



POLICE DEPARTMENT
DOMESTIC VIOLENCE,
STALKING &
HARASSMENT

OPERATIONAL
PROCEDURE #420

Responsible Executive:
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Responsible Office:
Vice President for Public Safety
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Policy Statement

It is the policy of the Johns Hopkins Police Department (JHPD) to respond to all reports of domestic violence in a respectful, objective manner rooted in understanding, patience, and compassion. The JHPD shall accept, investigate, and report on all incidents of domestic violence that occur in its jurisdiction. JHPD officers are required to treat domestic violence incidents and

crimes in the same professional manner as all other requests for police service and will provide immediate, effective assistance and protection for survivors¹ and witnesses. The JHPD is committed to conducting investigations free from gender bias and other stereotypes. The JHPD's response to incidents of domestic violence reflects a trauma-informed, survivor-centered, and offender-focused response meant to minimize further trauma to survivors and appropriately respond to the crime, including via a comprehensive investigation when applicable. JHPD officers shall document all reports of domestic violence per the requirements in this Directive.

Whenever a JHPD officer responds to a report of any domestic-related crime that involves a Group A offense (based on the National Incident-Based Reporting System (NIBRS)), the primary and follow-up criminal investigation will be the responsibility of the Baltimore Police Department (BPD), per the Memorandum of Understanding (MOU) between the JHPD and BPD, dated December 2, 2022. In instances where the incident amounts to a Group B offense, the JHPD will serve as the lead on the case.

The JHPD understands that the way in which a JHPD officer responds to a survivor plays a significant role in the likelihood that the survivor will reach out to other supportive resources, influences how the survivor begins to heal or cope, and has an impact on the case's success.

Who Is Governed by This Policy

All personnel, including sworn, nonsworn, and contractual or voluntary persons in service with the JHPD, are governed by this Directive.

Purpose

This Directive provides guidelines to JHPD officers aimed at preventing and reducing instances of domestic violence through strong, offender-focused investigations as well as compassionate, trauma-informed, and survivor-centered assistance. This Directive demonstrates the JHPD's commitment to take appropriate enforcement action, to assist survivors, and to direct members regarding best practices for responding to and investigating domestic violence.

This Directive governs responses and investigations into calls to police for assistance with crimes of domestic violence. For instances of domestic violence, dating violence, or stalking involving Johns Hopkins students, faculty, staff, and other members of the Johns Hopkins community where the JHPD responds for the criminal report and investigation, a JHPD officer will notify the Office of Institutional Equity (OIE) of Johns Hopkins University (JHU). OIE is the administrative office responsible for the university's (noncriminal) response to reported

¹ The JHPD uses the term "survivor" throughout this Directive unless it is citing a direct quotation or the name of a document or position. While the term "victim" is often used in the criminal justice context to describe a person who has been subjected to a crime, the term "survivor" can be seen as an empowering term that allows the person to begin their healing process. The JHPD uses "survivor" in this Directive to be responsive to public feedback received, but recognizes that some persons may identify more with the term "survivor" or "victim" based on their own experience. See <https://sakitta.org/toolkit/docs/Victim-or-Survivor-Terminology-from-Investigation-Through-Prosecution.pdf> and <https://www.rainn.org/articles/key-terms-and-phrases>.

violations of the [Sexual Misconduct Policy and Procedures](https://oie.jhu.edu/policies-and-laws/sexual-misconduct-policy-and-procedures-smpp/) (SMPP), which prohibit domestic violence, dating violence, sex-based stalking, non-sex-based stalking, sex-based harassment, and sexual harassment, as defined in that policy.² For the full definitions, see <https://oie.jhu.edu/policies-and-laws/sexual-misconduct-policy-and-procedures-smpp/>.

Definitions

Domestic Incident:	Any occurrence, criminal or noncriminal, involving a family or household member or persons in a past or current dating relationship, as defined below.
Domestic Violence: ³	An incident resulting in physical harm, bodily injury or assault, or an act of threatened violence that constitutes fear of imminent physical harm, bodily injury, or assault, including but not limited to stalking or a pattern of threatening or harassing behavior, between family or household members or persons in a past or current dating relationship. The gender or gender identity of the involved parties is not a factor in determining whether conduct constitutes domestic violence. A verbal argument does not constitute domestic violence unless there is present danger and the likelihood that physical violence will occur.
Family or Household Member; Persons in Past or Current Dating Relationship:	Any of the following persons, regardless of the age of such person: (a) spouses or former spouses; (b) parents or their children; (c) persons related by blood or marriage; (d) persons who have a child in common, regardless of whether they are or have been married or have lived together at any time; and (e) persons in, or who have recently been in, a dating relationship.
Harassment: ⁴	For the purposes of this Directive, harassment is when a person follows another in or about a public place or maliciously engages in a course of conduct that alarms or seriously annoys the other: (1) with the intent to harass, alarm, or annoy the other; (2) after receiving a reasonable warning or request to stop by or on behalf of the other; and (3) without a legal purpose (MD Code, Criminal Law, § 3-803). This does not apply to a peaceable activity intended to express a political view or provide information to others. Harassment may also refer to the misuse of telephone facilities and equipment (MD Code, Criminal Law, § 3-804), the misuse of electronic mail (MD Code, Criminal Law, §

² The definitions in the SMPP differ from the definitions used in this Directive. Reports that may not lead to a criminal investigation may still be considered policy violations under the SMPP.

³ This definition of domestic violence is narrower than the definition used in the SMPP, which, for example, includes technological abuse and economic abuse. The SMPP also have a separate definition of dating violence.

⁴ This definition of harassment is distinct from the definitions of sex-based harassment and sexual harassment in the SMPP. In addition, the conduct described in this definition of harassment could fall under the SMPP definitions of non-sex-based stalking or sex-based stalking, neither of which requires malicious intent.

<https://policies.jhu.edu/d/yRCrswPs3-805>), the misuse of social media, and revenge porn (see JHPD Directive #465, Response to Crimes of Sexual Violence).

Intimate Partners: Persons involved in an intimate relationship who:

- Are married, separated, or divorced,
- Live or have lived together,
- Have children in common, or
- Are dating or have dated, even if they never have lived together.

Lethality Assessment Screen: A two-pronged intervention process that features a research-based lethality screening questionnaire and an accompanying referral that provides direction for law enforcement, medical personnel, clergy, social workers, and others to initiate appropriate action based upon the results of the screening process.

Lethality Assessment Screen Referral: The process of initiating a Lethality Assessment Screen call to the regional domestic violence service provider and speaking to a Lethality Assessment Screen Advocate from that agency.

Member: All members of the JHPD, including employees, officers, and volunteers, unless the term is otherwise qualified (e.g., member of the public, member of the Baltimore Police Department, etc.).

Officer: All sworn police officers, at any rank, as defined by MD Code, Public Safety, § 3-201, in service with the JHPD.

Screened In: Refers to situations when a survivor's responses initiate a LAP referral.

Stalking:⁵ A malicious course of conduct that includes approaching or pursuing another person with the intent (or where the likely outcome would be) to either cause serious emotional distress **or** place the survivor in reasonable fear that they or another person will suffer assault, false imprisonment, a sex offense or attempted sex offense, serious bodily injury, or death. Stalking often encompasses unwanted, repeated behaviors that are intended to surveil, monitor, threaten, and ultimately scare someone, such as:

- Communicating persistently via phone, text messages, or social media,
- Sending unwelcome items or gifts,
- Showing up repeatedly at someone's home, school, workplace, or known scheduled activity,
- Following someone in-person or via technology (such as a Global

⁵ This definition of stalking is narrower than the definition used in the SMPP, which, for example, does not require malicious intent and does not specify the types of conduct a survivor could reasonably fear.

	Positioning System device or an app),
	<ul style="list-style-type: none"> • Intentionally damaging someone’s property, or • Threatening someone or their family, friends, or pets.
Strangulation:	Impeding the normal breathing or blood circulation of another person by applying pressure to the other person’s throat or neck. See Appendix E.

Policy

The JHPD takes reports of domestic violence seriously and responds to all reports of domestic violence in a respectful, objective manner rooted in understanding, patience, and compassion. The JHPD makes every effort to identify survivors of domestic violence who are potentially in lethal situations in order to place those survivors in immediate and direct contact with a domestic violence program counselor. The JHPD uses a research-based tool, the Lethality Assessment Screen, to assess potential danger to survivors of domestic violence.

Core Principles

The JHPD’s response to incidents of domestic violence reflects a trauma-informed, survivor-centered, and offender-focused response meant to minimize further trauma to survivors.

- I. **Trauma-Informed Response:** The JHPD provides a trauma-informed response to survivors of domestic violence. For additional information on trauma-informed, survivor-centered response, see Appendix B. All JHPD members must understand that:
 - A. Domestic violence, particularly when between current or former intimate partners, is an ongoing pattern of coercive, controlling behavior that can include physical abuse, emotional or psychological abuse, sexual abuse, or financial abuse. The impacts of domestic violence are devastating to survivors, and abusive partners make it very difficult for survivors to escape the relationship.
 - B. There is no typical reaction to domestic violence or trauma. Whether the survivor shows emotion or not is not indicative of whether a report is legitimate, and either reaction is common.
 - C. Survivors may experience continuing trauma that may affect their physical, emotional, social, and economic state. It may be hard to keep in contact with the survivor, elicit all of the case details, or clearly understand event timelines. Officers can minimize further trauma by being respectful, objective, understanding, patient, and compassionate.
 - D. Survivors may have trouble remembering details due to fragmented memory, which may affect their ability to explain events in a chronological order. This does not mean that the survivor is lying or intentionally leaving out details.
 - E. Officers who are exposed to survivors’ traumatic situations may experience vicarious trauma. Officers are encouraged to contact Officer Safety and Wellness for confidential support and services. See JHPD Directive #301, Personnel Management.

II. Survivor-Centered Response: The JHPD seeks to minimize survivor retraumatization throughout its interactions with the survivor. Officers shall prioritize the safety, privacy, and well-being of the survivor.

- A.** Officers shall treat survivors with respect, patience, sensitivity, and compassion and without judgement, regardless of their sexual orientation, gender identity, socioeconomic status, sexual behavior, substance use or abuse, behavioral health condition or crisis, English fluency, work in the sex trade, or any other characteristic.
- B.** It is important for officers to understand and recognize that it is the offender, not the survivor, who is responsible for the crime.
- C.** Officers shall respond promptly to survivor inquiries and assist survivors with receiving updates on their case. With the permission of the survivor, officers may also provide updates to an advocate.
- D.** Officers shall not pressure survivors to participate in the investigation. There could be many reasons why survivors do not wish to participate.
- E.** Officers shall adopt a universal education approach regarding support services, meaning that officers shall provide all domestic violence survivors with information about House of Ruth, OIE, and other confidential supportive resources and make clear that survivors can access these resources regardless of whether they participate in a police investigation. Officers should offer all survivors access to advocates who may provide support, interview accompaniment, social services, legal referrals, and information free of charge. Advocates can assist survivors to secure other services at low or no cost. Officers should encourage survivors to seek support services, even in instances where the assessed harm is low, to raise awareness about the availability of support services and encourage their use.
- F.** No JHPD members shall share the location of survivors with anyone who is not a JHPD member with a need to know or a survivor support service provider (only if authorized by the survivor). Survivor locations shall not be shared with offenders or any other unauthorized person.
- G.** JHPD officers shall not charge the survivor with crimes or civil offenses, nor report student code of conduct violations, if, during the course of the investigation, the victim discloses participation in nonviolent crimes or civil offenses like prostitution, drug use, alcohol use (if underage), or trespassing.
- H.** Officers shall inform survivors at the earliest opportunity that they have the right to request that the officer deactivate their body-worn camera (BWC). If a survivor desires BWC deactivation, they should make the request on camera and then the officer shall deactivate their BWC. See JHPD Directive #433, Body-Worn Cameras.

Procedures

I. Jurisdiction

Consistent with the JHPD's MOU with BPD, BPD is responsible for investigating all domestic violence crimes that are categorized as NIBRS Group A offenses, which could encompass a myriad of domestic-related crimes such as, but not limited to, aggravated assault, simple assault, and domestic-related robberies, among others. JHPD officers, on the other hand, will serve as the primary investigators on NIBRS Group B offenses, which may include nonviolent family offenses, among other minor crimes. Nevertheless, whether the JHPD serves as the initial responder or the primary investigator for domestic-related cases, officers are required to follow the guidance described below to ensure consistency in response, rigor in investigative steps, and compassion and respect for survivors suffering domestic violence.

II. Responding Officer Requirements

- A. Officers will be responsible for conducting preliminary investigative steps for all domestic violence calls for which they are first responders, and they shall contact BPD for cases that fall within its jurisdiction. If a case is retained by BPD, the JHPD will be guided by the primary investigator's directions to complete any or all of the below investigative steps to assist with the investigation as the initial responder. There may also be instances where the primary investigator asks the JHPD to provide additional supportive services to BPD, and thus comprehensive investigative steps are enumerated below for guidance. (Commission on Accreditation for Law Enforcement Agencies (CALEA) 42.2.1, 42.2.2)
- B. The officer's initial response to the survivor is critical. Follow the principles in Core Principles, Sections I and II, above and in Appendix B to support survivors, establish trust, and maximize the chance of continued survivor participation.

III. Investigative Steps (CALEA 42.2.1)

When responding to a domestic violence call, in addition to following general requirements of JHPD Directive #460, Criminal Investigations, the responding officers shall:

- A. Regard all domestic violence calls as "high priority." At least two officers will be dispatched to domestic violence calls that are in progress or that have just occurred.
- B. Contact a JHPD supervisor, as soon as safe and practical, for assistance with preliminary investigative steps, additional backup, or guidance, and for help in determining whether the case facts establish a crime that falls within BPD's jurisdiction.
 - If within BPD's jurisdiction, officers shall contact BPD, ensuring that necessary time-sensitive investigative steps are taken to render the scene and the survivor or witnesses safe, and to preserve any potentially perishable evidence.

- For any incident that appears to involve child abuse, officers shall contact BPD.
 - Cases of elder abuse are likely to fall under this Directive when the offender and survivor are related. Therefore, officers should be mindful of all requirements below as they may apply to a situation of elder abuse. All cases of suspected elder abuse and neglect shall be reported to Adult Protective Services at 443-423-6612 or 1-800-917-7383.
- C. Establish control of the scene and work to de-escalate the parties by doing the following:
- Separate the parties.
 - Render medical aid if required or requested, prioritizing the victim's physical and emotional well-being. The victim has the right to decline any part of the medical care for any reason, and they may decline medical assistance by any officer. A victim may not want to be touched by any officer, may prefer to wait for an officer of a different gender, or may prefer to wait for an emergency medical technician.
 - Protect the crime scene.
- D. Interview all parties separately and privately to elicit the elements of the crime and to determine the primary aggressor (see Section IV below).
- Let the survivor speak without interruption and go at their own pace, if possible. Write their exact words (quotes when possible) to describe the elements of the crime.
 - If children were witnesses and may have useful information to share (if age appropriate), have BPD conduct a preliminary interview per their protocol.
 - Obtain accurate survivor and witness contact information (e.g., address, phone number, email address, and friend or family's phone number). Ask for their preferred method of contact, and whether text messages or voicemails can be left safely.
 - Where the survivor has experienced any strangulation or pressure applied to the throat to restrict their airway, upon agreement by the survivor, the officer shall transport the survivor to Mercy Hospital for an injury check and a forensic exam, which may include alternative light source testing.
 - o Officers should consider accommodations for situations involving alcohol or drug impairment, developmental disabilities, and other potential barriers that could impede service to survivors.
 - o NOTE: Officers should refer to JHPD Directive #415, Individuals With Behavioral Health Conditions; JHPD Directive #434, Language Access Services; JHPD Directive #107, Interactions With LGBTQ+ Individuals; and JHPD Directive #435,

Communicating With Hearing Impaired Persons, for applicable guidance.

- E.** Officers are permitted to remove firearms from scenes of domestic violence consistent with MD Code, Family Law, § 4-511. Furthermore, a person may be prohibited from possessing a firearm for other reasons that could include being a respondent in a protective order that prohibits possession of firearms, being a respondent in an Extreme Risk Protective Order (ERPO), or having a prior conviction that prohibits them from possession of a firearm. See the ERPO provisions in JHPD Directive #415, Individuals With Behavioral Health Conditions. Officers are reminded that Johns Hopkins policy also prohibits individuals from possessing, wearing, carrying, transporting, or using any weapon on campus. (See JHU Policy HR037, Possession of Weapons on University Premises for guidance.) Thus, officers shall ask whether there are firearms or other dangerous weapons present. In addition, officers shall:
- Seize any firearms and ammunition in plain sight.
 - Ask that firearms and ammunition not in plain sight be voluntarily surrendered.
 - Ask for consent to search, if necessary.
 - If seizing a weapon, inform the owner about the process of retrieving the firearm, and that the weapon will be held by BPD pending disposition of related cases or surrendered per MD Code, Family Law, § 4-506.
 - In addition, when seizing a weapon, render the firearm safe, transport it to the BPD property room, and complete a Property Seizure Receipt.
 - NOTE: Officers should check with the Maryland State Police Gun Center to assist in determining if a person is disqualified from transporting or possessing a firearm.
- F.** Upon determining the primary aggressor and the crime that occurred, if lawful and the offender is present, arrest the offender. See Sections IV and V below for additional guidance.
- Determine whether the offender is the subject of any court order of protection (including an ERPO) that includes “no contact with the survivor” or “no use or possession of dangerous weapon.” Violations of such orders may also require officers to arrest the offender. See MD Code, Public Safety, § 5-610, and MD Code, Family Law, § 4-509.
- G.** If a suspect has fled the scene, broadcast their description. Officers shall follow normal canvassing and apprehension procedures while being mindful of the survivor’s emotional and physical safety.
- H.** When taking a suspect into custody, take steps to preserve potential evidence.

- I.** Collect and record evidence. Officers shall request the assistance of the Investigations Division, when appropriate, to take photographs of injuries and property damage or to conduct other investigative steps.
- J.** Provide survivor support by doing the following:
- Ensuring domestic violence survivors are presented and explained their rights as contained in the *Crime Victim and Witnesses: Your Rights and Services* brochure, consistent with MD Code, Family Law, § 4-503, and JHPD Directive #422, Victim & Witness Assistance. (CALEA 55.1.1, 55.2.2, 55.2.3)
 - Assisting survivors with contacting local service providers, such as advocates, shelters, and other community resources. (CALEA 55.2.1.b)
 - Providing information about and, when desired by the survivor, assistance with obtaining a protective order. (CALEA 55.2.2)
 - Reviewing procedures with the survivor that are intended to ensure their immediate safety and actively creating safety plans (see resources in Appendices A and B) with the survivor.
 - Accompanying and standing by to assist survivors requesting assistance while removing their personal property (such as clothing and effects, regardless of who paid for them), or that of children under their care, from their home.
 - o Protect the survivor from harm while items are being retrieved. If access is unable to be obtained, help the survivor seek a court order to obtain personal property.
 - Arranging transportation for survivors to safe locations where they can obtain assistance, in cases where the survivors will be best served by this and have no reasonable means of transportation.
 - Conducting a Lethality Assessment Screen in conformance with Section IX of this Directive to inform survivors of lethality threats and encourage survivors to leave if officers believe there will be any threats to survivors' safety once officers leave.
 - Making reasonable efforts to ensure the proper care of children or vulnerable adults who are under the supervision of the offender or survivor.
 - Advising survivors that they may obtain free report copies from the JHPD and how to do so.
- K.** Advise the person suspected of committing the offense of the following:
- That pursuit of survivors could be violations of the stalking statute,
 - That domestic violence exists in the relationship and such conduct is criminal, and

- That they should seek help from local service providers before other incidents occur.
- L.** If the incident involves a JHPD officer or another law enforcement officer, notify a supervisor as soon as possible so they can inform BPD’s Special Investigations Section Commander, the JHPD Investigations Division, Johns Hopkins’ Public Safety Accountability Unit (PSAU), OIE, and the Chief of Police.
- M.** Consult Johns Hopkins Public Safety regarding whether to issue a campus ban or “be on the lookout” alerts for the suspect.
- N.** Write an Incident Report for all domestic violence crimes and domestic incidents for which the JHPD responds. See Section XII below for additional guidance on reporting.
- O.** Ensure the Division of Parole and Probation is notified if suspects are under the jurisdiction of that agency.
- P.** Officers should be aware that there are other offenses, including sextortion or revenge porn, harassment, stalking, and human trafficking, that often accompany gender-based violence and sexual violence. For definition and explanation of revenge porn, sextortion, and human trafficking, see JHPD Directive #465, Response to Crimes of Sexual Violence. Officers shall investigate these crimes in the same survivor-centered and trauma-informed manner and ensure victims are referred to appropriate resources.

IV. Determining the Primary Aggressor

If the officer has dual complaints with probable cause for each, the officer should conduct a Primary Aggressor Analysis and arrest only the primary aggressor, by considering the following circumstances:

- A.** Whether one person acted in defense of self or a third person. Persons may legitimately act in self-defense when:
- They actually believe they were in immediate and imminent danger of bodily harm,
 - The belief was reasonable, and
 - No more force was used than was reasonably necessary for defense in light of the threatened or actual harm.
- o NOTE: Officers should consider that the extent of a person’s injuries does not substantiate the other’s claim of self-defense when injuries are severe enough to demonstrate intent to do great bodily harm and officers have probable cause to believe suspects committed the offenses.
- B.** The relative degree of any injury,
- C.** Any threats creating fear of physical injury,
- D.** Whether any threats were carried out,

- E. Any history of domestic violence between such persons, if such history can reasonably be obtained by the JHPD officer,
- F. Whether one person is a current or past respondent of a protective order,
- G. Evidence from the persons involved in the domestic violence,
- H. The likelihood of future injury to each person, and
- I. Evidence from witnesses of domestic violence.
- J. **NOTE:** Members should be aware that the perpetrator may employ a tactic known as DARVO (deny, attack, and reverse survivor and offender). Some people may react this way when they are accused of bad behavior to deflect blame and responsibility for the wrongdoing.
 - Deny: The person will deny that they did anything wrong. Sometimes they will acknowledge something happened, but that whatever happened was not too bad and that it did not cause any harm.
 - Attack: Some people will attack the credibility of their accusers, making it seem like the accusers are untrustworthy and should therefore not be believed. People may say that their accusers are liars, mentally ill, or have ulterior motives.
 - Reverse Survivor and Offender: Some people will try to convince others that they are the “true” survivor and that their accuser is actually the guilty one. Also see Appendix B.
 - o In manipulative relationships where domestic violence is present, sometimes DARVO and other gaslighting tactics can even affect the way that the survivor sees their own experience, making them question their own memory or version of events.
 - o While it may be difficult to be sure that DARVO tactics are being employed, members should be aware of this potential dynamic when assessing a domestic violence situation. This is one reason why it is essential to interview the parties separately and privately, as required above.

V. **Domestic Violence Arrest Policy**

- A. If there is probable cause to believe that a person has committed a crime of domestic violence, the preferred response is for the JHPD officer to arrest the offender where it is legal to do so.
- B. If the officer has questions or concerns regarding whether there is sufficient probable cause or any other factors regarding the arrest, the officer should consult with their supervisor or a relevant supervisor at the State’s Attorney’s Office.
- C. Follow Section VI below for guidance on determining when an officer may make a warrantless arrest for domestic violence.
 - Warrantless arrests are **prohibited** (per law) for second-degree assaults

occurring **outside the presence of a police officer** when the current or former intimate partners do not reside together.

- D. When probable cause exists but an arrest cannot be made because the offender was not present when the crime was committed or because the law does not otherwise authorize warrantless arrest, officers shall:
- Actively assist survivors in obtaining charging documents (including by providing transportation to survivors to do so, when the survivor requests or requires it), or
 - Apply for the charging document, in consultation with their supervisor. Base the charges on the survivor's report and any corroborating evidence (e.g., observations at the scene, observations of injury to the survivor, observations of property damage).
- E. Officers are required to use all reasonable means to prevent further abuse, exploitation, or neglect, including the arrest of the offender when legal to do so. Officers should not base their decision to arrest on whether they believe the case will be prosecuted.
- F. Officers are advised that dual arrests are **strongly** discouraged. If an officer has probable cause to believe that a mutual battery occurred, the officer shall consider whether one of the persons acted in self-defense when determining whether to arrest. Officers are advised that persons defending themselves from assaults should not be arrested.

VI. **Warrantless Arrest for Domestic Violence**

Under certain circumstances, Maryland law allows a police officer to make a warrantless arrest for misdemeanors related to domestic violence such as second-degree assault, stalking, and violation of a peace or protective order. See JHPD Directive #424, Arrests & Alternatives to Arrest, for additional guidance. In addition, a warrantless arrest related to a crime committed outside an officer's presence can be made for these crimes under the following circumstances:

- A. **Second-Degree Assault:** Pursuant to MD Code, Criminal Procedure, § 2-204, an officer may make a warrantless arrest for misdemeanor (second-degree) assault committed outside their presence where there is probable cause to believe that:
- The suspect battered their spouse or another person with whom the suspect resides,
 - There is evidence of physical injury, and,
 - Unless the suspect is arrested immediately, the suspect:
 - o May not be apprehended (in the future),
 - o May cause physical injury or property damage to another, **or**
 - o May tamper with, dispose of, or destroy evidence.

- NOTE: To make a warrantless arrest under these circumstances, a report to the police must have been made within 48 hours of the alleged incident.
 - NOTE: Evidence of physical injury does not mean that an officer has to visibly observe signs of physical injury such as marks, abrasions, or bruising. There only needs to be probable cause to believe that there has been a physical injury, which may include oral or written statements from the spouse or another person with whom the suspect resides that they were physically injured by the suspect.
 - NOTE: See Appendix D.
- B. Stalking:** Pursuant to MD Code, Criminal Procedure, § 2-205, an officer may make a warrantless arrest for misdemeanor stalking committed outside their presence where **all** of the following conditions are met:
- The officer has probable cause to believe that the suspect has committed the crime of stalking,
 - There is some credible evidence supporting the probable cause beyond the survivor’s statements, and,
 - There is reason to believe the alleged survivor or another person is in danger of imminent bodily harm or death.
- C.** Pursuant to MD Code, Criminal Procedure, § 2-204.1, officers **shall** make an arrest for the violation of a protective or peace order. See JHPD Directive #421, Court Orders for Protection, Appendix B, for additional guidance on arrests for violations of protective and peace orders.
- D.** In reports for violations of court orders, officers shall detail information establishing that the offender was served (including when they were served and the agency that completed the service), as well as the order provisions the offender has allegedly violated. If available, attach a copy of the order to the Incident Report.

VII. Evidentiary Duties (CALEA 42.2.1)

Officers shall adhere to the following evidentiary duties and responsibilities when investigating or responding to an incident of domestic violence, stalking, or harassment:

- A.** Ensure recorded media of related phone calls and radio conversations are retained for potential use as evidence. (CALEA 42.2.1.d)
- B.** Ensure photographs are taken of crime scenes, any initial injuries of survivors and witnesses, and any injuries one to three days following the incident.
 - Where practicable, photos should be taken by an officer of the same gender identity. If no injuries are visible when officers are present, ask the survivor or witness to contact the investigator or Victim/Witness Coordinator if injuries become visible at a later time. (CALEA 42.2.1.a, 55.2.1)

- C. Document “excited utterances” made in the presence of officers.
- D. Identify and seize weapons or objects used as weapons. (CALEA 42.2.1.c)
- E. Seize clothing that may be evidence. (CALEA 42.2.1.d)
- F. Interview all survivors and witnesses, including children and neighbors, obtaining written statements when possible. (CALEA 42.2.1.c)
- G. Collect evidence, including notes, writings, correspondence, text messages, social media posts, other electronic communications, etc., made by survivors, suspects, and children that may be relevant to the case. (CALEA 42.2.1.c)
- H. Respectfully request that an authorization for the release of medical records be signed by the survivor, for access to records related to the incident (when applicable). (CALEA 42.2.1.c)

VIII. Crimes of Harassment & Stalking

- A. Incidents of domestic violence often culminate in acts of stalking against the survivor. Additionally, stalking and harassing types of behavior can escalate into more serious, violent incidents. Research shows that when survivors experience both physical abuse and stalking behaviors, the risk of homicide is increased. This department will take seriously all reports of these types of behavior and will aggressively investigate and prosecute when warranted.
- B. When investigating domestic violence–related incidents, officers will document any reports of stalking or harassment in the Incident Report, listing as much specific information (dates, times, nature of activities, potential witnesses, etc.) as can be provided by the survivor and witnesses.

IX. Initiating a Lethality Assessment

Officers shall make every effort to identify survivors of domestic violence who are potentially in lethal situations and immediately connect those survivors directly with a domestic violence program counselor. To assist, the JHPD uses a research-based tool, the Lethality Assessment Screen, to assess potential danger to survivors of domestic violence. The screening process is completed at the scene of a domestic violence incident involving intimate partners when the JHPD is the primary investigator, or when the JHPD is asked to assist BPD in this regard.

- A. Officers will utilize the investigative procedures included in the Lethality Screening Section of the Maryland Domestic Violence Supplemental Form when investigating a domestic complaint involving current or former intimate partners and one or more of the following conditions exist:
 - There is reason to believe an assault or an act that constitutes domestic violence has occurred, whether there is a probable cause for an arrest.
 - There is a belief or sense on the part of the investigating officer that once the survivor is no longer with a JHPD officer, the potential for assault or danger is high.

- There have been repeated calls for domestic complaints at the same location or involving the same parties.
 - The officer believes a screening should be conducted based on their experience, their training, and the totality of the circumstances of the incident.
- B. Lethality Screening Questions** are located on the Domestic Violence Lethality Screen for First Responders Report. The officer shall advise the survivor that they will be asked a series of questions to help determine the immediate potential for danger. In addition, the officer shall:
- Inform the survivor that they are not required to respond to any or all of the questions, but that if they do choose to answer the questions, it can assist with identifying danger posed to the survivor.
 - Ask the questions in the order they are listed on the form.
 - Ask all the questions in assessing the survivor.
 - o NOTE: The more questions the survivor responds to in the affirmative, the clearer and more immediate the potential for danger is to the survivor.
- C. Assessing Responses to the Lethality Questions:** After the officer asks all the questions on the lethality screening, they will handle the information as follows:
- A single “**yes**” response by the survivor to question 1, 2, or 3 reflects a high-danger situation and automatically triggers the protocol referral.
 - If the survivor gives negative responses to questions 1–3 but positive responses to **four** or more of questions 4–11, this also reflects a high-danger situation and triggers the protocol referral.
 - A “**no**” response to all the assessment questions, or “**yes**” responses to fewer than four of questions 4–11, may still trigger the referral if the JHPD officer believes it is appropriate.
 - After completing the assessment screen, the officer should ask the survivor the following question: “What concerns do you have now or may you have after I leave?” The response to the question may aid in the JHPD officer’s decision.
- D.** Use of the Domestic Violence Lethality Screen takes into account the officer’s experience and observations. Therefore, if the survivor’s responses do not trigger the referral, but the officer perceives that the survivor’s situation indicates high danger, the officer shall trigger the referral.
- E. Referral:** If a high danger assessment is made or the officer believes it is appropriate, the officer will advise the survivor that their situation has shown that they are at an increased level of danger and that people in the survivor’s situation have been killed or seriously injured.

- The officer will inform the survivor that the House of Ruth Maryland should be contacted at 410-889-7884 for the survivor to speak with a counselor. The officer shall ask the survivor if they would like the officer to contact Johns Hopkins' Behavioral Health Crisis Support Team (BHCST) to be present while the survivor contacts the House of Ruth. (CALEA 55.2.3.a,b)
- If the survivor initially declines to speak with the counselor, the officer shall:
 - o Tell the survivor that the officer will contact the domestic violence hotline to receive guidance on how to proceed with the situation,
 - o Ask the survivor to reconsider speaking with the hotline counselor,
 - o After the officer concludes the conversation with the counselor, ask the survivor if they have decided that they would like to speak with the counselor in the moment, and,
 - o Always provide the survivor with the Johns Hopkins Resource Brochure (Appendix A) and ask them if they would like to be immediately connected with a Johns Hopkins resource (particularly BHCST (24/7) or the Gender-Based Violence Prevention Program, as available).
- If the survivor agrees to speak with a counselor, the officer or the BHCST member will advise the counselor that they have made a high danger assessment, or that they believe the survivor is in danger, and would like the counselor to speak with the survivor.
 - o Officers will not provide the name of the survivor to the counselor without the consent of the survivor.
 - o At the appropriate time during the conversation between the survivor and the counselor, the counselor will ask the survivor to speak with the officer about the situation.
 - o The officer will then be guided by the discussion with the counselor for further assistance. Officers will provide reasonable assistance to the survivor if the survivor wants to leave the residence.

F. Referral Not Triggered: If the survivor continues to decline to speak with the counselor, the officer will proceed in the same way they would for when a referral is not triggered, including conveying information that the counselor has suggested, going over some safety tips (whether or not the survivor plans to leave), and discussing the option of leaving the location if possible. They will also do the following:

- Remind the survivor that domestic violence is dangerous and sometimes fatal.

- Inform the survivor to watch for the signs listed in the assessment because they may convey to the survivor that they are at an increased level of danger.
 - Provide the survivor with information for the House of Ruth Maryland and the Johns Hopkins Resource Brochure (Appendix A).
 - Provide the survivor with the JHPD's telephone number, the case number, and the JHPD officer's contact information, in case the survivor wants to talk further or needs help. For cases being handled by BPD, also provide the BPD investigator's contact information.
- G.** The officer should remain at the scene for a reasonable time until, in the judgment of the officer, the likelihood of further imminent violence has been eliminated or the officer has helped the survivor with a safety plan in conjunction with an advocate after completing the Lethality Assessment Screen.
- H. Other Resources & Assistance:** In addition to the requirements for the formal Lethality Assessment Screen, officers shall be aware of and provide, as appropriate, information, support, and referrals to survivors as detailed in this Directive; JHPD Directive #421, Court Orders for Protection; and JHPD Directive #422, Victim & Witness Assistance.
- At minimum, officers must provide the survivor with the Johns Hopkins Resource Brochure (Appendix A) and include police, PSAU, and advocate contact information in the lines provided, if not otherwise provided. Officers contacted by a survivor shall respond as soon as possible and not later than by the end of their next shift.
- I. Additional Reporting Requirements:** The completed Domestic Violence Lethality Screen for First Responders shall be uploaded to the JHPD's Records Management System and attached to the Incident Report. The Incident Report shall state that the lethality assessment was done in conformance with this Directive and shall state whether the survivor was referred to a counselor and whether the survivor spoke with a counselor per the assessment results. The officer shall also document whether the survivor was transported, where they were transported, and who transported the survivor.
- The Director of Special Services or their designee is responsible for submitting statistical reports to the House of Ruth Maryland.
 - In addition, the Director of Special Services or their designee will prepare and forward reports to the Maryland Network Against Domestic Violence by the 15th of:
 - o January
 - o April
 - o July
 - o October

- The reports to House of Ruth and the Maryland Network Against Domestic Violence shall contain the following information:
 - o How many lethality screens were attempted?
 - o How many survivors were screened in high danger?
 - o How many survivors were not screened in high danger?
 - o How many did not respond to the screening questions?
 - o How many screened spoke to a counselor?

X. Transportation of Survivors

- A. It may be very important for a survivor’s safety and for the outcome of a case for officers to transport survivors for filing criminal charges, seeking civil orders of protection, or obtaining medical care or forensic evidence collection.
- B. When requested or appropriate, officers shall provide survivors with transportation to the hospital, District Court, or Court Commissioner and comply with JHPD Directive #209, Fleet Management, and JHPD Directive #107, Interactions With LGBTQ+ Individuals.
- C. The designated medical facility for forensic evidence collection—including alternative light source testing—is Mercy Medical Center. Officers shall generally transport survivors to Mercy Medical Center in all instances in which a forensic exam is warranted and when the survivor has agreed and provided consent to be transported.
- D. Officers shall provide survivors with assistance in obtaining civil orders of protection, in accordance with JHPD Directive #421, Court Orders for Protection, and transport survivors to the Court Commissioner or District Court.
- E. If the survivor requests to be accompanied by friends or family, that request should be honored.
 - NOTE: A relative or friend may transport the survivor in a private vehicle, if the survivor prefers. The survivor should not drive unless that is their preference.

XI. JHU OIE Title IX/Sexual Misconduct Notifications

- A. JHU’s Title IX Coordinator in OIE is responsible for ensuring that acts of sexual misconduct—which include acts of dating violence, domestic violence, and stalking—are handled consistent with Title IX of the Education Amendments of 1972, corresponding regulations, and other applicable laws. Title IX/sexual misconduct investigations are separate from criminal investigations and are conducted by OIE investigators.
- B. JHPD officers shall promptly report all potential instances of dating violence, domestic violence, stalking, and sex-based or sexual harassment to the university’s OIE Title IX Coordinator at 410-516-8075 or titleixcoordinator@jhu.edu.

- C. JHPD Incident Reports shall be forwarded to OIE for such cases. These reports must include the names of the complainant, respondent, and any witnesses and any other relevant facts, including the date, time, and location of the misconduct.
- D. Upon request, the JHPD will provide JHU's OIE Title IX Coordinator access to investigative notes and findings as necessary for any Title IX investigation, so long as disclosure does not compromise any criminal investigation. Likewise, upon approval by BPD, the JHPD will facilitate access to such files maintained by BPD.
- E. The issuance of timely warnings and other campus notifications will be completed in conformance with JHPD Directive #222, Clery Act Compliance; JHU Policy GOV036, Campus Notifications; and JHU OIE Title IX/Sexual Misconduct Notifications.

XII. Reporting

- A. Officers shall complete Incident Reports for all domestic violence–related incidents for which the JHPD responds, regardless of whether arrests were made.
- B. For cases where BPD serves as the lead investigator, the JHPD officer shall add a Supplemental Report by selecting “Narrative Only” and document all relevant details, observations, evidence, and aggravating factors in the narrative.
- C. All JHPD reports, whether the primary Incident Report or a Supplemental Report, shall include documentation of all of the following information:
 - Condition of the crime scene and evidence observed.
 - Survivor's condition, to include injuries, demeanor, and statements.
 - All interviews conducted and contents of the interviews. As accurately as possible, use survivors', witnesses', and suspects' own words in writing. Language used by any of those individuals will not be sanitized for the report.
 - All evidence collected, steps taken to collect evidence, and any outstanding evidence to be collected.
 - Probable cause leading to arrests or filing of charges.
 - Use and location of weapons, as applicable.
 - Any remaining investigative steps identified.
 - The name and date of birth of each child present at the time of the incident.
 - All JHPD, BPD, Johns Hopkins (including OIE), and other external sources contacted for assistance or referral, including how such entities were contacted (e.g., by phone or email).
 - All survivor assistance that was provided.
- D. For all crimes of domestic violence, officers shall have the survivor complete and

sign the Domestic Victim Statement Form, and attach a legible image or images of the form to the Incident Report.

- E. In addition, for all crimes of domestic violence, officers shall complete and submit the Domestic Violence Lethality Screen for First Responders Report, with the Incident Report, in accordance with this Directive.

XIII. Supervisory Requirements

- A. Supervisors shall respond to the scene of all domestic-related incidents and crimes and assist the responding officer in determining whether the case is under BPD's jurisdiction, thus requiring that BPD be contacted as soon as practicable.
- B. If extenuating circumstances prevent the supervisor from responding and if no other supervisor is available, supervisors shall designate an officer in charge to hold the scene until a permanent-rank supervisor can respond.
- C. Supervisors shall ensure that the preliminary investigation was properly conducted and that any crime scenes, evidence, witnesses, and suspects are protected or secured, as necessary.
- D. Supervisors shall ensure officers conducted investigative steps consistent with the guidance provided by BPD, when applicable, and with requirements listed under Procedures, Section II, above.
- E. Supervisors shall ensure that OIE has been notified per Section XI above.
- F. Supervisors shall ensure that the survivor has received the Johns Hopkins Resource Brochure (Appendix A).
- G. Supervisors shall not allow responding officers to close out domestic-related calls for service without completing a report.
- H. If the incident involves a JHPD officer, supervisors shall ensure that notifications are made to BPD's Special Investigations Section Commander, the JHPD's Investigations Division, PSAU, OIE, and the Chief of Police as soon as possible.

XIV. Training

- A. The Public Safety Training Section shall ensure that entry-level training and In Service Training will be comply with current Maryland Police Training and Standards Commissions requirements.
- B. It will be required for JHPD officers to complete in-person training on domestic violence response annually (minimum of one hour per year).
- C. The Public Safety Training Section, in consultation with OIE, the Office of Diversity and Inclusion, the Provost's Sexual Violence Advisory Committee, the Gender-Based Violence Prevention Team, and the BPD Special Investigations Section Commander or designee, will develop the training curriculum that will be available to the public. Local advocacy agencies will also assist the JHPD with the development and provision of training on this topic. Such training for all

officers will cover at a minimum, but not be limited to, the following topics on a rolling basis:

- The JHPD’s policies and procedures on domestic violence,
- Dynamics of domestic violence,
- How to conduct a trauma-informed response to calls for domestic violence, stalking, or harassment, including cases presenting co-occurring crimes such as sexual or physical assault,
- Identifying the primary aggressor,
- Responding to and investigating strangulation in the context of domestic violence,
- Interviewing survivors, witnesses, and suspects,
- Impact of trauma on survivors of domestic violence, stalking, and harassment, and ways to minimize further physical and psychological trauma and harm to survivors,
- Commonly used resources,
- Standards for report writing and documentation for preliminary and full investigations for cases involving domestic violence, stalking, and harassment,
- OIE training on domestic violence, dating violence, stalking, sexual harassment, and sex-based harassment (as defined under JHU’s SMPP), and
- Current information and data on the prevalence, severity, and impact of domestic violence on college-age individuals.

Policy Enforcement

Enforcement	Police Department managers and supervisors are responsible for enforcing this Directive.
Reporting Violations	Suspected violations of this Directive should be reported to PSAU or via the online form and are subject to discipline pursuant to JHPD Directive #350, Complaints Against Police Personnel.

Related Resources

University Policies and Documents
Conduct & Responsibility #107, Interactions With LGBTQ+ Individuals
Administrative Procedure #209, Fleet Management
Administrative Procedure #222, Clery Act Compliance
Personnel Procedure #301, Personnel Management

Personnel Procedure #350, Complaints Against Police Personnel
 Operational Procedure #415, Individuals With Behavioral Health Conditions
 Operational Procedure #421, Court Orders for Protection
 Operational Procedure #422, Victim & Witness Assistance
 Operational Procedure #424, Arrests & Alternatives to Arrest
 Operational Procedure #433, Body-Worn Cameras
 Operational Procedure #434, Language Access Services
 Operational Procedure #435, Communicating With Hearing Impaired Persons
 Operational Procedure #460, Criminal Investigations
 Operational Procedure #465, Response to Crimes of Sexual Violence
 Operational Procedure #467, Evidence Collection & Preservation
 JHU Sexual Misconduct Policy and Procedures (SMPP)
<https://oie.jhu.edu/confidential-resources/>
<https://oie.jhu.edu/non-confidential-resources/>
<https://wellbeing.jhu.edu/resources/mental/> (for students)
 Possession of Weapons on University Premises (HR037)

External Documentation

Maryland Department of Human Services Website, <https://dhs.maryland.gov/office-of-adult-services/adult-protective-services/>

Police Department Forms and Systems

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Contacts

Subject Matter	Office Name	Telephone Number	Email/Web Address
Policy Clarification and Interpretation	Policy Management	(667)306-8618	jhpdpolicyinquiry@jh.edu

Appendix A
Johns Hopkins Resource Brochure

<p>HELPFUL INFORMATION TO REMEMBER</p> <p>JHPD officer name/badge # _____</p> <p>BPD detective name/seq # _____</p> <p>Police phone number(s) to contact _____</p> <p>Case number _____</p> <p>JH advocate name & phone # _____</p> <p>Other advocate/support name & phone # _____</p> <p>Other information I received _____ _____ _____</p>	<p>JHPD IS DEDICATED TO PROVIDING A TRAUMA-INFORMED, SURVIVOR-CENTERED RESPONSE TO VICTIMS OF SEXUAL VIOLENCE AND DOMESTIC VIOLENCE.</p> <p>If you feel that a JHPD employee has not treated you or your case properly or you have a complaint, you may contact the Public Safety Accountability Unit at: 667-306-7261 or psau@jh.edu</p>	 <p></p> <p>JH, LOCAL & NATIONAL RESOURCES FOR SURVIVORS OF SEXUAL ASSAULT AND DOMESTIC VIOLENCE</p> <p>Johns Hopkins Police Department For Emergencies, Dial 911</p> <p> JOHNS HOPKINS UNIVERSITY</p>
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JH CONFIDENTIAL RESOURCES

JH Sexual Assault Helpline (24/7)
410-516-7333

Behavioral Health Crisis Support Team (24/7)
410-516-9355

Gender Violence Prevention & Education
410-927-3548

HopkinsGBVP@jh.edu

JH Counseling Center
410-516-8278

<https://studentaffairs.jhu.edu/counselingcenter/>

Student Health & Wellness Center
410-516-8270

<https://studentaffairs.jhu.edu/student-health/>

JH Student Assistance Program (24/7)
443-287-7000
<http://jhsap.org>

Health Services/Mental Health Services
(serving Schools of Medicine, Public Health
& Nursing)

University Health Services – 410-955-3250
Mental Health Services (24/7)– 410-955-1892

JH NON-CONFIDENTIAL RESOURCES

Office of Institutional Equity
oie.jhu.edu
410-516-8075



JH CONFIDENTIAL RESOURCES FOR FACULTY & STAFF

Employee Assistance Program (24/7)
888-978-1262
<https://hr.jhu.edu/benefits-worklife/support-programs/>

BALTIMORE & MARYLAND RESOURCES

TurnAround Inc.
(support for survivors of sexual violence)
443-279-0379 (24/7)
turnaroundinc.org

House of Ruth MD
(support for survivors of domestic violence)
410-889-7884 (24/7)
hruth.org

Mercy Medical Center
bmoresafemercy.org

MD Coalition Against Sexual Assault
mcasea.org

MD Network Against Domestic Violence
mnadv.org

NATIONAL RESOURCES

National Sexual Assault Hotline
1-800-656-4673 (24/7)
online.rainn.org (24/7 chat)

National Domestic Violence Hotline
1-800-799-7233 (24/7)
thehotline.org

My Plan App for Safety Planning
MyPlanApp.org

Appendix B

Additional Information on Trauma-Informed, Survivor-Centered Responses

Trauma, Brain Response & Body Response

Trauma-informed care recognizes how trauma affects the brain. Hyperactivity in the amygdala and hippocampus overrides the prefrontal cortex (in charge of rational choices and modulating emotional responses). This keeps a person in survival mode.

Trauma results from physical and emotional harm and impacts a person's functioning and mental, physical, social, emotional, or spiritual well-being. How a person responds to trauma often depends on what kinds of internal and external resources they must use to help them cope.

Depending on the combination and quantity of hormones that the brain releases during a traumatic event, individuals may react to trauma in a variety of ways. Some survivors will present as upset; others will have flat or even disinterested affects. A person's reacting with or without emotion does not indicate the legitimacy of a report, and both reactions are common. Other reactions may include but are not limited to sadness, anger, anxiety, fear, guilt, detachment, nausea, elevated heart rate, exhaustion, and greater startle response.

When a person experiences trauma, brain activity is rerouted to the brain's survival center. This impacts the coding and storing of memories. Because of this, survivors may have trouble remembering details in order or even all at once. As trauma recedes, details may emerge. Letting the survivor go at their own pace can be helpful when they recount details, especially if it is their first time recounting the incident or the incident is recent. Thus, if the survivor provides a vague account lacking detail or is unable to recall specifics, it does not mean that they are lying or intentionally leaving out details. Similarly, missing meetings and misunderstanding timelines or instructions are not indications of untruthfulness.

It is not unusual for survivors to have experienced orgasm during a sexual assault. Orgasms during a sexual assault are not an indication a sex act was wanted; rather, they can be the natural result of genital stimulation and release of hormones, specifically oxytocin.

Signs of Trauma

Signs of trauma in survivors and witnesses can include:

- Nausea, flashbacks, trembling, memory gaps, fear, and anger. These symptoms can trigger behaviors that police may misinterpret as not cooperating, appearing adversarial, or behaving in an aggressive manner.
- Acting in a hypervigilant state or in a constant state of arousal. These individuals may be perceived as hostile, particularly when they are feeling threatened.
- Disengaging, "tuning out," or avoiding being out in the world. Traumatized individuals may feel numb and show no outward signs of distress, which police can misinterpret as suggesting that there is little or no trauma because the person is not acting out.

In teens, trauma can affect brain development by interrupting the creation of coping strategies to deal with difficult situations and their ability to trust others. This will impede police efforts to effectively relate to them and gain their trust.

When encountering someone with symptoms of trauma, officers should first address the survivor's safety needs, acknowledging and addressing their physical concerns. Next, officers should allow the person to vent about their feelings and should validate those feelings. Listen attentively with a nonjudgmental demeanor. Ask survivors, "What has happened to you?" instead of, "What is wrong with you?" Furthermore, asking sensory questions (e.g., what did the survivor see, hear, touch, smell, taste) can be helpful, since during traumatic events the brain stores sensory information better than chronological information. Also explain to the survivor what happens next in the case process and their role in that process to help survivors heal and prepare for their future.

Assigning Responsibility Where It Belongs

It is important for officers to understand and recognize that it is the offender, not the survivor, who is responsible for the crime. No matter what a survivor was wearing, where they were, what they were doing, if they were drinking or using drugs, or if they had willingly engaged in sexual activity with the offender at any time prior to the assault, it is always the fault of the offender, the person who chose to interact with another person's body without permission (consent) from that person.

Dynamics of Domestic Violence & Intimate Partner Violence

Domestic violence, particularly intimate partner violence, is an ongoing pattern of coercive, controlling, abusive behavior used to gain or maintain power and control over the survivor. Domestic violence may include physical, sexual, emotional, economic, and psychological actions or threats of actions. Abusers may also commit verbal threats, acts of intimidation, property damage, animal cruelty, elder and child abuse, strangulation, and stalking. The trauma and harm caused by domestic violence can be complex.

Abusers use tactics like isolation, financial abuse, emotional and mental abuse, and physical abuse with the intent to make it as difficult as possible for the survivor to leave. These are intended to keep the survivor in fear of and dependent on the abuser, without support or resources.

Because domestic violence is about power and control, the **most** dangerous time for a survivor is as they are leaving or as they are trying to leave:

- The risk of being murdered by an intimate partner increases about 300% in the first 72 hours (about three days) after leaving.
- On average, it takes about seven attempts to leave an abusive relationship.
- The presence of a firearm in the home increases the chance of lethality by 500%.

Police response to domestic violence must prioritize survivor safety and recognize how dangerous and traumatic some perhaps seemingly harmless domestic disputes may actually be.

Officers shall also be aware that often the abuser will attempt to engage in DARVO (deny, attack, reverse survivor and offender). In this tactic, the abuser claims they are the “real” survivor, accuses the survivor of harm (often, if there is injury caused by the survivor, it was defensive), accuses the survivor of lying or being “crazy,” and says whatever they can to shift the blame onto the survivor. Due to these tactics, officers must critically assess the situation to ensure the primary aggressor is properly identified.

Barriers to Reporting

There are many barriers to survivors reporting crimes of sexual assault and domestic violence. Such barriers include but are not limited to:

- Fear of not being believed
- Fear of the offender
- Self-blame
- Concerns about the justice system
- Denial or disbelief, sometimes exacerbated by involvement of drugs or alcohol
- Cultural differences
- Concerns about racial bias

Officers must understand that certain demographic groups—sex workers, drug users, people with disabilities, children, immigrants, LGBTQ+ persons, and family members—are often targeted by offenders because they are **less** likely to report the crime.

Tips for Interacting With Survivors of Sexual Assault & Domestic Violence

- Be mindful of the power dynamics between police and survivors.
- Be mindful of personal space and body language. If the officer needs to touch the survivor for any reason, they should ask them first. Do not lean or tower over them.
- Avoid questions that sound survivor blaming, such as “why” questions.
- Explain as much of what the officers are doing and why they are asking certain questions they you can. Even when not intended, investigative questions can sometimes feel like they are casting blame on a survivor. It can be helpful for a survivor to know why a question is being asked, and be reassured through the explanation that they are not being blamed for the assault or harm.
- Let them know the officers believe them and take their disclosure seriously. Listen to what they have to say about what happened.
- Validate their emotions, even if the officers do not understand them. All emotions are fair responses to sexual assault and domestic violence.

For More Information

Resources for safety planning: <https://www.thehotline.org/create-a-domestic-violence-safety-plan/> and <https://myplanapp.org/>

More on trauma-informed care: <https://nnedv.org/spotlight on/understanding-importance-trauma-informed-care/>

More information about sexual violence: <https://www.rainn.org/>

DEAR COMPLAINANT
 The suspect listed on the other side of this report is now being charged with a domestic violence crime. You **MUST** contact the Special Victims Unit, State's Attorney's Office, within 48 hours, to discuss your input and needs as they relate to this case.
CALL 410-396-7444 OR COME TO THE EASTSIDE COURTHOUSE, ROOM 204, 8:30 AM TO 4:30 PM.
DOMESTIC VIOLENCE IS A CRIME!

The Family Crimes Unit's telephone number is 443 984-7030.

THE POLICE CAN HELP YOU

- Get to a safe place away from the violence.
- Get information on how the court can help protect you against the violence.
- Get medical care for injuries you or your children might have.
- Get necessary belongings from your home for you and your children.
- Get information on obtaining copies of police information about violence.
- File a complaint in criminal court, and tell you where your local Criminal, Civil and Family Courts are located.

THE COURTS CAN HELP YOU

- If the person who harmed or threatened you is a family member or someone you've had a child with, then you have the right to take your case to the Criminal Court, Civil or the Family Court.
- If you and the abuser aren't related, weren't ever married or don't have a child in common, then your case can be heard in the Criminal Court or Civil Court.
- The forms you need are available at 500 N. Calvert Street, and 501 E. Fayette Street.
- The courts can decide to provide a temporary order of protection for you, and your children.
- The Family Court may order temporary child support and temporary custody of your children.

Getting Help: Filing Criminal Charges Get a report number from the police. Go to 500 N. Calvert Street to see a Court Commissioner to get a warrant for the arrest of the abuser, or a summons to appear in court. If the Court Commissioner will not issue a warrant or summons, request that the State's Attorney's Office file criminal charges against the alleged abuser. You can call the State's Attorney's Domestic Special Victims Unit and they will explain the process and answer all of your questions.

To obtain a "Temporary" Protective and Peace Order Go to the Civil District Court at 501 E. Fayette Street, or the Circuit Court of Baltimore at 111 N. Calvert Street, Mon. - Fri., 8:30 am - 4:30 pm, file a petition and appear before the Judge.

To obtain a "24-7" Interim Protective and Peace Order After normal court hours, and on the weekends, you may go to a Court Commissioner at 500 N. Calvert Street to seek an Interim Protective and Peace Order. The Interim Protective and Peace Order will remain in effect until the hearing or until the end of the second court business day after issuance of the order, whichever occurs first. This Order can temporarily remove the respondent from the home and order the abuser to stop the abuse, refrain from contacting you, and give temporary custody of the children.

Interim Protective and Peace Order

An **Interim Protective and Peace Order** is available to persons who are the current or former spouse of the respondent; a cohabitant of the respondent; a person related by blood, marriage or adoption; or a parent, stepparent, child or stepchild of the respondent or the adult person eligible for relief; or an individual who has a child in common with the respondent. **The respondent is the person committing the abuse.**

Court Commissioner
 500 N. Calvert St.
 410 767-5774

Civil Court
 501 E. Fayette St.
 410 878-8900

Special Victims Unit
 1400 E. North Ave.
 410 396-7444

GET HELP NOW - GET SAFE - STAY SAFE
CALL 410 889-RUTH (7884)

SHELTER - COUNSELING

House of Ruth
 410 889-7884

Marian House, Inc.
 410 467-4121

Chase - Brexton
 410 837-2050

Turnaround, Inc.
 HOTLINE: 410 828-6390
 City Office: 410 837-7000

Appendix D

Misdemeanor Assaults Response Chart

For an alleged misdemeanor assault that the officer did **not** witness but there is probable cause:

		Are the suspect and survivor spouses or two people who reside together?	
		Yes	No
Are the suspect and survivor intimate partners?	Yes	Warrantless arrest is permitted under Maryland law*; BPD policy instructs officers to follow a preferred arrest policy whereby the offender is arrested in most circumstances. Officers are required to use all reasonable means to prevent further abuse, exploitation, or neglect, and officers should not base their decision to arrest on whether they believe the case will be prosecuted.	Warrantless arrest is not permitted under Maryland law; BPD policy instructs officers to explain to the survivor how to file charges with the Court Commissioner. Officers are strongly encouraged to provide transportation for survivors, if they desire, to the Court Commissioner's Office. Officers could also apply for a warrant themselves.
	No	Warrantless arrest is permitted under Maryland law*; BPD does not have a preferred arrest policy for such instances where the persons reside together but are not in an intimate relationship. The officer shall refer to JHPD Directive #424, Arrests & Alternatives to Arrest, to make an analysis as to whether an arrest would be necessary or advisable. Officers shall use reasonable means to prevent abuse, exploitation, and neglect, which may include arrest of the offender.	Warrantless arrest is not permitted under Maryland law; BPD policy instructs officers to assess the situation for the best remedy, which may include encouraging the survivor to file charges with the Court Commissioner and providing the survivor with transportation to the Court Commissioner's Office.

EXAMPLES:

- **Second-degree assault occurring between boyfriend and girlfriend who do not live together:** If occurred outside officer presence, officers **shall not** arrest. Officer either shall advise the survivor to file charges with the Court Commissioner (and provide transportation, if requested) or shall apply for a statement of charges with the Court or Court Commissioner, based on the survivor's statement and corroborating evidence.
- **Second-degree assault occurring between roommates:** If occurred outside officer presence, and if other legally required conditions apply, the officer **may** arrest the offender, basing analysis on Policy 1106 and need to prevent abuse, exploitation, and neglect.

- **Second-degree assault occurring between two people with a child in common who do not live together:** If occurred outside officer presence, and if other legally required conditions apply, the officer should follow BPD's preferred arrest policy to arrest the offender (as the two are defined as having an intimate relationship).

**As long as these other conditions apply: There is evidence of physical injury and, unless arrested immediately, the suspect may not be apprehended, may cause physical injury or property damage to another, or may tamper with, disposed of, or destroy evidence.*

Appendix E
Strangulation Bulletin

Baltimore Police Training Bulletin

On October 1, 2020,

intentional “strangulation”

was added to the crime of [1st Degree Assault](#)

That means that first degree assault can now be committed by:

- Intentional strangulation
- **OR** through the use of a firearm
- **OR** any assault committed with the intent to cause serious physical injury (whether or not serious physical injury actually occurred).

Strangulation is defined as “impeding the normal breathing or blood circulation of another person by applying pressure to the other person’s throat or neck.” Be aware that although a survivor may use the word “choked,” it may fit the above legal definition of “strangulation.”

Strangulation is most frequently seen in domestic-related incidents. Strangulation should be taken very seriously and investigated thoroughly. [Survivors of non-fatal domestic violence strangulation are seven times more likely to become homicide survivors.](#) Officers should be aware of the information presented in this bulletin when responding to calls for service when a domestic assault has taken place.

It’s important for a police officer to know what to look for AND what to ask when interviewing a possible survivor of an assault. A police officer should be aware that a survivor may advise they were strangled, but there may be no visual signs of injury to the survivor’s body (see attachments for further information).

Per Policy 711, Family Crimes Unit of the Special Investigation Section MUST be notified on incidents involving any domestic violence survivor strangulation with loss of consciousness, urination, defecation, or petechial hemorrhage (i.e., red, or purple spots on the skin).

Police Officers who contact Family Crimes Unit must still document all preliminary investigative efforts within the Crime Incident Report, Form 008, and complete other necessary reporting.

Note: During off-duty hours, Police Officers shall contact the Communications Section for the on-call Family Crimes Unit detective.

Patrol will handle all other strangulation cases unless the case is a homicide or other circumstances exist with the case.

These symptoms may not appear for hours or even days after the assault. It may also be difficult to see changes on the skin of some survivors. Thus, if a survivor reports that they were strangled to any degree, the member shall transport the survivor to Mercy Hospital.

SIGNS AND SYMPTOMS OF STRANGULATION

NEUROLOGICAL

- Loss of memory
- Loss of consciousness
- Behavioral changes
- Loss of sensation
- Extremity weakness
- Difficulty speaking
- Fainting
- Urination
- Defecation
- Vomiting
- Dizziness
- Headaches

SCALP

- Petechiae
- Bald spots (from hair being pulled)
- Bump to the head (from blunt force trauma or falling to the ground)

EYES & EYELIDS

- Petechiae to eyeball
- Petechiae to eyelid
- Bloody red eyeball(s)
- Vision changes
- Droopy eyelid

EARS

- Ringing in ears
- Petechiae on earlobe(s)
- Bruising behind the ear
- Bleeding in the ear

FACE

- Petechiae (tiny red spots-slightly red or florid)
- Scratch marks
- Facial drooping
- Swelling

MOUTH

- Bruising
- Swollen tongue
- Swollen lips
- Cuts/abrasions
- Internal Petechiae

CHEST

- Chest pain
- Redness
- Scratch marks
- Bruising
- Abrasions

NECK

- Redness
- Scratch marks
- Finger nail impressions
- Bruising (thumb or fingers)
- Swelling
- Ligature Marks

VOICE & THROAT CHANGES

- Raspy or hoarse voice
- Unable to speak
- Trouble swallowing
- Painful to swallow
- Clearing the throat
- Coughing
- Nausea
- Drooling
- Sore throat
- Stridor

BREATHING CHANGES

- Difficulty breathing
- Respiratory distress
- Unable to breathe

Source: *Strangulation in Intimate Partner Violence*, Chapter 16, *Intimate Partner Violence*. Oxford University Press, Inc. 2009.



www.strangulationtraininginstitute.com

Graphics by Yesenia Aceves

EXAMPLES OF STRANGULATION SYMPTOMS:

- Loss of breath, or difficulty breathing
- Memory loss
- Dizziness, nausea, or headache
- Voice changes
- Complete loss of voice
- Difficulty swallowing
- Headache
- Difficulty breathing
- Raspy breathing
- Pain or tenderness on touch or movement
- Mental status changes (restlessness, combativeness, psychosis, amnesia)
- Involuntary urination or defecation
- Coughing or vomiting
- Vision changes
- Loss of consciousness—may be very brief, even seconds, and survivor may lose and regain consciousness multiple times
- Hearing loss or hearing changes
- Urination or defecation
- Problems with balance or coordination

SIGNS

- Redness of the neck—may be fleeting (temporary; short-lived)
- Scratch marks—present on survivor or suspect
- Bruises—may not immediately appear
- Fingertip bruises—can be circular, oval, and often are faint
- Swelling of the neck—may be caused by any one or combination of the following: internal bleeding, or an injury of any of the underlying neck structures.
- Tiny red spots (petechiae)—ruptured capillaries. Found anywhere above the area of constriction (jugular restriction).
- Blood-red eyes—due to capillary rupture in the white portion of the eyes. May suggest a vigorous struggle, or intermittent pressure.

STAGES OF STRANGULATION

1. **Disbelief**: Survivor cannot believe they are being strangled. Very short in duration.
2. **Primal**: Survivor fights with whatever means to stop the strangling. *Ask the survivor what they did after the attack started. This may explain injuries.*
3. **Resignation**: Survivor gives up, feeling they can do nothing, and goes limp. *Ask the*

survivor what they were thinking about. What did they think was going to happen?

INDICATORS OF LOSS OF CONSCIOUSNESS

- Loss of memory
- Standing, then waking up on the floor
- Unexplained bump on the head
- Bowel or bladder incontinence
- A witness to the loss of consciousness
- Headache

MEDICAL CARE

- [Mercy's Forensic Nursing Program](#) uses an Alternative Light Source to reveal strangulation injuries that are not otherwise visible. Injuries may be present up to 30 days after the assault.
- This resource is not only beneficial for evidence collection purposes, but also to ensure that the survivor receives appropriate and comprehensive medical care.

SURVIVORS WHO DECLINE MEDICAL CARE

- Discuss the warning signs
- Advise survivor to log symptoms
- Encourage survivor to seek medical attention if symptoms persist
- Next 24-48 hours could be critical

STRANGULATION INVESTIGATION QUESTIONS

- Ask the survivor to describe how they were strangled. Was it one-handed? Two-handed? With a forearm? With an object? And so on, as necessary.
- What did the suspect say before, during, and after they strangled the survivor?
- Was the survivor shaken simultaneously while being strangled?
- Was the survivor thrown or held against the wall, floor, or ground? Can they describe how, and the results? Can they describe the surface area?
- How long did the suspect strangle the survivor?
- How many times was the survivor strangled? Describe each incident, and each method.
- How much pressure was used? Describe on a scale of 1–10. Was the pressure continuous?
- What was the survivor thinking when they were being strangled?
- What caused the suspect to stop?
- Any difficulty breathing during the assault, or any breathing changes now?
- Describe any voice changes.
- Any complaints of pain to the throat?
- Any coughing, or trouble swallowing?
- How did the survivor feel during the assault? (examples: dizzy, nauseous, loss of consciousness)
- Did the survivor experience any visual changes during the strangling?
- Did the survivor vomit, urinate, or defecate as the result of being strangled?
- Was the suspect wearing any rings or other jewelry? Look for marks left by these objects.
- Did the survivor do anything to try and stop the assault? Will the suspect have injuries?
- Look for injuries behind the ears, all around the neck, under the chin and jaw, eyelids, shoulders,

and chest area.

- Ask the survivor to look in a mirror and point out injury sites including petechiae.
- Are there prior incidents of strangulation?
 - Any visible injury? Photograph injuries and the entire area. If there are no visible injuries, photograph the lack of visible injury, and any areas where the survivor feels pain.

Appendix F



Domestic Violence Lethality Screen For First Responders



Officer:

Date:

Case:

Victim:

Offender:

Check here if victim did not answer any of the questions.

► A "Yes" response to any of Questions #1-3 automatically triggers the protocol referral.

- 1. Has he/she ever used a weapon against you or threatened you with a weapon? Yes No Not Ans.
- 2. Has he/she threatened to kill you or your children? Yes No Not Ans.
- 3. Do you think he/she might try to kill you? Yes No Not Ans.

► Negative responses to Questions #1-3, but positive responses to at least four of Questions #4-11, trigger the protocol referral.

- 4. Does he/she have a gun or can he/she get one easily? Yes No Not Ans.
- 5. Has he/she ever tried to choke you? Yes No Not Ans.
- 6. Is he/she violently or constantly jealous or does he/she control most of your daily activities? Yes No Not Ans.
- 7. Have you left him/her or separated after living together or being married? Yes No Not Ans.
- 8. Is he/she unemployed? Yes No Not Ans.
- 9. Has he/she ever tried to kill himself/herself? Yes No Not Ans.
- 10. Do you have a child that he/she knows is not his/hers? Yes No Not Ans.
- 11. Does he/she follow or spy on you or leave threatening messages? Yes No Not Ans.

► An officer may trigger the protocol referral, if not already triggered above, as a result of the victim's response to the below question, or whenever the officer believes the victim is in a potentially lethal situation.

Is there anything else that worries you about your safety? (If "yes") What worries you?

- Check one: Victim screened in according to the protocol
 Victim screened in based on the belief of officer
 Victim did not screen in

If victim screened in: After advising her/him of a high danger assessment, did the victim speak with the hotline counselor?
 Yes No

Note: The questions above and the criteria for determining the level of risk a person faces is based on the best available research on factors associated with lethal violence by a current or former intimate partner. However, each situation may present unique factors that influence risk for lethal violence that are not captured by this screen. Although most victims who screen "positive" or "high danger" would not be expected to be killed, these victims face much higher risk than that of other victims of intimate partner violence.

MNADV 08/2005