accused or convicted person;

(n) The right to be provided with appropriate employer intercession services to encourage the victim's employer to cooperate with the criminal justice system in order to minimize the loss of employment, pay, or other benefits resulting from a victim's court appearances or other required meetings with criminal justice officials;

(o) The right to be assured that in any criminal proceeding the court, the prosecutor, and other law enforcement officials will take appropriate action to achieve a swift and fair resolution of the proceedings;

(p) The right to be provided, whenever practicable, with a secure waiting area during court proceedings that does not require a victim or a witness to be seen or to be in close proximity to the person accused or convicted of a crime against the victim or such person's family or friends;

(q) The right to be informed, upon written request by the victim, when a person convicted of a crime against the victim is placed in or transferred to a less secure public or private correctional facility or program;

(r) The right to be informed, upon written request by the victim, when a person who is or was charged with or convicted of a crime against the victim escapes or is permanently or conditionally transferred or released from any public hospital, private hospital, or state hospital;

(s) The right to be informed of any rights which the victim has pursuant to the constitution of the United States or the state of Colorado;

(t) The right to be informed of the process for enforcing compliance with this article pursuant to section 24-4.1-303 (17);

(u) The right to be informed of the results of any HIV testing that is ordered and performed pursuant to section 18-3-415, C.R.S.; and
(v) The right to prevent any party at any court proceeding from compelling testimony regarding the current address, telephone number, place of employment, or other locating information of the victim unless the victim consents or the court orders disclosure upon a finding that a reasonable and articulable need for the information exists. Any proceeding conducted by the court concerning whether to order disclosure shall be in camera.

(2) Subsection (1) of this section shall not be construed to imply that any victim who is incarcerated by the department of corrections or any local law enforcement agency has a right to be released to attend any hearing or that the department of corrections or the local law enforcement agency has any duty to transport such incarcerated victim to any hearing.

(3) Municipalities and municipal courts shall be encouraged to adopt policies which afford the rights granted to crime victims pursuant to this section to crime victims at the municipal court level, to the extent the adoption of such policies is practicable in the particular municipality.


(1) Law enforcement agencies, prosecutorial agencies, judicial agencies, and correctional agencies shall ensure that victims of crimes are afforded the rights described in section 24-4.1-302.5.

(2) Upon request of a victim, all correctional officials shall keep confidential the address, telephone number, place of employment, or other personal information of such victim or members of such victim's immediate family.

(3) The district attorney's office, if practicable, shall inform the victim of any pending motion that may substantially delay the prosecution. The district attorney shall inform the court of the victim's position on the motion, if any. If the victim has objected, the court shall state in writing or on the record prior to granting any delay that the objection was considered.

(4) After a crime has been charged, unless inconsistent with the requirements of investigative activities, the district attorney shall consult, where practicable, with the victim concerning the reduction of charges, negotiated pleas, diversion, dismissal, seeking of death penalty, or other disposition. Failure to comply with this subsection (4) shall not invalidate any decision, agreement, or disposition. This subsection (4) shall not be construed as a restriction on or delegation of the district attorney's authority under the constitution and laws of this state.

(5) All reasonable attempts shall be made to protect any victim or the victim's immediate family from harm, harassment, intimidation, or retaliation arising from cooperating in the reporting, investigation, and prosecution of a crime. Law enforcement officials and the district attorney shall provide reasonable efforts to minimize contact between the victim and the victim's immediate family and the defendant and the relatives of the defendant before, during, and immediately after a judicial proceeding. Whenever possible, a waiting area shall be provided that is separate in both proximity and sight from that of the defendant, the defendant's relatives, and any defense witnesses.

(6) (a) A victim or an individual designated by the victim may be present at all critical stages of
a criminal proceeding regarding any crime against such victim unless the court or the district
attorney determines that exclusion of the victim is necessary to protect the defendant's right to a
fair trial or the confidentiality of juvenile proceedings. If the victim is present, the court, at the
victim's request, may permit the presence of an individual to provide support to the victim.

(b) A victim may be present at the phase of the trial at which the defendant is determined to be
guilty or not guilty and may be heard at such phase of the trial if called to testify by the district
attorney, defense, or court if any such statement would be relevant.

(c) The court shall make all reasonable efforts to accommodate the victim upon the return of a
verdict by the jury. If the court is informed by the district attorney that the victim is en route to
the courtroom for the reading of the verdict, the court shall state on the record that it has
considered the information provided by the district attorney prior to the return of the verdict by
the jury.

(7) When a victim's property is no longer needed for evidentiary reasons, the district attorney or
any law enforcement agency shall, upon request of the victim, return such property to the victim
within five working days unless the property is contraband or subject to forfeiture proceedings.

(8) An employer may not discharge or discipline any victim or a member of a victim's immediate
family for honoring a subpoena to testify in a criminal proceeding or for participating in the
preparation of a criminal proceeding.

(9) The district attorney and any law enforcement agency shall inform each victim as to the
availability of the following services:

(a) Follow-up support for the victim and the victim's immediate family in order to ensure that the
necessary assistance is received by such persons;

(b) Services for child victims and elderly victims, and services for victims who are persons with
disabilities, which are directed to the special needs of such victims;

(c) Referral to special counseling facilities and community service agencies by providing the
names and telephone numbers of such facilities or agencies, whether public or private, which
provide such services as crisis intervention services, victim compensation funds, victim
assistance resources, legal resources, mental health services, social services, medical resources,
rehabilitative services, financial assistance, and other support services;

(d) Transportation and household assistance to promote the participation of any victim or the
victim's immediate family in the criminal proceedings;

(e) Assistance in dealing with creditors and credit reporting agencies to deal with any financial
setbacks caused by the commission of a crime;

(f) Interpretation services and information printed in languages other than the English language;
and

(g) Child care services to enable a victim or the victim's immediate family to give testimony or
otherwise cooperate in the prosecution of a criminal proceeding.
(10) (a) After the initial contact between a victim and a law enforcement agency responsible for investigating a crime, such agency shall promptly give the victim the following information in writing:

(I) A statement of the victim's rights as enumerated in this article;

(II) Information concerning the availability of victim assistance, medical, and emergency services;

(III) Information concerning the availability of compensatory benefits pursuant to this article and the name, address, and telephone number of any person to contact to obtain such benefits;

(IV) The availability of protection for the victim from the person accused of committing a crime against the victim, including protective court orders; and

(V) The availability of public records related to the case.

(b) As soon as available, the law enforcement agency shall give to each victim, as appropriate, the following information:

(I) The business address and business telephone number of the office of the district attorney;

(II) The file number of the case and the name, business address, and business telephone number of any law enforcement officer assigned to investigate the case;

(III) Unless such information would be inconsistent with the requirements of the investigation, information as to whether a suspect has been taken into custody and, if known, whether the suspect has been released and any conditions imposed upon such release;

(IV) The law enforcement agency shall provide the victim in a cold case information concerning any change in the status of the case. In addition, upon the written request of the victim, the law enforcement agency shall provide an update at least annually to the victim concerning the status of a cold case involving one or more crimes for which the criminal statute of limitations is longer than three years.

(V) Any final decision not to file misdemeanor charges against a person accused of committing any crime specified in section 24-4.1-302 (1) against the victim unless law enforcement and the district attorney's office in a judicial district have developed a policy specifying the manner in which to inform victims of decisions not to file charges in a case.

(11) The district attorney shall inform a victim of the following:

(a) The filing of charges against a person accused of committing any of the crimes specified in section 24-4.1-302 (1) against the victim, including an explanation of the charges when necessary; or a final decision not to file felony charges against a person for whom law enforcement has requested, pursuant to section 16-21-103 (2) (a), C.R.S., the filing of charges for any of the crimes specified in section 24-4.1-302 (1) committed against a victim unless law enforcement and the district attorney's office in a judicial district have developed a policy specifying the manner in which to inform victims of decisions not to file charges in a case;

(a.5) The charges to be filed, prior to filing of the charges, if the most serious charge to be filed
is lower than the most serious charge for which the individual was arrested and the filing of the lower charge may result in the court issuing a new, lower bond;

(b) Any of the critical stages specified in section 24-4.1-302 (2) (a) to (2) (j) and (2) (l) of a criminal proceeding relating to a person accused of a crime against the victim; except that the district attorney shall not be obligated to inform the victim of any appellate review undertaken by the attorney general's office;

(c) The assignment of any case regarding a crime against the victim, including the file number of such case and, if available, the name, business address, and business telephone number of any deputy district attorney assigned to the case, and the court room to which the case is assigned;

(d) The date, time, and place of any of the critical stages specified in section 24-4.1-302 (2) (a) to (2) (j) and (2) (l) of the proceeding;

(e) The availability of benefits pursuant to this article and the name, address, and telephone number of any person to contact to obtain such benefits; and

(f) The availability of transportation to and from any court proceeding for any victim, except as provided in section 24-4.1-302.5 (2).

(12) Unless a victim requests otherwise, the district attorney shall inform each victim of the following:

(a) The function of a presentence report, including the name and telephone number of the probation office preparing any such report regarding a person convicted of a crime against the victim, and the right of a victim, or a member of the victim's immediate family, to make a victim impact statement pursuant to this article;

(b) The defendant's right to view the presentence report and the victim impact statement;

(c) The date, time, and location of any sentencing hearing;

(d) The right of the victim, or a member of the victim's immediate family, to attend and to express an opinion at the sentencing hearing as to the appropriateness of any sentence proposed to the court for consideration;

(e) The date, time, and location of any hearing for reconsideration of any sentence imposed;

(f) Any sentence imposed and any modification of such sentence; and

(g) The right to receive information from correctional officials concerning the imprisonment and release of a person convicted of a crime against the victim pursuant to subsection (14) of this section.

(13) If a person convicted of a crime against the victim seeks appellate review or attacks the conviction or sentence, the district attorney or the office of the attorney general, whichever is appropriate, shall inform the victim of the status of the case and of the decision of the court.

(13.5) (a) Following a sentence to probation and upon the written request of a victim, the probation department shall notify the victim of the following information regarding any person
who was charged with or convicted of a crime against the victim:

(I) The location and telephone number of the probation department responsible for the supervision of the person;

(II) The date of the person's termination from probation supervision;

(III) Any request for release of the person in advance of the person's imposed sentence or period of probation;

(IV) Any probation revocation or modification hearing regarding the person and any changes in the scheduling of the hearings;

(V) Any change of venue or transfer of probation supervision from one jurisdiction to another;

(VI) Any complaint, summons, or warrant filed by the probation department for failure to report to probation or because the location of a person convicted of a crime is unknown;

(VII) The death of the person while under the jurisdiction of the probation department; and

(VIII) Concerning domestic violence cases, any conduct by the defendant that results in an increase in the supervision level by the probation department.

(b) Repealed.

(14) Upon receipt of a written statement as provided in section 24-4.1-302.5 (1) (j.5), the department of corrections shall include the statement with any referral made by the department of corrections or a district court to place an offender in a public or private community corrections facility or program. Upon written request of a victim, the department of corrections or the public or private local corrections authorities shall notify the victim of the following information regarding any person who was charged with or convicted of a crime against the victim:

(a) The institution in which such person is incarcerated or otherwise being held;

(b) The projected date of such person's release from confinement;

(c) Any release of such person on furlough or work release or to a community correctional facility or other program, in advance of such release;

(d) Any scheduled parole hearings regarding such person and any changes in the scheduling of such hearings;

(e) Any escape by such person or transfer or release from any state hospital, a detention facility, a correctional facility, a community correctional facility, or other program, and any subsequent recapture of such person;

(f) Any decision by the parole board to release such person or any decision by the governor to commute the sentence of such person or pardon such person;

(g) The transfer to or placement in a nonsecured facility of a person convicted of a crime, any
release or discharge from confinement of the person, and any conditions attached to the release; and

(h) The death of such person while in custody or while under the jurisdiction of the state of Colorado concerning the crime.

(14.2) Upon receipt of a written statement as provided in section 24-4.1-302.5 (1) (j.5), the department of human services shall include the statement with any referral made by the department of human services or a district court to place an offender in a public or private community corrections facility or program. Upon written request of the victim, the department of human services and any state hospital shall notify the victim of the following information regarding any person who was charged with or convicted of a crime against the victim:

(a) The institution in which such person is incarcerated or otherwise being held;
(b) The projected date of such person's release from confinement;
(c) Any release of such person on furlough or work release or to a community correctional facility or other program, in advance of such release;
(d) Any scheduled parole hearings regarding such person and any changes in the scheduling of such hearings;
(e) Any escape by such person or transfer or release from any state hospital, a detention facility, a correctional facility, a community correctional facility, or other program, and any subsequent recapture of such person;
(f) Any decision by the parole board to release such person or any decision by the governor to commute the sentence of such person or pardon such person;
(g) The transfer to or placement in a nonsecured facility of a person convicted of a crime, any release or discharge from confinement of the person, and any conditions attached to the release;
(h) The death of such person while in custody or while under the jurisdiction of the state of Colorado concerning the crime; and
(i) Any request by the department of human services to the juvenile court to modify the sentence to commitment and any decision by the juvenile court to modify the sentence to commitment.

(14.3) Upon receipt of a written statement from the victim, the juvenile parole board shall notify the victim of the following information regarding any person who was charged with or convicted of an offense against the victim:

(a) Any scheduled juvenile parole hearings pursuant to sections 19-2-1002 and 19-2-1004, C.R.S., regarding the person, and any changes in the scheduling of the hearings in advance of the hearing;
(b) Any escape by the person while serving juvenile parole and any subsequent recapture of the person;
(c) Any placement change that occurs during the period of parole that may impact the victim's
safety or public safety as determined by the division of youth corrections; and

(d) Any discharge from juvenile parole.

(14.4) The court or its designee, pursuant to section 18-3-415, C.R.S., shall disclose the results of any HIV testing that is ordered and performed pursuant to section 18-3-415, C.R.S., to any victim of a sexual offense in the case in which the testing was ordered.

(14.5) At any proceeding specified in section 24-4.1-302.5 (1) (d), the court shall inquire whether the victim is present and wishes to address the court. The court shall advise the victim of his or her right to address the court regarding issues relevant to the case.

(14.7) (a) The court or its designee shall ensure that victim information be provided to any entity responsible for victim notification after the defendant is sentenced.

(b) The court shall notify the victim of petitions filed by sex offenders to cease sex offender registration pursuant to section 16-22-113 (2) (c), C.R.S.

(15) (a) Unless specifically stated otherwise, the requirements of this section to provide information to the victim may be satisfied by either written or oral communication with the victim or the victim's designee. The person responsible for providing such information shall do so in a timely manner and advise the victim or the victim's designee of any significant changes in such information. The victim or the victim's designee shall keep appropriate criminal justice authorities informed of the name, address, and telephone number of the person to whom such information should be provided, and any changes of such name, address, and telephone number.

(b) An agency that is required to notify a victim under this part 3 shall make reasonable attempts to contact the victim or the victim's designee by mail and by telephone. If the victim or the victim's designee does not provide the agency with a forwarding address and telephone number and the agency is unable to locate the victim or the victim's designee after reasonable attempts have been made to contact the victim or the victim's designee, the agency shall be deemed to have met its obligation under this part 3 and shall not be required to notify the victim or victim's designee until the victim or victim's designee provides the agency with the current address and telephone of the victim and the name of the victim's current designee, if applicable.

(c) Any duties that are required to be performed by the district attorney pursuant to this part 3 may be performed by a designee of the district attorney.

(16) A defendant or person accused or convicted of a crime against the victim shall have no standing to object to any failure to comply with this article.

(17) Any affected person, except as provided in subsection (16) of this section, may enforce compliance with this article by notifying the crime victim services advisory board created in section 24-4.1-117.3 (1) of any noncompliance with this article. The crime victim services advisory board shall review any report of noncompliance, and, if the board determines that the report of noncompliance has a basis in fact and cannot be resolved, the board shall refer the report of noncompliance to the governor, who shall request that the attorney general file suit to enforce compliance with this article. A person, corporation, or other legal entity shall not be entitled to claim or to receive any damages or other financial redress for any failure to comply
with this article.

24-4.1-304. Child victim or witness - rights and services.

(1) In addition to all rights afforded to a victim or witness under section 24-4.1-302.5, law enforcement agencies, prosecutors, and judges are encouraged to designate one or more persons to provide the following services on behalf of a child who is involved in criminal proceedings as a victim or a witness:

(a) To explain, in language understood by the child, all legal proceedings in which the child will be involved;

(b) To act, as a friend of the court, to advise the judge, whenever appropriate, of the child's ability to understand and cooperate in any court proceeding;

(c) To assist the child and the child's family in coping with the emotional impact of the crime and any subsequent criminal proceeding in which the child is involved;

(d) To advise the district attorney concerning the ability of a child witness to cooperate with the prosecution and concerning the potential effects of the proceeding on the child.