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**"INTEGRITY...FAIRNESS...SERVICE"**

**SPECIAL ORDER # 2021-01**

**DATE: June 9, 2021**

**TO: All Police Department Personnel. To be Announced at Roll Call and a Copy Posted on the Department's Intranet Site.**

**RE:** Sexual Assault Investigations.

**EFFECTIVE:** Immediately.

**BACKGROUND:** The Baltimore County Sexual Assault Investigations Task Force was formed by County Executive Johnny Olszewski, Jr. in February of 2019. The Task Force was convened to review, revise, and improve practices and procedures related to sexual assault investigations and prosecution of allegations of sexual assault. The Task Force consisted of a multi-disciplinary team including members from the Baltimore County Police Department's Special Victims Unit (SVU), the Baltimore County State's Attorney's Office, the Baltimore County Assistant Administrative Officer, TurnAround, Inc., University of Maryland Baltimore County's (UMBC) *We Believe You* survivor activist and advocacy group, Greater Baltimore Medical Center (GBMC) SAFE – Domestic Violence (DV) Program, and a program manager from the International Association of Chiefs of Police. The Task Force published its Report of Findings and Recommendations in September of 2019. This Special Order serves to implement portions of the Task Force's key recommendations as well as to adopt and codify sexual assault policies and procedures that have either developed over time or not been previously documented to this extent.

Additionally, the Maryland State Legislature enacted Maryland Criminal Procedure 11-929: Victims of Sexually Assaultive Behavior – Waivers of Rights – Prohibition. The Baltimore County Police Department's Special Victims Unit provided consultation on that legislation as well as assisted the Maryland Attorney General's Office with drafting guidance for implementing the legislation. This Special Order also serves to satisfy the requirement that law enforcement agencies (LEA) adopt a policy to enforce the provisions of this law.

A great amount of research and training on the best practices in handling sexual assault calls and investigations has been completed by various members of the Department. From that research and training, the following policy has been established to update previous policies. It relies on a victim-centered, trauma-informed, and offender-focused approach to sexual assault investigations. This Special Order supersedes Field Manual sections in Article 1 related to Rape and Sex Offenses and Delayed Sexual Assault Reporting, and in Article 3 related to Sexual Child Abuse.

It is widely researched, and generally accepted, that sexual assaults are drastically under-reported to law enforcement. While there are many reasons why this is, the fear of disbelief and victim-blaming are significant contributors. This Special Order lays the foundation for a departmental response to sexual assault investigations that will help allay those fears in Baltimore County. End Violence Against Women International (EVAWI), a global organization that was founded by a retired San Diego Police Department sergeant, launched a campaign entitled, "*Start by Believing.*" In essence, first impressions can make, or break, a trusting relationship between officers and sexual assault victims/survivors. A simple statement like, "I



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am sorry this happened to you” delivered early, and with compassion, can be a crucial step in building trust between a victim/survivor and our Department.

**PURPOSE:** To establish procedures for the handling of sexual assault calls from dispatch to completion.

**RELATIONSHIP TO DEPARTMENTAL VALUES:** This policy ensures the Department provides the best **SERVICE** possible to the victims of sexual assault, ensuring that the Department’s sexual assault investigations are completed with the utmost **INTEGRITY** and **FAIRNESS**.

**POLICY:** It is the policy of this Department to investigate all sexual assaults in a victim-centered, trauma-informed, and offender-focused manner consistent with applicable laws and national best practices supported by research.

### PROCEDURES:

### TERMS & DEFINITIONS

- Delayed Reporting - sexual assault victims responding to a hospital for treatment are informed by the hospital staff that they may have a Sexual Assault Forensic Examination (SAFE) completed, free of charge, without immediate law enforcement involvement. They are provided contact information for local law enforcement as well as victim resource information. This allows for the treatment of the victim’s physical/medical needs along with preservation of evidence without requiring law enforcement interaction. These delayed reporting exams are also commonly referred to as “anonymous” or “Jane/John Doe” reporting.
- Drug-Facilitated Sexual Assault (DFSA) - any central nervous system depressant, including alcohol, can be used intentionally by an offender to impair a victim to the point of incapacitation. This incapacitation leads to the inability for the victim to give consent.
- Sex Offense Elements Table - reference document located on the Department’s intranet site that includes definitions and legal guidance that was developed, and is updated, with approval of the Baltimore County State’s Attorney’s Office.
- Sexual Assault Forensic Exam (SAFE) - A free medical exam conducted by a Forensic Nurse Examiner (FNE) for victims, with their consent, who have been sexually assaulted within the last 120 hours (i.e., 5 days), or otherwise, if determined to be necessary and/or beneficial by hospital staff. The FNE will complete a physical examination as well as collect evidence from the victim’s body and clothes, if applicable.

#### **NOTES:**

1. A victim has a right to a SAFE regardless of law enforcement involvement, or lack thereof.
  2. The science surrounding SAFE’s continues to develop. There are some limited exceptions to the 120 hours/5 days standard timeframe related to unprotected vaginal rape. In that circumstance, a victim may be eligible for a SAFE up to 15 days.
  3. If there is any doubt about the necessity or eligibility for a SAFE, the GBMC SAFE - DV program will be consulted.
- Third-Party Reporter - any person who, on behalf of a victim, seeks to report a crime or obtain information about how to file a complaint.  
**NOTE:** Members should be aware that the victim may, or may not, be aware that the third party is contacting police.
  - Victim/Survivor - an individual that has experienced sexual violence. The term “victim” is specifically used in criminal cases and may not resonate with individuals whose case was not pursued criminally.  
**NOTE:** Individuals often have a personal preference in regards to identifying as a “victim” or “survivor.” In this Order, the terms are used interchangeably.



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- Victim Advocate - an individual that is specifically trained to provide support to survivors of sexual assault. Advocates provide emotional support, victims' rights information, and access to resources. Advocates may accompany victims/survivors throughout the criminal justice proceedings, including during a SAFE, police interviews, and court preparation/proceedings. GBMC SAFE - DV provides an advocate while the victim is at the hospital and during SAFEs. TurnAround, Inc. is a certified rape crisis center in Baltimore County that manages the Rape Crisis Hotline and provides victim advocates for sexual assaults. Victims and advocates are usually bound by a confidentiality agreement that requires a victim's express permission to discuss their case with law enforcement. Victim advocates are increasingly being utilized in every phase of sexual assault investigations. A community-based victim advocate can help navigate some of the tough situations that sexual assault victims experience while engaging with the criminal justice system. A victim advocate can be particularly helpful in understanding and addressing victim concerns that may cause them to want to limit the scope of an investigation/prosecution. Further, a victim advocate can also help facilitate the necessary follow-ups with victims. Finally, community-based advocates are not subject to *Brady* requirements and often have a greater understanding of options outside the criminal justice system.  
**NOTE:** State law requires LEAs investigating sexual assault cases to make use of certified sexual assault crisis programs or other qualified community-based sexual assault victim service organizations that can provide services and support to survivors of sexual assault.

### GENERAL

- The Department will handle all sexual assault allegations with the following considerations and perspectives:
  1. Victim-Centered - Understanding the central role victims play in the judicial process, members will consider victims'/survivors' needs throughout the process. The best possible case outcomes hold offenders accountable, and also take into account a victim's history, experience, and perspective, as well as the impact of the criminal justice process on the victim and the victim's family, school/workplace, and community. Members should provide comfort and compassion to victims of sexual assault. A trusting and supportive rapport is essential to a long-term relationship with the victim(s). Members will do this by:
    - a. Treating all victims of sexual assault with dignity.
    - b. Protecting victims from having to make unnecessary and repeated disclosure of the incident, if at all possible.
    - c. Protecting victims from having to make disclosure of their incident in public settings.
    - d. Making every effort to provide safe and comforting surroundings.
  2. Trauma-Informed - Fully acknowledging that trauma is the result of extraordinarily stressful events that shatter an individual's sense of security, and interacting with victims in a manner that minimizes re-traumatization and maximizes their engagement with the criminal justice system. Traumatic events have profound physical and psychological effects on victims and witnesses. This physiological response effects how someone is able to recall the events they have experienced, past or present. Victims/witnesses will likely not be able to recall events in a clear, concise, and chronologically-ordered manner that police officers are accustomed to for report writing purposes. Questions should be open ended and only as in-depth as is needed to address immediate safety and investigative needs.
  3. Offender-Focused - Recognizing that offenders purposefully, knowingly, and intentionally target victims whom they believe they can assault and impugn in an effort to avoid the consequences of their conduct, members will persistently focus on the offender's actions and intent, and oppose defensive tactics to deflect and push focus to what the victim did and did not do, commonly referred to as "victim blaming." This approach is driven by an accurate and unbiased analysis of a case, and a thorough understanding of offender conduct and offender-victim dynamics as well as the applicable law(s).



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- All calls for service regarding sexual assaults will be documented in the appropriate incident report regardless of whether or not the incident was verified, unverified, unsubstantiated, or unfounded.
- Prostitution and/or illegal substance abuse by victims, including underage drinking, shall never be used to discredit or discourage the victim from reporting a sexual assault. The Department's priority is to thoroughly investigate the sexual assault, not prosecute victims for drug or alcohol violations.
- Recantation of any or all aspects of the initial disclosure is not necessarily indicative of a false report. In addition, facts of the case as provided by the victim may change over time. Members should understand this does not necessarily indicate deception.
- A victim's reluctance to fully participate in an investigation does not negate the need for thorough documentation of what is known about the incident. It also does not negate the need to collect evidence while taking the victim's wishes into account. It should be noted that physical evidence in a sexual assault, or similar crime, is often perishable and its preservation is vitally important in validating the reported offense.
- Any discussions about the limitations of the scope of the investigation and/or the prosecution of the suspect(s) should only be initiated by the victim(s). Members should recognize that many aspects of interacting with the criminal justice system, including speaking with uniformed officers and/or detectives, are intimidating and potentially traumatizing to sexual assault victims/survivors.
- All discussions with victims/survivors should be conducted in a way that allays their fears, instills confidence in the criminal justice system, and empowers them.
- Members, and their supervisors, should be aware that their presence, appearance, gender, demeanor, etc. may inhibit the full cooperation of a victim. Officer assignment for sexual assault cases should take into account victims' needs.

### **INVESTIGATIVE RESPONSIBILITY**

- First and second degree rapes involving victims 13 years of age or older (at the time of the offense), unless care and custody issues are involved, will be the responsibility of the SVU. Case investigation will be coordinated by the SVU and may be conducted jointly with precinct officers.
- First and second degree rapes involving victims under the age of 13, or under the age of 18 (at the time of the offense), if care and custody issues are involved, will be the responsibility of the Crimes Against Children Unit (CACU).
- Third or fourth degree sex offenses will be the responsibility of precinct officer(s) assigned to where the offense occurred. The SVU or CACU may be consulted, if needed.
- Precinct officers will handle all attempted rapes and all attempted sex offenses not being investigated by the Criminal Investigations Bureau (CIB).  
**NOTE:** The SVU or CACU (depending upon the age of the victim) must be contacted immediately after the precinct officer's preliminary investigation is initiated for attempted rapes. The SVU or CACU supervisor has final authority to determine investigative responsibility for attempted rapes.
- The Sex Offender Registration Team (SORT) supervisor will determine investigative responsibility for, and may elect to take investigative responsibility of, any rape or sex offense case (including attempts) not being investigated by members of the CIB in which a registered sex offender is a suspect.
- The SVU or CACU will be consulted on all allegations of sexual assault when the victim is in confinement (e.g., including, but not limited to, under arrest, incarcerated, secure detention at a treatment center, etc.).
- The SVU will handle all investigations of sexual assault that occur at the Baltimore County Detention Center (BCDC). Special procedures are in place for direct notification of the SVU by the BCDC Shift Commander in most circumstances.

**NOTE:** In the event that investigative responsibility cannot be agreed upon, the shift/unit commander and the CIB unit commander will consult and agree upon investigative responsibility.



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### **INITIAL PRIORITIES**

- Address victims' safety, security, and comfort.  
**NOTE:** Victim resources are available at all times through the GBMC SAFE - DV Program and/or Baltimore County Rape Crisis Hotline.
- Victims will be allowed to have someone accompany them throughout the investigative process if they wish.
- Focus on the needs of the victim to ensure services are delivered in a compassionate and non-judgmental manner. A victim-centered approach can help prevent re-traumatization and can empower her/him to maximize her/his engagement in the criminal justice process.
- It is important for members to understand that sexual assault victims experience trauma, or re-traumatization. There are various emotional responses to trauma that can be experienced singularly or concurrently, and may include, but are not limited to:
  1. Disorientation/difficulty concentrating or remembering.
  2. Emotional numbing or restricted range of feelings.
  3. Difficulty trusting and/or feelings of betrayal.
  4. Denial, shock and/or disbelief.
  5. Grief, fear, and/or anxiety.
  6. Hyper-alertness, restlessness, or vigilance.
  7. Irritability and outbursts of anger/rage.
  8. Emotional mood swings (e.g., crying then laughing, etc.).
  9. Worrying or ruminating (i.e., intrusive thoughts of the trauma).
  10. Nightmares or flashbacks (i.e., feeling as if the trauma is currently happening).
  11. Feelings of helplessness, panic, or feeling out of control.
  12. Increased need to control everyday experiences.
  13. Minimizing the experience and attempts to avoid anything associated with the trauma.
  14. Tendency to isolate oneself and feelings of detachment.
  15. Concern with burdening others with problems.
  16. Feelings of shame, self-blame, and/or guilt.
  17. Depression and/or diminished interest in everyday activities.
  18. Past traumatic memories resurfacing (i.e., prior victimizations).
  19. Loss of a sense of order or fairness in the world.
  20. Expectation of doom and fear for the future.

### **INITIAL RESPONDING OFFICERS**

- Ensure the victim is safe.
- Address any immediate medical needs of the victim.
- Summon an ambulance, if necessary.
- Secure the crime scene.
- Separate the victim and witness(es) to protect statement integrity.
- Assure the victim that they will not be judged and that the complaint will be taken seriously.
- Briefly interview the victim to determine the critical elements, the degree of the offense, and the investigative responsibility. Do not conduct an in-depth interview. In keeping with a trauma-informed response, only obtain minimal facts (e.g., where the incident occurred, a detailed suspect description, possible witnesses, etc.) and ask questions necessary to establish the elements of the crime (e.g., statement and actions of the perpetrator, relationship between the victim and perpetrator, reactions/state of mind of the victim, etc.).  
**NOTE:** Every effort should be made to allow privacy for the victim. Victims should not be made to disclose details about their assault in public settings (e.g., precinct lobbies, hospital waiting areas, school offices, etc.). Victim-centered interview rooms are available at the SVU, the CACU, and the GBMC SAFE Suite upon request and availability.
- Have the 9-1-1 Police Liaison contact the appropriate CIB unit for verified rapes and attempts.
- Wait for the approval of the appropriate CIB detective before interviewing the victim in detail for rapes and attempts.



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- Recognize that the victim experienced a traumatic incident and may not be willing or able to immediately assist with the criminal investigation.
- Consult with the CIB before taking any written statement for rapes and attempts.
- Determine the need for a search and seizure warrant before notifying the Forensic Services Section (FSS) or processing the crime scene.
- Request that the victim not smoke, drink, bathe, shower, douche, urinate, or defecate, if possible, in order to preserve evidence.

### **INVESTIGATING MEMBERS**

- Offer sexual assault victims the opportunity for an examination at an approved medical facility when appropriate.
- Arrange for examination at the hospital. The victim will be transported by the officer or medic to the:
  1. Closest hospital available if immediate medical attention is required.
  2. GBMC if immediate medical treatment is not required.**NOTE:** Officers will consult with a CACU Sexual Abuse Team supervisor to determine if a SAFE should be administered to a victim 12 years of age or younger.
- Accompany the victim, with a change of clothing, if possible, to the hospital for the medical examination.
- Explain to the victim the purpose of the SAFE and its importance to their general health and wellness, and to the investigation.
- Explain to the victim that a SAFE is free of charge, and their records are kept confidential and separately from other GBMC medical records.
- Request that a SAFE be administered by a certified SAFE nurse.
- Discourage the victim from changing clothes, washing hands, showering, bathing, urinating, and defecating prior to receiving a SAFE, when possible.
- Notify a FSS supervisor that evidence needs to be recovered from the hospital.
- Protect the identity and confidentiality of the victim.
- Conduct an interview with the victim in private, away from other officers/persons.  
**NOTE:** Efforts should be made to utilize specially designed rooms for this purpose, such as those located at the SVU, the CACU or the GBMC, when practical.
- Allow the victim to explain what happened without interruption, if possible.
- Use the victim's exact words, using quotations, in written reports to describe the elements of the crime.
- Consult with the CIB before taking any written statement for rapes and attempts.
- Contact the SORT supervisor immediately anytime a registered sex offender is a suspect in any rape or sex offense case (including attempts).
- Inform the victim of protective order procedures, if applicable.  
**NOTE:** Efforts should be made to connect victims with a victim advocate or victim services partner to assist with this process.
- Provide the victim with the Maryland Crime Victims and Witnesses Rights and Services Brochure and document that it was issued in the appropriate incident report.
- Keep the victim informed of the progress of the investigation.
- Complete the appropriate incident report for all calls of a sexual assault nature using the most specific offense(s) applicable to circumstances of the case:
  1. Sexual Assault Rape Vaginal Intercourse 1<sup>st</sup> Degree.
  2. Sexual Assault Rape Vaginal Intercourse 2<sup>nd</sup> Degree.
  3. Sexual Assault Rape Sex Act 1<sup>st</sup> Degree.
  4. Sexual Assault Rape Sex Act 2<sup>nd</sup> Degree.
  5. Sexual Assault Rape Sex Act with Object 1<sup>st</sup> Degree.
  6. Sexual Assault Rape Sex Act with Object 2<sup>nd</sup> Degree.
  7. Sexual Assault Sex Offense 3<sup>rd</sup> Degree.
  8. Sexual Assault Sex Offense 4<sup>th</sup> Degree.
  9. Sexual Assault SAFE Kit Delayed Report.



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10. Sexual Assault Pending Classification.

11. Sexual Assault No Final Classification.

**EXCEPTION:** When the victim is a juvenile, members will use the appropriate parallel offense(s) applicable to circumstances of the case that begin with "Child Abuse," for example, "Child Abuse Sex Offense 3<sup>rd</sup> Degree."

- Members will not use the offense of "Suspicious Condition," or write sexual assault related reports as "Unfounded" prior to an investigation being completed.

**NOTE:** "Sexual Assault Pending Classification" will be used in cases where the call is of a sexual assault nature but specific elements of a crime cannot be immediately determined. After an investigation, the offense code will be upgraded appropriately or will be converted to "Sexual Assault No Final Classification" in cases where no specific crime could be determined.

- All sexual assault related reports must be completed and approved by the end of the member's tour of duty.
- Refer to Field Manual, Article 8 (Report Writing), for required report distribution.

### **SUPERVISORS**

- Assign officers as needed to ensure that the victim is accompanied to the hospital and that the crime scene is protected.
- Ensure that the Department of Social Services (DSS) is notified when the safety and welfare of a child is jeopardized.
- Monitor calls for service and ensure a report is written on all calls of a sexual assault nature.
- Ensure that reports are completed and approved by the end of the officer's tour of duty.
- Ensure that the appropriate investigative unit is contacted and provided with the necessary information in order to determine investigative responsibility and appropriate response.

### **MEMBERS INVESTIGATING SEXUAL CHILD ABUSE INCIDENTS**

- Notify their squad supervisors of the incident immediately.
- Will not interview a victim of sexual child abuse without permission from a CACU Sexual Abuse Team supervisor.  
**NOTE:** See Field Manual, Article 3, Section 7.0, Child Abuse and Neglect, for the definition of sexual child abuse.
- Will not ask sexual child abuse victims to complete a written statement. Forward all other written statements and related documentation to the CACU prior to the end of the shift.
- Collect any physical evidence available which, if not immediately collected, may be destroyed, lost, or contaminated.
- Consult with a CACU Sexual Abuse Team supervisor to determine if a SAFE should be administered, if immediate treatment for an injury is not required.
- Notify a FSS Supervisor that evidence needs to be recovered from the hospital.
- Notify the CACU for all incidents of sexual child abuse, or suspected sexual child abuse. If after business hours, contact the 9-1-1 Police Liaison for the notification.  
**EXCEPTION:** After business hours notification is not required for incidents involving an adult survivor who is reporting abuse that occurred when he/she was a child. These reports will be completed and forward to the CACU.
- Will ensure the DSS is contacted immediately if the safety and welfare of the child is jeopardized.  
**NOTE:** If other children reside with and/or may otherwise have regular contact with the offender, they may also be at risk.
- Complete the appropriate incident report for all sexual child abuse cases, prior to the end of the shift, using the most appropriate offense(s).
- Assist in assuring the safety of the DSS worker and the child(ren) when executing shelter authorizations or other court orders.
- Refer to the Field Manual, Article 8 (Report Writing), for required report distribution.



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### SUSPICION OF ALCOHOL OR DRUG INTOXICATION

- If the assault occurred within 120 hours, and there **is** a suspicion of drug or alcohol facilitated sexual assault (DFSA), or that the victim was **not able** to consent to sexual activity due to alcohol or drug intoxication, a urine specimen should be collected from the victim, with their consent. If it has been less than 24 hours since the assault, a blood specimen should **also** be collected with the victim's consent.
  1. Hospital-based consensual collection:
    - a. A GBMC, or other SAFE hospital, FNE will collect blood and urine samples for this purpose based upon their protocols.
    - b. Officers/detectives may have to consult with Emergency Room personnel in order to obtain samples for this purpose.
  2. Field-based consensual collection:
    - a. Investigating members/supervisors may facilitate urine specimen collection if a victim expresses the need to urinate prior to arriving at a medical facility.
    - b. Investigating members/supervisors should consult with SVU/CACU personnel if this need arises prior to their arrival.
    - c. If the victim agrees to collection prior to arrival at a medical facility, they will be asked to collect a sample.
- If a urine sample is to be obtained, every effort should be made to obtain the **first** urine sample possible, as some drugs metabolize very quickly and will not be present in subsequent urine collections. Early urine collection can also aid in calculating the estimated level of intoxication at a particular time if a subsequent sample can be obtained. A calculation of the metabolization rate can only be conducted if multiple samples are obtained and a detailed timeline is established. This timeline should include the last time that any/all alcohol and/or drugs were ingested as well as exact times of specimen(s) collection.
- Specimens for toxicological examination will generally be collected at the hospital but urgent situations may require field collection.
- If urine specimens are collected in the field, they should be labeled with the **date** and **time** of collection and remain with the victim upon transport to GBMC for chain of custody purposes. This includes urine samples that are collected at any medical facility other than GBMC or another certified SAFE hospital.
- Toxicological testing should be performed to determine if the event was a drug or alcohol facilitated sexual assault. The GBMC handles initial toxicological testing of blood and alcohol specimens as part of the SAFE.

### VICTIM RIGHTS PERTAINING TO LIMITING THE SCOPE/PROSECUTION

- Victims of sexual assault often express concerns with moving forward with various aspects of their investigations for a wide variety of reasons. These reasons include, but are not limited to:
  1. Fear of not being believed.
  2. Lack of trust, or a trusting rapport, with a LEA or other members of the criminal justice system.
  3. Fear of public embarrassment.
  4. Reluctance to relive the trauma that has already been experienced by the victim.
  5. Intimidation and fear of reprisals from the suspect.
- Victims/survivors should be empowered to make informed decisions about how their case is handled. This should be accomplished in a way that allays victims' fears and instills confidence so as to maximize their engagement in the criminal justice process.
- Members will neither present a form or written document of any kind to any person suspected to have been subjected to sexually assaultive behavior, or who claims to have been subjected to sexually assaultive behavior, nor initiate a verbal agreement or conversation purporting to:
  1. Relieve the Department of an obligation to the victim;
  2. Preclude or define the scope of an investigation conducted by the Department into an act allegedly committed against the victim;



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3. Prevent or limit an investigation or prosecution of an act allegedly committed against the victim; or
  4. Limit a private right of action of the victim pertaining to an act allegedly committed against the victim or the victim's interaction with the Department (e.g., hold-harmless agreement, etc.).
- Members will not initiate a conversation with the victim about limiting the scope of, or suspending, the investigation or prosecution unless there is a specific, articulable investigative purpose for doing so. Thus, in most instances, a conversation of this nature will only occur when a victim expresses concern about, or objects to, moving forward with any aspect of the investigation or prosecution.
  - Members encountering a victim who expresses a desire to limit, suspend, or decline to participate in an investigation will make every effort to understand the reasoning behind her/his decision, as it may constitute evidence of the trauma. Further, understanding a victim's reasoning may also provide insight into the steps the member can take to allay the victim's concerns and/or develop their relationship with the victim.  
**NOTE:** Victims should be allowed the opportunity to consult with an advocate, attorney, and/or support person prior to making any decisions.
  - Members will document the victim's wishes, concerns, and cause(s) of their concerns in the appropriate incident report. If unknown, that fact will be documented.
  - Members will document steps taken to address any known concerns (e.g., contacted a victim advocate, introduced a different detective, accompanied the victim to obtain a protective order, etc.) in the appropriate incident report.
  - Members should advise the victim that any decision to suspend an investigation will not be considered permanent and, should the victim choose to pursue a criminal investigation at a later date, the case will be re-opened for investigation.
  - Prior to suspending the investigation, the investigating member will:
    1. Provide the victim with contact information for the appropriate individual investigator or unit responsible for follow-up and advise her/him to contact the agency or assigned investigator with any questions they may have and/or if they decide to pursue a criminal investigation.
    2. Provide the victim with information for a certified sexual assault crisis program serving the County. Victims will be informed that any discussions with advocates from a certified sexual assault crisis program are confidential, and information discussed with the advocate will not be shared with the investigator without the victim's expressed consent.
    3. Inform the victim of any applicable statute of limitations.
  - Members will inform the victim that they, or another sexual assault investigator, will follow-up with the victim within 30 days of the initial contact to confirm whether she/he continues to request the suspension of the investigation. This information will be documented in the appropriate incident report.
  - Investigator will discuss with the victim how and when the follow-up contact will be made, and the victim will be given the opportunity to indicate the preferred manner she/he desires to be contacted (i.e., phone, text message, e-mail, mail, in-person visit, or other alternative means). This information will be documented in the appropriate incident report.  
**NOTE:** If the victim prefers to be contacted by phone, the investigator should determine if a voicemail may be left and any limitations on the information provided therein.
  - Supervisors responsible for the investigation will ensure the case status remains "Open" until, at a minimum, the follow-up contact is made.

### **VICTIM FOLLOW-UP PROTOCOL AND RESOURCE NOTIFICATION WHEN VICTIM REQUESTED SUSPENSION OF THE INVESTIGATION**

- Investigators should be mindful of the potential to re-traumatize the victim when conducting follow-up contacts. Consulting with a victim advocate prior to the follow-up may be necessary and prudent.



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- Investigators will make a reasonable and prudent effort to re-contact and follow-up with a victim who initially requested the investigation be suspended. The effort should balance the need for follow-up against the potential for re-traumatization and/or respecting victims' wishes, privacy, and rights. Enlisting the aid and advice of a victim advocate may be beneficial for guidance and/or when encountering difficulties in reaching a victim.
- Within 30 days after the initial contact, investigators will follow-up with victims who request the investigation be suspended to confirm whether the victim continues to request the criminal investigation be suspended. The investigator will use the preferred manner in which the victim requested to be contacted to facilitate the follow-up.  
**NOTE:** The above information, all attempts to re-contact the victim, and subsequent results, to include the victim's decision, will be documented in the appropriate incident report.
- Victims who continue to request the criminal investigation be suspended will have their request(s) honored and:
  1. The investigator will, again, provide the victim with contact information for the appropriate investigator or unit responsible for the investigation.
  2. The investigator will request the victim notify the Department if a decision has been made to continue the investigation or to continue the decision to suspend the investigation.
  3. Within reason, the investigator will attempt to understand the reasoning behind her/his decision and what, if anything, can be done to alleviate any concerns.  
**NOTE:** The above information will be documented in the appropriate incident report.
- Victims who request more time to make a decision will be asked when they would like to be re-contacted. If no time frame is provided, the investigator will follow-up with the victim in another 30 days. This information will be documented in the appropriate incident report and the case status will remain "Open" until the subsequent follow-up is made.
- Supervisors responsible for the sexual assault investigation will ensure the victim follow-up protocol and resource notification procedures are adhered to, and the appropriate incident report reflects the required documentation.
- Supervisors responsible for the sexual assault investigation will, at the conclusion of the follow-up contact, ensure the case status and disposition are updated accordingly.

### CONFIDENTIALITY

- Officers/Investigators should be aware, and inform victims if appropriate, that the details of their case may become a matter of public record and cannot be fully protected as confidential.
- Victims should be advised that the services provided by certified sexual assault crisis programs are confidential.
- The victim's identity will become a matter of public record through the court process when necessary and appropriate.
- Victims will not be named in any court documents (e.g., statement of charges or statements of probable cause, etc.) related to sexual assaults, but instead be referred to as either "juvenile" or "adult" and their gender at the time of the offense.  
**EXCEPTION:** A victim's age **must** be used when it is an element of the crime, such as age-based sexual assaults. Examples of age and gender reference include:
  - "The victim, a juvenile female at the time of the offense, etc."
  - "The victim, a 13-year-old female at the time of offense, etc."
  - "The victim, an adult male, etc."
  - "The victim, an 8-year-old male at the time of offense, etc."
- The statement of charges will contain language that indicates that the Baltimore County Police Department has positively identified the victim(s) and will provide that information to the Baltimore County State's Attorney's Office for court/discovery purposes.



## **SPECIAL ORDER #2021-01 (Continuation)**

### **PROCEDURES FOR DELAYED REPORTING**

- When a sexual assault victim declines immediate law enforcement involvement, the FNE will have the victim acknowledge and sign a consent form for a SAFE and a delayed reporting of the incident to law enforcement. The victim will be provided with a copy of the consent form and contact information for the SVU.
- The FNE will notify the 9-1-1 Communications Center to notify a FSS supervisor that evidence needs to be recovered at the hospital/center where the SAFE was conducted.
- The FNE will then contact the desk officer at the precinct in which the SAFE was completed and obtain a Central Complaint (CC) number. The officer will complete the appropriate incident report using the offense "Sexual Assault SAFE Kit Delayed Report." The FNE will provide a name or letter/number associated with the name of the victim.
- The receiving officer will include the name of the FNE and hospital location in the report. If possible, the date, time, location, and any pertinent information the FNE can provide relative to an investigation of the incident should be obtained.
- Refer to Field Manual, Article 8 (Report Writing), for required report distribution.

### **SAFE KIT TESTING, TRACKING, AND VICTIM/SURVIVOR NOTIFICATION**

- SAFE kits are subject to Code of Maryland Regulations (COMAR) regulations concerning retention, testing, and victim/survivor notification.
- All SAFE kits are subject to testing unless they meet specific exceptions spelled out in the COMAR.
- The issue of continued consent versus withdrawal of consent for the analysis of a SAFE kit is a distinctly different and separate matter from the decision to limit the scope of an investigation and/or prosecution. Generally, consent for the analysis of a SAFE kit is addressed during the collection process and not provided unless, and until, a victim initiates a police investigation. Therefore, it is entirely possible for a victim to suspend or limit the criminal investigation yet the SAFE kit continue to be analyzed, unless consent for analysis is knowingly, voluntarily, and expressly withdrawn by the victim.
- Upon receiving a request from the victim/survivor to be notified of the status and any results of her/his SAFE kit, the investigating member will ensure the identity of the requesting victim is verified before information of a SAFE kit's status and/or results are released, as the information is sensitive and confidential.
- The investigating member will consult with the Legal Section if questions arise regarding the permissibility of releasing information to someone other than the victim (e.g., parent/guardian, power of attorney, etc.). No information will be released to someone other than the victim/survivor unless directed by a Legal Section representative.
- Within 30 calendar days of receiving a written request from a victim from whom a SAFE kit was collected, and their information/identity has been satisfactorily verified, the investigating member or unit shall:
  1. Provide the victim with information about the status of the SAFE kit.
  2. Provide all available results of the SAFE kit, unless the revelation of the results would impede or compromise an ongoing investigation as determined by the investigating unit commander or higher.

**NOTE:** If a denial is made because the results would impede or compromise an ongoing investigation, the victim will be notified of such decision. If/when the revelation would no longer impede or compromise the investigation, the results will be released unless the request is/was withdrawn.
  3. Complete the appropriate incident report stating, in general terms, that the victim's request was satisfied, and include the method of communicating the information to the victim (e.g., mail, e-mail, verbally, etc.).
- Members receiving a written request from a victim regarding notification and/or retention of evidence collected from the victim, will forward:
  1. The original written request to the Legal Section.



## **SPECIAL ORDER #2021-01 (Continuation)**

2. A copy of the written request and a Form 128R, Retention of Property/Evidence, for all evidence in the case to the Evidence Management Unit (EMU).

**NOTE:** The EMU will attach a copy of the documentation to the Form 15, Property/Inventory, for all evidence in the case.

### **SPECIAL VICTIMS UNIT**

- Receives and reviews all delayed reporting sexual assault incident reports.
- Acts as a liaison with the Governor's Office of Crime Control and Prevention (GOCCP) and health care representatives to ensure compliance with Violence Against Women Act (VAWA) regulations.
- Acts as a liaison and a point of contact with colleges and universities in Baltimore County in accordance with an established Memorandum of Understanding between the Department and institutions of higher education.
- Coordinates the Department's SAFE Kit program.
- Ensures the proper inventory, tracking and submission of SAFE kits for forensic testing per current laws and regulations.
- Maintains a victim interview suite, equipped with audio and visual recording equipment, which is available for other units to utilize upon request and availability.

### **FORENSIC SERVICES SECTION**

- Collects, documents, and transports the SAFE kit evidence from the hospital to the EMU.
- Forwards a copy of the consent form with the evidence per departmental procedures.

### **SEXUAL ASSAULT RESPONSE TEAM (SART)**

- Is a multi-disciplinary workgroup that coordinates a holistic and evolving response to sexual assaults in their community, including prevention and education.
- Meets regularly to pool resources, assess services, collaborate on developing or updating best practices, policies and procedures, troubleshoot lapses in service, review/critique specific incidents or situations, and hold each other accountable all within a setting that fosters strengths based relationship building.
- Discussions are generally held under rules of confidentiality, especially as they relate to specific cases.
- Consists of representatives of:
  1. GBMC SAFE - DV program.
  2. Baltimore County State's Attorney's Office.
  3. Baltimore County Police Department SVU.
  4. Baltimore County Police Department CACU.
  5. Baltimore County Police Department Biology Unit.
  6. TurnAround, Inc. (Certified sexual assault crisis center serving Baltimore County).
  7. Maryland Coalition Against Sexual Assault (MCASA).
  8. Towson University Police Department.
  9. Goucher College Title IX Office.
  10. Various other adhoc representatives.
- Lead by the Director of the GBMC SAFE - DV program.
- Continually assess victim resources that are available in Baltimore County and updates are made on the GBMC SAFE - DV web site.

### **REFERENCES**

- Field Manual, Article 7 (Evidence).
- Field Manual, Article 8 (Report Writing).
- Evidence/Property Packaging Manual.
- Sex Offense Elements Table.
- Violence Against Women Act (VAWA).

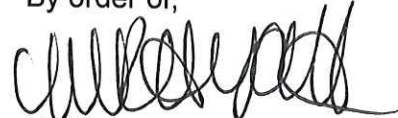


**SPECIAL ORDER #2021-01 (Continuation)**

- Maryland Criminal Procedure 11-929: Victims of Sexually Assaultive Behavior - Waivers of Rights - Prohibition.
- COMAR 02.08.01. 01-.05.
- *Memorandum of Understanding Regarding Sexual Assault between Baltimore County Police Department and Institution of Higher Education.*

**IMPLEMENTATION:** This Special Order will be distributed electronically to all Department members. Shift/Unit supervisors will be responsible for the referencing of this Special Order. This Special Order supersedes current sexual assault procedures contained in the Department's Field Manual.

By order of,



Melissa R. Hyatt  
Chief of Police