



**POLICE DEPARTMENT**

**RESPONSE TO CRIMES  
OF SEXUAL VIOLENCE**

**OPERATIONAL  
PROCEDURE #465**

Responsible Executive:  
Chief of Police  
Responsible Office:  
Vice President for Public Safety  
Approved by:  
Dr. Branville G. Bard Jr.  
Issued: 07/25/2024  
Revised: N/A

**Table of Contents**

**POLICY STATEMENT ..... 1**

**WHO IS GOVERNED BY THIS POLICY..... 2**

**PURPOSE ..... 2**

**DEFINITIONS ..... 2**

**POLICY..... 5**

**CORE PRINCIPLES ..... 5**

**PROCEDURES ..... 8**

**POLICY ENFORCEMENT ..... 21**

**RELATED RESOURCES ..... 21**

**CONTACTS ..... 22**

**APPENDIX A ..... 23**

**APPENDIX B ..... 25**

**Policy Statement**

This policy governs response to calls to police for assistance with and investigation into crimes of sexual violence. It is the policy of the Johns Hopkins Police Department (JHPD) to respond to all reports of rapes and other sexual offenses in a respectful, objective manner rooted in understanding, patience, and compassion. The JHPD’s response shall reflect a trauma-informed, survivor-centered,<sup>1</sup> and multidisciplinary response meant to minimize further trauma to survivors

<sup>1</sup> 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 often the term “victim” is 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

of sexual offenses and appropriately respond to the crime, including a comprehensive offender-focused investigation and referral to other resources when applicable.

Whenever a JHPD officer responds to a report of a sexual offense occurring anywhere within JHPD jurisdiction or in Baltimore City, the primary and follow-up police investigation will be the responsibility of the Baltimore Police Department (BPD), per the JHPD’s Memorandum of Understanding (MOU) with BPD, dated December 2, 2022, unless it is a misdemeanor and the JHPD is directed by BPD to handle the case. If the offense occurs outside the JHPD’s jurisdiction, the responsible jurisdiction shall be notified immediately.

## Who Is Governed by This Policy

All sworn police officers, as defined by MD Code, Public Safety, § 3-201, in service with the JHPD are governed by this Directive.

## Purpose

This Directive provides clear guidance to officers on how to appropriately respond to calls for police service regarding rapes and sexual assaults. Officers shall not only reflect and apply the concepts of survivor-centered and trauma-informed approaches to engaging with survivors of rape and sexual assault, but they shall lead their response with these practices in order to facilitate a comprehensive investigation while working to minimize, as much as possible, any retraumatization that interfacing with police could potentially cause.

For reports of sexual misconduct involving any members of the campus community, the JHPD will promptly 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 violations of the Sexual Misconduct Policy and Procedures (SMPP), which prohibit various forms of sexual assault, including rape, fondling, sexual assault with an object, sodomy, statutory rape, and incest as defined in that policy. For the full definitions, see <https://oie.jhu.edu/policies-and-laws/sexual-misconduct-policy-and-procedures-smpp/>. Furthermore, the JHPD Chief of Police shall be notified immediately of sexual misconduct allegations made against any Johns Hopkins employee.

## Definitions

---

<b>Fourth-Degree Sex Offense:<sup>2</sup></b>	A lesser degree of sex-related offense that is usually investigated by JHPD patrol but may be investigated by BPD’s Sex Offense Unit (SOU) in some instances. All other criminal sex offenses (third-degree sex offense and first- and second-degree rape and attempts of these offenses) are investigated by BPD’s SOU. MD Code, Criminal Law, § 3-308(b), defines a fourth-degree sexual offense as:
---	--

---

---

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>.

<sup>2</sup> This definition of fourth-degree sex offense overlaps with the definitions of fondling and statutory rape under the SMPP.

---

“(1) sexual contact with another without the consent of the other;  
(2) except as provided in § 3-307(a)(4) of this subtitle, a sexual act with another if the victim is 14 or 15 years old, and the person performing the sexual act is at least 4 years older than the victim;  
or  
(3) except as provided in § 3-307(a)(5) of this subtitle, vaginal intercourse with another if the victim is 14 or 15 years old, and the person performing the act is at least 4 years older than the victim.”  
A fourth-degree sexual offense requires “sexual contact,” which is “an intentional touching of the victim’s or actor’s genital, anal, or other intimate area for sexual arousal or gratification, or for the abuse of either party.” (MD Code, Criminal Law, § 3-301(e)(1)) In order to commit a crime, such contact must be without valid consent. The Maryland courts have further defined “sexual contact” as “purposeful tactile contact and tactile sensation, not incidental touching. It is the sexually-oriented act of groping, caressing, feeling, or touching of the genital area or anus or breasts of the female victim.” (*Travis v. State*, 218 Md. App. 410, 465, 98 A.3d 281, 313 (2014)).

It is important to note that the elements of second-degree assault are identical to those required for fourth-degree sexual offense, with the exception of one element—that for fourth-degree sexual offense the assaultive conduct must be sexual in nature. In other words, the sexual contact element is what distinguishes a fourth-degree sexual offense from any other “touching” sufficient for second-degree assault. See *State v. Frazier*, 469 Md. 627, 644–645, 231 A.3d 482, 493 (2020).

---

**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.

---

**Revenge Porn:** Pursuant to MD Code, Criminal Law, § 3-809, a person participating in revenge porn has the intent of harming, harassing, intimidating, threatening, or coercing another person by:

- Knowingly distributing sexually explicit material depicting the person (visual representation or performance with intimate parts exposed or engaged in sexual activity)
  - o Without the consent of the other, or
  - o With reckless disregard for the other’s consent.

---

**Sextortion:** Typically thought of as a computer crime, but it also applies to coercive acts that cause another to engage in sexual activity. This may be especially useful in cases where it is difficult to prove force or threat of force. Sextortion includes a coercive act where:

- Threats against the other person or their property, or to

---

	accuse the other of a crime, are used in order to engage in any of the following: <ul style="list-style-type: none"> <li>o Sexual activity, or</li> <li>o The production of sexually explicit material (visual representation or performance with intimate parts exposed either engaging in or simulating sexual activity).</li> </ul>
	See MD Code, Criminal Law, § 3-709.
<b>Sex Trafficking:</b>	Pursuant to MD Code, Criminal Law, § 3-1102, a person may knowingly: <ul style="list-style-type: none"> <li>• Take, allow another to take, or keep a person in a place for prostitution,</li> <li>• Persuade, induce, entice, or encourage another to be taken to or placed in any place for prostitution,</li> <li>• Receive compensation to bring others somewhere with the intent of causing them to engage in prostitution,</li> <li>• Threaten to harm someone else to coerce a person to engage in prostitution, or</li> <li>• Destroy, conceal, remove, confiscate, or possess government identification, immigration documentation, or a passport to force someone to engage in prostitution.</li> </ul>
<b>Sexual Assault Forensic Exam (SAFE):</b>	A free medical exam conducted by a forensic nurse examiner (FNE) for survivors who have been sexually assaulted within the last 14 days, or otherwise if determined to be necessary by hospital staff. The FNE will complete a physical examination and collect evidence from the survivor’s body and clothes, if applicable.
<b>Sexual Contact:</b>	An intentional touching of the survivor’s or offender’s genital, anal, or other intimate area for sexual arousal or gratification, or for the abuse of either party.
<b>Sexual Misconduct:</b>	See JHU’s SMPP, which prohibit sexual assault, stalking, dating violence, domestic violence, and sexual and sex-based harassment. Rape, sexual assault/sex offense, and fourth-degree sex offense, as defined above, all constitute sexual misconduct under the SMPP.
<b>Survivor/Victim Advocate:</b>	An individual who is trained to provide support to survivors of sexual assault. Advocates provide emotional support, survivors’ rights information, and access to resources. Advocates may accompany survivors throughout the criminal justice process, including during SAFEs and police interviews. TurnAround, Inc. generally provides advocate services for survivors interacting with the JHPD and BPD. Survivor services that receive funding under the Violence Against Women Act (VAWA) are prohibited under VAWA from providing personally identified information about survivors to law enforcement without the survivor’s prior written authorization.

---

**Unfounded:** A report to law enforcement that is determined through investigation to be false or baseless; no crime occurred.<sup>3</sup>

---

## Policy

Officers shall document all reports of rapes and sex offenses in an accurate and timely fashion. Officers shall prioritize the survivor's physical and emotional well-being, remain nonjudgmental and respectful at all times, and ensure their response to the survivor is trauma-informed. The JHPD understands that the way in which an officer responds to a survivor plays a significant role in the likelihood that the survivor will reach out to other supportive resources, how the survivor begins to heal and cope, and the outcome for the survivor, as well as the ability to prosecute the case. Should any survivor feel that the JHPD response was inadequate or that the responding officers failed in any way to apply the trauma-informed, survivor-centered response required by this Directive, they are encouraged to file a complaint with the Public Safety Accountability Unit (PSAU). The JHPD is committed to ensuring that survivors are not revictimized as a result of reporting a sexual offense.

## Core Principles

### I. Trauma-Informed Response

The JHPD is dedicated to providing a trauma-informed response to survivors of rape and sexual assault. For additional information on trauma-informed, survivor-centered response, see Appendix B. As part of this response, all officers must understand that:

- A. There is no typical reaction to being sexually assaulted, and whether a person reacts with or without emotion does not indicate the legitimacy of a report. Both reactions are common. Other trauma reactions may include but are not limited to sadness, anger, anxiety, fear, guilt, detachment, nausea, elevated heart rate, exhaustion, and greater startle response.
- B. Most survivors never make a report, and when a report is made, it is often delayed. Delayed reporting is common due to many factors, including trauma, shock, denial, self-blame, threats or coercion by the suspect, fear of not being believed, or minimizing the incident, among others. Delayed reports must be treated like all other cases and shall never deter a thorough investigation.
- C. Most survivors experience continuing trauma that may affect their physical, emotional, social, and economic state. Due to ongoing trauma, it may be hard to keep in contact with the survivor, elicit all case details, or clearly understand the event timeline. Officers may minimize further

---

<sup>3</sup> Law Enforcement Support System and Crime Statistics Management Unit, *Summary Reporting System (SRS) User Manual* (Criminal Justice Services Information Center, Federal Bureau of Investigation, U.S. Department of Justice, 2013).

trauma by being respectful, objective, understanding, patient, and compassionate.

- D. Survivors may experience difficulty remembering details due to fragmented memory (common with trauma), and it may affect the survivor's ability to explain events in a chronological order. This does not mean that the survivor is lying or intentionally leaving out details. As trauma recedes, details may emerge.
- E. All officers shall understand that false reports are rare. Officers should validate the survivor's perspective, assure the survivor that their response—however it is expressed—is natural and understandable, and explain that the report will be taken seriously and investigated thoroughly.
- F. Officers who are exposed to survivors' traumatic situations may experience vicarious trauma. Officers are encouraged to obtain confidential support and services in conformance with 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, agency, and well-being of the survivor. In addition, officers shall:

- A. Treat survivors with respect, patience, sensitivity, and compassion and without judgement, regardless of their sexual orientation, gender identity, socioeconomic status, race or ethnicity, age, sexual behavior, substance use or abuse, mental or physical challenges, English fluency, work in the sex trade, or any other characteristic.
- B. Understand and recognize that it is the offender, not the survivor, who is responsible for the crime. The survivor's behavior leading up to and during the offense shall not be judged or considered as a degree of culpability in the offense. For example, prior experiences with the suspect, the survivor's relationship or interaction with the perpetrator before or after the offense, what the survivor was wearing, and whether the survivor was intoxicated, among other things, do not mitigate the offender's culpability in committing the offense.
- C. Comply with the policy of the state of Maryland VAWA that states, "No law enforcement officer, prosecutor or other government official shall ask or require the survivor of an alleged sex offense to submit to a polygraph examination or other truth verification device as a condition for proceeding with the investigation of that offense. The refusal of a survivor

to submit to a polygraph examination or other truth verification test shall not prevent an investigation from going forward.”<sup>4</sup>

- D.** Acknowledge and consider survivors’ input into how the case proceeds. Officers should honor their requests as much and wherever possible.
- E.** 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 the advocate.
- F.** Not pressure the survivor to decide to participate in the investigation at any stage. The survivor has the right to decide this. Furthermore, no JHPD officer shall require a rape or sexual assault survivor to participate in an interview.
- G.** Adopt a universal education approach regarding support services. All survivors shall be provided with information about OIE and confidential supportive resources (see Appendix A) and shall be encouraged to seek support services (even if the incident has long passed), and it shall be made clear that survivors can access these resources at any point, and regardless of whether they participate in a police investigation.
- H.** Not share the location of survivors with anyone who is not a JHPD member with a need to know or who is not a survivor support service provider (in cases where the survivor authorizes disclosure to the support service). Survivor locations shall not be shared with offenders or any other unauthorized person.
- I.** Not charge the survivor with crimes or civil offenses, nor report student code of conduct violations, if, during the course of an investigation, the survivor discloses participation in nonviolent crimes or civil offenses like prostitution, drug use, alcohol use (if underage), or trespassing.
- J.** Offer all survivors access to advocates who may provide support, interview and forensic exam accompaniment, social services, legal referrals, and information. Advocate services and SAFEs are free of charge. Advocates can assist survivors in securing other services at no or low cost.
- K.** 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.

---

<sup>4</sup> VAWA as amended 2005 and 2009.

- L. Refer to the survivor as an “assault survivor” for communications in public or that may be heard by an outside party (radio communications, hospital check-ins, etc.) to preserve survivor privacy. Officers shall limit communications that could identify the survivor or private information about the survivor or incident.
- M. Protect the privacy of survivors to the greatest extent possible consistent with JHU’s SMPP. Officers shall also do so for witnesses. Information about sexual offenses and sexual misconduct should be shared only with those who need to know such information.

## Procedures

### I. **Jurisdiction**

Consistent with the JHPD’s MOU with BPD, BPD is responsible for the criminal investigation of all on-campus first- and second-degree rapes and attempts, and third-degree sex offenses and attempts. The JHPD will be responsible for the initial response to all reports of sexual offenses, completion of detailed Incident Reports, and any additional investigative or survivor support as outlined in this Directive or as directed by BPD’s SOU. The JHPD, after consultation with the BPD Investigative Supervisor, may retain primary investigative and charging responsibility for fourth-degree sexual offenses.

### II. **University Sexual Misconduct Notifications**

- A. JHU’s Title IX Coordinator in OIE is responsible for ensuring that acts of sexual misconduct, including sexual violence, are handled consistent with Title IX of the Education Amendments of 1972, corresponding regulations, and other applicable laws. Title IX and sexual misconduct investigations are separate from criminal investigations and are conducted by OIE investigators.
- B. Officers shall promptly report all reports of potential sexual misconduct, including potential crimes of sexual violence under this policy, to the university’s OIE Title IX Coordinator at 410-516-8075 or [titleixcoordinator@jhu.edu](mailto:titleixcoordinator@jhu.edu).
  - JHPD Incident Reports shall be forwarded to OIE for such cases. These reports must include the name of the complainant, respondent, and any witnesses and any other relevant facts, including the date, time, and location of the misconduct.
  - 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, if acceptable to BPD, the JHPD will facilitate access to such files maintained by BPD unless it compromises a criminal investigation.

### **III. Initial Response** (Commission on Accreditation for Law Enforcement Agencies (CALEA) 42.1.4, 42.2.1, 42.2.2)

Upon receiving a rape or sex offense call for police service, the dispatched officers will respond immediately and attempt to locate the survivor or reporting person. A call for service related to a rape or sexual assault is one of the most serious offenses a police officer can respond to and shall be treated as a priority response.

If an officer cannot immediately respond, they shall immediately have Communications dispatch to another unit. The officer's initial response to the survivor is critical. Upon responding to the call, officers shall:

- A. Prioritize the survivor's privacy throughout the preliminary investigation.
  - A report by a third-party reporter (a person who is not the survivor) shall be taken, and any relevant steps below shall be followed.
- B. Render medical aid if required or requested, prioritizing the survivor's physical and emotional well-being. The survivor has the right to decline any part of the medical care for any reason, and they may decline medical care assistance by any officer. A survivor 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.
- C. Follow the principles under Core Principles, Sections I and II, above to support, to establish trust, and to maximize the chance of continued survivor participation.
  - Be cognizant of the fact that the details of the survivor's case are not able to remain confidential, and advise survivors if appropriate.
  - Advise survivors that sexual assault crisis programs and services are confidential.
- D. Contact a JHPD supervisor and the BPD SOU to respond to all rape and sex offense calls.
- E. Be aware that a survivor has the right to decline to provide information and shall not be pressured or required to do so.
- F. If a survivor requests a person, advocate, or attorney for support or consultation, the officers should accommodate the request if possible. If the survivor does not request an advocate, the officer should ask them if they would like the JHPD to contact an advocate to consult with or be present for the initial statement.

- G.** If the survivor would like an advocate, contact the JHU Gender Violence Prevention Team (443-927-3548), JHU's 24/7 Behavioral Health Crisis Support Team (410-516-9355), or TurnAround (443-279-0379, also 24/7).
- H.** If an advocate is needed but not available, pause the initial statement to allow the survivor to contact the National Sexual Assault Hotline (1-800-656-4673) for immediate support. If an advocate is not available, allow the survivor to decide whether to give an initial statement or defer it until an advocate can be reached.
- I.** Obtain an initial statement from the survivor or reporting person in a nonjudgmental manner, if the person is willing to provide information and if instructed to do so by BPD's SOU. **Do not conduct an in-depth interview.** Obtain only minimal facts (e.g., location, suspect description, possible witnesses) and ask questions to establish elements of the crime (e.g., statements and actions of the offender, relationship between the survivor and offender, and reactions or state of mind of the survivor).
- J.** Ensure that during the initial police response, the survivor is only asked to tell their story one time, even if several different JHPD and BPD personnel respond at different times. The officer taking the account shall tell the survivor they may have to repeat their story to an investigator later. Officers taking a survivor account shall:
- Let the survivor speak without interruption and go at their own pace, if possible. Write the survivor's exact words (quotes when possible) to describe the elements of the crime. Officers shall mirror the same language used by the survivors during the statement. For example, if the survivor describes the incident as a "sexual assault," the officer's follow-up questions should refer to the "assault."
  - Limit questions to clarify basic information. Ask open-ended, nonaccusatory questions. Officers shall not challenge the survivor's narrative. Officers shall remember that the impacts of trauma can make it difficult for the survivor to remember details chronologically or all at once. This does not mean a survivor is lying or intentionally leaving out information.
  - Offer breaks and follow the survivor's lead on whether or not they would like them.
  - Obtain accurate survivor and witness contact information (e.g., address, phone number, email, and friend's or family's phone number). Officers shall ask for their preferred method of contact.
- K.** To help protect survivor privacy, confirm whether the officer may leave a voicemail or text message during any follow-up contact, and:

- Adjust their approach depending on the specific circumstances (e.g., nonstranger assault or the survivor is a member of a vulnerable or marginalized population). Officers shall avoid questions that sound survivor blaming, such as “why” questions. Officers may explain why sensitive questions are important to the investigation and that they are not meant to remove blame from the offender.
  - Conduct conversations with the survivor and any witnesses separately and privately. Officers shall ask whether the survivor has safety concerns. If so, the officer should make a safety plan with the survivor and connect them to appropriate resources. See Appendices A and B.
- L.** If the incident involves a JHPD officer, notify a supervisor as soon as possible so they can inform BPD’s SOU Commander, JHU’s PSAU, and the Chief of Police immediately.
- M.** NOTE: Officers should consider accommodations for situations involving alcohol or drug impairment, mental health issues or developmental disabilities, language, or other barriers. 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 Persons Who Are Hearing Impaired, for applicable guidance.
- N.** Provide all survivors with a Johns Hopkins’ resource brochure (Appendix A) and explain that available services include comprehensive medical care, free forensic exams for evidence collection, advocates, and reimbursements. Officers shall complete the spaces for police and advocate contact information in the lines provided on the brochure. Officers contacted by a survivor shall respond as soon as possible and not later than by the end of their next shift.
- O.** Officers shall reassure the survivor that the police take their case very seriously. Inform them about the next steps and who will handle their case. Whenever possible, officers shall help with transitions through personal introductions.
- If the survivor does not want to speak with a detective, ask if they would like to be referred to an advocate. If so, assist the survivor by contacting TurnAround.
  - NOTE: Survivors of sexual assault may decline to participate or recant for many reasons (e.g., fear of retaliation, concern about not being believed, hesitancy about the criminal justice system, loss of privacy). Their reluctance does not indicate a false report nor reason to forgo a strong, evidence-based investigation.

- Advise survivors about their rights and available assistance, as provided in JHPD Directive #422, Victim & Witness Assistance.

#### **IV. Contacting the BPD Sex Offense Unit**

The investigating officer or on-duty supervisor shall contact BPD's SOU (410-396-2076) for every sex offense call and speak to the on-duty detective. If they are unavailable, contact Communications for help with contacting the on-duty detective.

- A. Officers shall provide case information to the SOU detective and follow the detective's directions. Complete all initial investigation activities at the instruction of the SOU detective or follow their specific guidance.
- There may be cases, such as fourth-degree sexual offenses, that the SOU detective determines that BPD patrol or the JHPD will handle. If BPD patrol will handle, the JHPD officer shall be available to support BPD patrol as needed or requested by BPD.
  - Officers shall include the name of the SOU detective contacted in the Incident Report.
  - If the JHPD handles the investigation, officers shall follow all investigative steps included in Section V of this Directive, below.

#### **V. Investigation of Fourth-Degree Sex Offenses**

- A. If a JHPD officer is instructed by BPD's SOU to handle a fourth-degree sex offense case, the JHPD officer shall conduct a thorough, trauma-informed, survivor-centered, offender-focused investigation, which shall include:
- A trauma-informed, survivor-centered interview with the survivor (see Appendix B for example questions).
    - A survivor has the right to decline to provide information and shall not be pressured or required to do so.
    - A survivor has the right to have the BWC deactivated. Document in the Incident Report if the survivor wishes to have the BWC deactivated.
  - If a survivor requests a person, advocate, or attorney for support or consultation, the officers should accommodate the request if possible. If such a person is needed but not available, the initial statement should be paused to allow the survivor to contact the National Sexual Assault Hotline (1-800-656-4673) for immediate support.
  - Officers shall be respectful and compassionate, prioritize the survivor's safety, and keep in mind that trauma may affect their memory.

- Officers shall ask neutral, open-ended questions that elicit a narrative of the events from the survivor, rather than leading questions or questions that may be perceived as assigning blame.
  - Officers shall allow the survivor to explain what happened without interruption if possible. Written reports should use the survivor's exact words, using quotations when possible, to describe the elements of the crime.
  - Officers shall write the survivor's account, including as much detail as possible, and ask if they are willing to sign the report.
  - Officers shall provide the survivor with a Johns Hopkins resource brochure (Appendix A) and the other resources available in Appendix B and from the bMOREsafe app.
- B.** The officer will secure and process the crime scene, including identifying and preserving evidence in conformance with JHPD Directive #467, Evidence Collection & Preservation.
- NOTE: If the survivor's report indicates the need for the collection of DNA or other forensic evidence, the officer will consult with the Crime Lab. If consultation determines that a SAFE would be helpful, explain the benefits and the process to the survivor.
    - If the survivor consents, the officer will follow provisions in Section VII below. Call BPD's SOU with any questions.
  - The officer shall retrieve electronic evidence, such as video (including any surveillance video), photos, text messages, direct messages, emails, or other items.
- C.** The officer should identify, separate, and interview witnesses.
- D.** The officer will exhaust all reasonable efforts to identify and investigate the offender, including interviewing them on BWC and collecting and preserving evidence.
- Prior to arresting a suspect, the officer shall consult an on-duty supervisor and the on-call prosecutor with the Office of the State's Attorney or assigned to assist the officers at the Baltimore Central Booking and Intake Center with charging advice.
  - The officer shall refer to the investigation and arrest guidelines in JHPD Directive #420, Domestic Violence, Stalking & Harassment, for incidents of domestic or intimate partner violence.

## **VI. Additional Investigative Steps**

- A.** If BPD is handling the investigation, the JHPD officer will remain with the survivor until the arrival of the responding BPD member and will

coordinate the investigative activities with the BPD SOU or BPD patrol. Any activity should be directed by BPD if they are the lead or primary investigating agency for the criminal offense.

- B.** If the JHPD is the lead or primary investigating agency, the JHPD officers should:
- Remain with the survivor. If the survivor consents to a SAFE, the officer will not be present during the physical exam unless requested by the survivor.
    - If the survivor would like the support of an advocate, the officer should contact JHU's Behavioral Health Crisis Support Team, JHU's Gender-Based Violence Prevention Program, TurnAround, or Mercy Hospital to request an advocate.
  - If a suspect has fled the scene, the officer shall broadcast their description. The officer shall also follow normal canvassing and apprehension procedures with these specific considerations for sex offenses.
- C.** If the suspect is located, the officer shall not have the suspect transported to the survivor's location.
- If necessary, the officer shall follow JHPD Directive #462, Eyewitness Identification.
    - For any eyewitness identification, the officer conducting the identification process should be mindful of the survivor's emotional state and minimize retraumatization.
  - Officers may transport the survivor to canvass for the suspect, if appropriate (e.g., for stranger cases or when the suspect is nearby). **Prior to doing so, the officer shall consult BPD's SOU for guidance.**
    - Officers shall consider the survivor's emotional, physical, and mental state and the potential for further trauma or fear. If a suspect is located, officers shall document the survivor's words (as exactly as possible) that they stated upon observing or identifying the suspect.
  - The officer transporting the survivor shall not be involved in trying to apprehend the suspect if spotted while canvassing with the survivor in the car.
- D.** When taking a suspect into custody, officers shall take steps to preserve potential evidence, including biological evidence, on their person (at the instruction of the SOU detective). This may include transporting the

suspect to a forensic hospital for a suspect SAFE (see JHPD Directive #412, Custody, Transport & Processing).

- E.** Officers shall identify and secure any potential witnesses, the crime scene, and any potential evidence.
- This may include advising the survivor about not bathing, changing clothes, washing or combing hair, brushing teeth, eating or drinking, urinating (see below regarding time-sensitive urine exams), or touching any items or furniture the suspect may have touched, and not changing or washing sheets, blankets, pillows, or couch covers near the site of the offense.
    - If the survivor changes clothes, officers shall advise them that they should not wash the clothes worn during the assault and should bring them to the medical facility.
  - Officers are advised that this may also include the survivor helping to recover possible evidence from before or after the incident, such as saving text messages, direct messages, social networking pages, and other communications and keeping pictures, logs, or other copies of documents, if they have any.
- F.** Officers shall collect evidence or instruct Crime Lab personnel per JHPD Directive #467, Evidence Collection & Preservation. In general, if any potential evidence is present on the suspect, notify the Crime Lab for evidence collection. If there is immediate risk that the evidence could be destroyed, the officer should remove and secure the evidence.
- NOTE: Officers shall always use appropriate biohazard safety techniques.
- G.** If the offense is related to domestic violence, officers shall ensure the case is coded properly (XY) and inform the primary detective that the offense is domestic violence related.
- H.** Officers shall maintain a secure crime scene and a Crime Scene Log at the direction of the SOU detective. Attach the Crime Scene Log to the Incident Report.
- I.** Officers shall consult Johns Hopkins Public Safety regarding whether to issue a campus ban or BOLO alert for the suspect, per JHU Policy OPS305, Prohibiting an Individual's Access to Campus.
- J.** **Assistance With Civil Orders:** If the survivor desires and at the direction of the primary detective, the officer shall offer to provide or arrange transportation for the survivor to the nearest District Court or Court Commissioner so that the survivor may file a petition for a civil peace or protective order.

- Officers should contact an advocate to accompany the survivor if the survivor desires such support.
- For all guidance on assistance with civil orders of protection, see JHPD Directive #421, Court Orders for Protection.

**K. Other Related Offenses.** Officers should be aware that there are other sexual offenses, including sextortion and revenge porn, harassment, stalking, and human trafficking, that often accompany gender violence and sexually violent offenses. Officers shall investigate these crimes in the same survivor-centered and trauma-informed manner and ensure survivors are referred to appropriate resources.

## **VII. Medical Assistance & Examinations**

- A.** For cases where a date rape drug may have been used, these steps shall be followed to collect a “first urine” specimen, where the survivor has not urinated since the assault and the survivor needs to use the restroom prior to arriving at a medical facility. Officers will:
- Obtain a sterile urine specimen cup and evidence tape from the first aid kit of a JHPD police vehicle,
  - Find a private bathroom and search it for contraband,
  - Flush the toilet,
  - Instruct the survivor to provide a urine sample in the specimen cup and seal the cup,
  - Remain outside the bathroom while the survivor provides the sample,
  - Instruct the survivor to mark the sample level on the side of the specimen cup with a permanent marker,
  - Seal the specimen cup with evidence tape,
  - Ensure the survivor keeps immediate custody of the specimen until the survivor is transported to a medical facility, and
  - Document all steps in related reports.
- B.** Transporting officers shall follow the investigating officer’s instructions regarding transportation of the survivor to the hospital and comply with JHPD Directive #209, Fleet Management, and JHPD Directive #107, Interactions With LGBTQ+ Individuals. Officers shall document all information received from the medical facility in the Incident Report.
- C.** The designated medical facility for SAFEs is Mercy Medical Center. Officers shall normally transport survivors to Mercy in all instances in which a SAFE is warranted and when the survivor has agreed and



provided consent to be transported. If the survivor agrees to a SAFE, officers shall transport them to Mercy regardless of whether or not they want to initiate or participate in a police investigation.

- If the survivor requests to be accompanied by friends or family members, the transporting officer shall honor that request.
- NOTE: An officer shall allow a relative or friend to transport the survivor in a private vehicle if the survivor prefers. The officers should advise survivors not to drive, but if that is their preference, the officer should allow them to do so.

**D.** While Mercy is best equipped for SAFEs, the survivor's health, safety, and preferences shall be prioritized in determining at which medical facility the survivor will be treated. Officers are advised that arrangements can be made for a forensic nurse to travel to another medical facility to conduct a mobile SAFE (known as "go-exams").

- In instances where the survivor is transported to or is located at a facility other than Mercy, the transporting officer shall notify the primary detective for assistance with go-exam arrangements.

**E.** Transporting officers shall inform the survivor that a hospital advocate should be available to support and accompany them for the exam. If the survivor prefers to meet with an advocate before deciding to undergo the exam, this should be honored unless one is not available.

**F.** If directed to do so by the primary officer, while at the hospital, transporting officers shall complete the appropriate sections on the Physical Examination and Collection of Evidence for Rape and Sexual Assault Form and return the original form to the SAFE nurse.

**G.** Officers are prohibited from using the results of drug tests as a routine and necessary part of the SAFE kit to charge the survivor with a drug offense.

## **VIII. Patrol Reporting for All Sex Offense Cases**

Patrol officers shall complete an Incident Report for **all reports** of sexual offenses, prior to the end of their shift, in conformance with JHPD Directive #470, Field Reporting System, and this Directive.

**A.** For cases where BPD is lead, 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. As accurately as possible, the JHPD officer shall use survivors', witnesses', and suspects' own words in writing. JPHD officers shall not sanitize language used by any of those individuals for the report.

- B. JHPD officers shall document which detective was contacted and any supervisors and other Johns Hopkins personnel who were contacted or who responded to the scene. JHPD officers shall also document that JHU's OIE was notified and how (e.g., by phone or email) they were notified. JHPD officers shall be directed by the SOU detective about any other reporting requirements.
- C. JHPD officers shall never deem any sex offense case for which BPD is the primary investigator "unfounded" or "unsubstantiated." JHPD officers shall collect any evidence and information available and shall include it in the Incident Report or Supplemental Report for review by BPD.
- D. The JHPD shall follow up with BPD for all sexual offenses committed within its jurisdiction and provide any assistance to BPD, if possible, and monitor the investigation through its conclusion. All activities shall be documented in Supplemental Reports.

## **IX. Supervisory Responsibilities**

- A. A supervisor shall respond to the scene of all sex offense calls for service. If a patrol officer responds and locates a survivor or reporting person, the supervisor shall promptly respond to the location to supervise the initial investigation and to ensure all appropriate notifications are made.
- B. If extenuating circumstances prevent the supervisor from responding and if no other supervisor is available, the supervisor shall designate an officer in charge to hold the scene until a permanent-rank supervisor can respond.
- C. The supervisor shall ensure that BPD's SOU is called for each sex offense call.
- D. The supervisor shall ensure that all investigations were properly conducted and that any crime scenes, evidence, witnesses, and suspects are protected or secured, as necessary.
- E. The supervisor shall ensure that OIE has been notified per Procedures, Section II, above.
- F. For crimes under the jurisdiction of BPD's SOU, the supervisor shall ensure that the JHPD officers do not reinterview the survivor even if more information is needed.
  - The supervisor shall ensure the survivor knows a detective will follow up with them and that they know whom to contact if they have questions.
  - The supervisor shall ensure that the survivor received a Johns Hopkins' resource brochure (Appendix A).

- G.** The supervisor shall ensure that the officer does not deem any case unfounded that, per the circumstances, must be forwarded to BPD's SOU for investigation.
- H.** If the supervisor determines that a crime other than a sex offense has occurred, the supervisor shall notify the dispatcher to make the appropriate changes and notations within the computer-aided dispatch system.
- I.** The supervisor shall review whether the patrol officer's response was trauma-informed and survivor centered. If deficiencies are noted, the supervisor shall identify whether training, mentoring, or another method would be appropriate to address the issue and make any appropriate referrals.
- J.** The supervisor shall not allow responding officers to close out sex offense calls for service without completing a report.
- K.** If the incident involves a JHPD officer, the supervisor shall ensure that notifications are made to BPD's SOU Commander and PSAU as soon as possible.

## **X. Training**

Entrance-level training and in-service training will comply with current Maryland Police Training and Standards Commission (MPTSC) requirements. Officers will be required to complete in-person training on sexual assault response annually (minimum of one hour per year).

The Public Safety Training Section shall, in consultation with the Investigations Commander or their designee, the Provost's Sexual Violence Advisory Committee, and the Gender-Based Violence Prevention Team, develop the training curriculum that will be available to the public. Such training for all officers will cover at a minimum, but not be limited to, the following topics on a rolling basis:

- A.** How to conduct a trauma-informed response to sexual assault calls, including cases presenting co-occurring crimes such as domestic violence, strangulation, and stalking.
- B.** Impact of trauma on survivors of sexual violence and strategies for survivor-centered, trauma-informed responses to minimize further physical and psychological trauma or further harm to survivors.
- C.** Guidance on working with vulnerable populations.
- D.** Commonly used resources.
- E.** Response to nonstranger sexual assault, alcohol- and drug-facilitated sexual assault, or assaults in which the survivor is incapacitated or unable to clearly describe the assault.

- F. Building investigations that are evidence based and offender focused.
- G. Standards for report writing and documentation for preliminary investigations for all rape and sex offense cases.
- H. Evidence gathering, handling, and submission.
- I. OIE sexual misconduct training.
- J. Functioning as a responsible employee.
- K. Current information and data on the prevalence, severity, and impact of domestic violence on college-age individuals.

## **XI. Johns Hopkins Collaboration**

- A. The JHPD shall designate a representative to serve on the JHU Sexual Violence Advisory Committee to ensure connectivity with student-led survivor supports and the expressed needs of survivors on an ongoing basis.

## **XII. Maryland Law Requirements**

- A. MD Code, Criminal Procedure, § 11-929, requires that at no point in an interaction with a sexual assault survivor shall any officer present a form that purports to:
  - Relieve the JHPD of any obligation to the survivor,
  - Preclude or define the scope of a JHPD investigation into the act allegedly committed against the survivor,
  - Prevent or limit the prosecution of an act allegedly committed against the survivor, or
  - Limit the private right of action of the survivor pertaining to the alleged act, or the survivor's interaction with the JHPD.
- B. If a survivor requests that the scope of an investigation be limited or that an investigation be temporarily or permanently suspended, the officer shall:
  - Thoroughly document the request,
  - Contact BPD for any cases in which they are the lead investigator, and
  - Follow up with the survivor in accordance with practices recommended by the MPTSC.

## Policy Enforcement

<b>Enforcement</b>	JHPD managers and supervisors are responsible for enforcing this Directive.
<b>Reporting Violations</b>	Suspected violations of this Directive should be reported to PSAU, or via the online form ( <a href="https://secure.ethicspoint.com/domain/media/en/gui/65464/index.html">https://secure.ethicspoint.com/domain/media/en/gui/65464/index.html</a> ), and are subject to discipline pursuant to JHPD Directive #350, Complaints Police Against Personnel.

## Related Resources



<b>University Policies and Documents</b>
<p>Conduct &amp; Responsibility #107, Interactions With LGBTQ+ Individuals</p> <p>Administrative Procedure #209, Fleet Management</p> <p>Personnel Procedure #301, Personnel Management</p> <p>Personnel Procedure #350, Complaints Police Against Personnel</p> <p>Operational Procedure #412, Custody, Transport &amp; Processing</p> <p>Operational Procedure #415, Individuals With Behavioral Health Conditions</p> <p>Operational Procedure #420, Domestic Violence, Stalking &amp; Harassment</p> <p>Operational Procedure #421, Court Orders for Protection</p> <p>Operational Procedure #422, Victim &amp; Witness Assistance</p> <p>Operational Procedure #433, Body-Worn Cameras</p> <p>Operational Procedure #434, Language Access Services</p> <p>Operational Procedure #462, Eyewitness Identification</p> <p>Operational Procedure #467, Evidence Collection &amp; Preservation</p> <p>Operational Procedure #470, Field Reporting System</p> <p>Johns Hopkins University, Sexual Misconduct Policy and Procedures (SMPP)</p> <p>Johns Hopkins University, Confidential Resources, <a href="https://oie.jhu.edu/confidential-resources/">https://oie.jhu.edu/confidential-resources/</a></p> <p>Johns Hopkins University, Non-confidential Resources, <a href="https://oie.jhu.edu/non-confidential-resources/">https://oie.jhu.edu/non-confidential-resources/</a></p> <p>Johns Hopkins University, Student Well-Being, <a href="https://wellbeing.jhu.edu/resources/mental/">https://wellbeing.jhu.edu/resources/mental/</a> (for students)</p>
<b>External Documentation</b>
Baltimore Police Department Policy 708, Rape and Sexual Assault
<b>Police Department Forms and Systems</b>

## Contacts

<b>Subject Matter</b>	<b>Office Name</b>	<b>Telephone Number</b>	<b>Email/Web Address</b>
Policy Clarification and Interpretation	Policy Management	(667)306-8618	<a href="mailto:jhpdpolicyinquiry@jh.edu">jhpdpolicyinquiry@jh.edu</a>

Appendix A

Johns Hopkins Resource Brochure

<p><b>HELPFUL INFORMATION TO REMEMBER</b></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 &amp; phone # _____</p> <p>Other advocate/support name &amp; phone # _____</p> <p>Other information I received _____ _____ _____</p>	<p><b>JHPD IS DEDICATED TO PROVIDING A TRAUMA-INFORMED, SURVIVOR-CENTERED RESPONSE TO VICTIMS OF SEXUAL VIOLENCE AND DOMESTIC VIOLENCE.</b></p> <p><b>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</b></p>	  <p><b>JH, LOCAL &amp; NATIONAL RESOURCES FOR SURVIVORS OF SEXUAL ASSAULT AND DOMESTIC VIOLENCE</b></p> <p>Johns Hopkins Police Department For Emergencies, Dial 911</p>  <p><b>JOHNS HOPKINS UNIVERSITY</b></p>
---	---	--

## 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](mailto: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](http://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](http://turnaroundinc.org)

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

Mercy Medical Center  
[bmoresafemercy.org](http://bmoresafemercy.org)

MD Coalition Against Sexual Assault  
[mcasa.org](http://mcasa.org)

MD Network Against Domestic Violence  
[mnadv.org](http://mnadv.org)

## NATIONAL RESOURCES

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

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

My Plan App for Safety Planning  
[MyPlanApp.org](http://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 as they 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/](https://nnedv.org/spotlight_on/understanding-importance-trauma-informed-care/)

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