



CHILD ABUSE INVESTIGATIONS

BPD E-Learning 2023

BPD Policy 1201

Learning Objectives

- **Upon completion of this course, members will be able to:**
- Through knowledge checks, define their roles and responsibilities in addressing Physical Abuse, Sexual Abuse, and Neglect in accordance with *Policy 1201, Child Abuse Investigations*
- Describe reporting and confidentiality requirements detailed in *Policy 1201, Child Abuse Investigations* and required by Maryland law
- Identify the elements of Sex Trafficking of a Minor



Key Updates

Child Victims

shall be treated with **age-appropriate sensitivity** regardless of actions, appearances, socialization, and/or behavior that may appear adult in nature.

Responding Patrol Members

shall obtain **minimal facts** from the parent/guardian or caregiver and avoid asking follow-up questions about facts related to the details of the abuse.

A police officer acting in a professional capacity who has reason to believe that a Child has been subjected to **Child Abuse, Sexual Abuse, Sex Trafficking of a Minor or Neglect**

is a **mandated reporter** under the law.

Child Abuse Unit

shall schedule a **forensic interview** by the Child Advocacy Center soon after the initial disclosure of abuse.



General Requirements



Child Victim Centered - Response

Members shall

prioritize the safety, privacy and well-being of the child victim and ensure compassionate and respectful delivery of services.

Members shall

initiate investigations in a professional manner, free from bias and with knowledge of the rareness of false reports.

Members shall

ensure child victims are treated with age-appropriate sensitivity regardless of actions, appearances, socialization, and/or behavior that may appear adult in nature.

Information regarding the identity of the person who reported the child abuse shall

be kept confidential pursuant to Maryland Family Law § 5-707 and Human Services § 1-202



Mandated Reporter Under the Law

A police officer acting in a professional capacity who has reason to believe that a Child has been subjected to Child Abuse, Sexual Abuse, Sex Trafficking of a Minor or Neglect must

1. Notify the Department of Social Services at 410-361-2235,

2. Provide a written report within 48 hours to DSS and copy the State's Attorney's Office



Responding Patrol Members



Initial Report of Abuse

Upon receiving a report of suspected child abuse, Severe Physical Injury, Sexual Abuse of a Child, or of Sex Trafficking of a Minor or Neglect, including an anonymous complaint, members shall ***respond immediately*** and ***attempt to locate the child(ren)***.

Members shall prioritize the victim's physical and emotional well-being and render medical aid if required or requested by the child victim and or parent/guardian.



Jurisdiction



If the alleged child abuse victim is at a location other than where the abuse occurred, the district in which the child is located shall be responsible for conducting the preliminary investigation and promptly notifying the district of occurrence.

The member conducting the preliminary investigation at the district where the child is located must notify the district of occurrence (where the abuse occurred) if additional children are involved and are still at the location where the Abuse occurred.

The district of occurrence will then become responsible for continuing the child abuse investigation. In such cases, the preliminary investigation report shall be promptly delivered to the district of occurrence to ensure proper investigative continuity is maintained.



Jurisdiction Continued....



In the event a child cannot be located, members assigned to the district of occurrence shall conduct follow-up visits, as necessary, in order to see the child who is the subject of the reported abuse. Maryland law mandates the child be seen *within 24 hours of the initial report.*

If the child cannot be located within the first 24 hours, members assigned to the district of occurrence shall notify the Department of Social Services at ***410-361-2235.***



Initial Contact with Reporting Party/Parents



Within 24 hours after receiving a report of suspected Physical or Sexual Abuse of a Child or Sex Trafficking of a Minor members shall:

Make in-person contact with the child. If not possible, notify the Department of Social Services at 410-361-2235.

Obtain minimal facts from the parent/guardian, caregiver, and/or reporting party.

Interview family members, caregivers or possible witnesses who might provide relevant information.

Ensure that the child victim cannot hear interviews with the parent/guardian, caregiver, possible witnesses and/or reporting party.



Initial Contact with Child



Obtain minimal facts from the child when information is necessary to proceed with the investigation and/or to ensure the child's immediate safety is not available from the parent/guardian, caregiver, and/or reporting party.

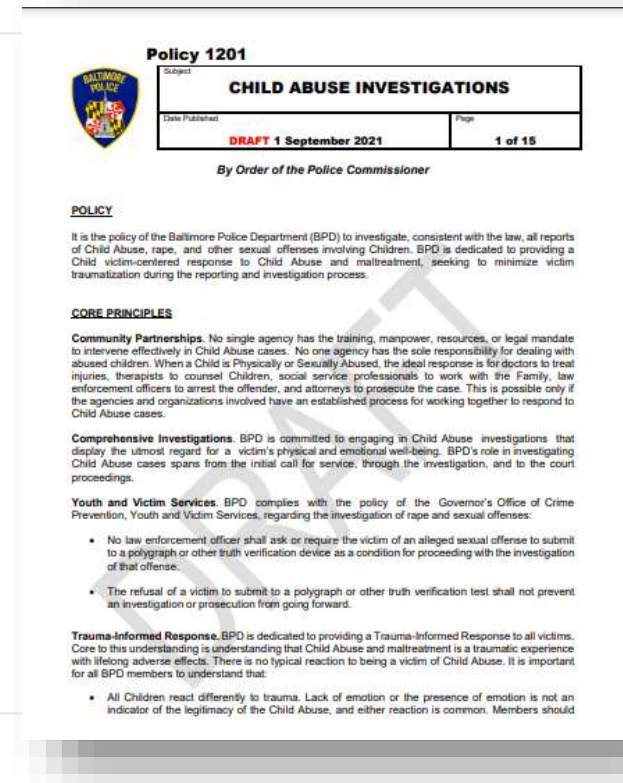
Ask only open-ended questions and avoid asking follow-up questions about facts related to the details of the abuse.

Ensure the child's safety and that of other children in the household.

Ensure the safety of other children in the care or custody of the alleged abuser.

Interview Guidelines per Policy 1201

- ❑ Obtain minimal facts
- ❑ Ask only open-ended questions
- ❑ Avoid asking follow-up questions about facts related to the details of the abuse



Trauma-Informed Response

Most child victims never make a report and when a report is made, it is often delayed. Delayed reporting is common and any delay in reporting shall be considered normal and shall never deter a thorough investigation.

Children react differently to trauma. Lack of emotion or the presence of emotion is not an indicator of the legitimacy of the child abuse.

Most child victims and their caregivers experience continuing trauma that may affect their overall wellbeing. It may be hard for the investigator to keep in contact with the victim/family. Members should remain understanding, patient, and compassionate.

Trauma-informed care also extends to BPD members who can experience vicarious trauma. Any BPD member who may have work-related trauma exposure is encouraged to contact the office of Officer Safety and Wellness.

Child victims may have trouble remembering details. This does not mean that the victim is lying or intentionally leaving out details. As trauma recedes, details may emerge.



Remember...

Reassure the child victim and/or parent or guardian that BPD takes this case very seriously, and that a child abuse detective will be notified and consulted and may be assigned to investigate their case in order to help with transitions to other members involved in the investigation.



KNOWLEDGE CHECK

1

What should member do within 24 hours after receiving a report of Child Abuse, Sexual Abuse, or Sex Trafficking of a Minor?

A

Make in-person contact with the Child. If not possible, notify the Department of Social Services at 410-361-2235

B

Obtain minimal facts from the parent/guardian, caregiver, and/or reporting party

C

Ensure the Child's safety and that of other Children in the Household

D

All of the above

What should member do within 24 hours after receiving a report of Child Abuse, Sexual Abuse, or Sex Trafficking of a Minor?

D

All of the above

2

Who should conduct the preliminary investigation of Child Abuse ?

A

A member in the district where the alleged abuse occurred

B

A member in the district where the alleged abuser is located

C

The commander in the district where the child victim is located

D

A detective in the district where the child victim is located

Who should conduct the preliminary investigation of Child Abuse ?



A

A member in the district where the alleged abuse occurred

NOTE: If the alleged child abuse victim is at a location other than where the abuse occurred, the district in which the child is located shall be responsible for conducting the preliminary investigation and promptly notifying the district of occurrence.

3

Which is NOT an example of a trauma informed response?

A

Understanding that lack of emotion or the presence of emotion is not an indicator of the legitimacy of the child abuse

B

Completing a thorough investigation including in instances where there was a delay in reporting child abuse

C

Believing that lack of contact with the victim/family means that the initial report of abuse was false

D

Contacting Officer Safety and Wellness to prevent or address vicarious trauma and/or work-related trauma exposure

Which is NOT an example of a trauma informed response?



C

Believing that lack of contact with the victim/family means that the initial report of abuse was false

**It may be hard for the investigator to keep in contact with the victim/family. Members should remaining understanding, patient, and compassionate.*

Addressing Abuse - Responding Patrol Members



Addressing Physical Abuse

Johns Hopkins
Children's Center
Emergency Department
1800 Orleans St.
410-955-9444

If Physical Child Abuse is suspected, members shall transport the child(ren) to the Johns Hopkins Hospital Pediatric Emergency Room for medical evaluation to determine the nature and extent of Abuse.



If the child(ren) are registered and undergoing evaluation and treatment at another hospital, contact the Johns Hopkins Hospital Pediatric Emergency Room for guidance.

Members shall ensure the Crime Laboratory technician photographs all injuries



Addressing Sexual Abuse

University of Maryland
Medical Center
Pediatrics Emergency
Room
22 South Green Street
(main floor)
410-328-6335

When a child 12 years of age or younger is a Sexual Abuse victim who requires immediate medical treatment and/or the abuse occurred within the past 15 days, members shall transport the child to University of Maryland Medical Center

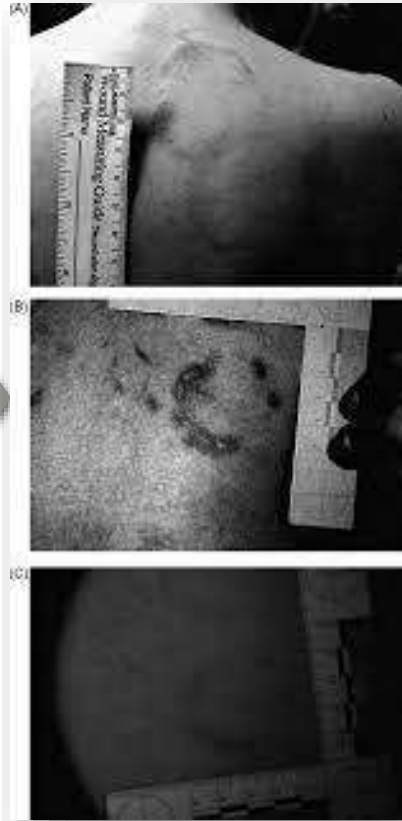
When a child is between the ages of 13-17 and is a sexual abuse victim who requires immediate medical treatment and/or the abuse occurred in the past 15 days, members shall transport the child to Mercy Hospital.

Mercy Medical Center
Emergency
Department
301 St. Paul Place
(corner of Calvert St.
and Pleasant Streets)
410-332-9477



Contacting Crime Laboratory

Members shall ensure the Crime Laboratory technician photographs all injuries. Where there is Physical evidence of Sexual Abuse, members shall request the Crime Laboratory to respond and take photographs of the child.



Photographs shall not be taken of any child's genitalia or the breasts of adolescent female victims, unless there is significant evidentiary value involved, and a Child Abuse Unit supervisor has granted prior approval. Members shall note the approval in the report.

Temporary Removal of the Child

❑ Members shall evaluate the safety of the child and any other children in the home.

❑ If there is an immediate threat to the well-being of the child or other present children, notify the Department of Social Services at 410-361-2235 who will then advise via telephone if they will respond to the scene or meet the member with the victim(s) at the hospital.

❑ Members shall accompany the Department of Social Service's representative and may use reasonable force, if necessary, to gain entry. A supervisor must be present before entry is made unless an emergency exists. If entry is gained by force, all pertinent information shall be documented in the preliminary investigative report.

When probable cause exists that an individual committed child abuse and/or sexual abuse, members shall take lawful action (e.g., make the arrest or obtain a warrant or criminal summons) per Policy 1106, Warrantless Arrest & Probable Cause Standard.



Temporary Removal of a Child without Court Approval



Per law and policy, the Department of Social Services representative may enter the house, if the representative:

- Previously has been denied the right of entry, and
- Has probable cause to believe a child is in serious immediate danger.

When conditions of Article – Family Law, §5-709 are met, members shall accompany the Department of Social Service's representative and may use reasonable force, if necessary, to gain entry. A supervisor must be present before entry is made unless an emergency exists.



Victim Confidentiality

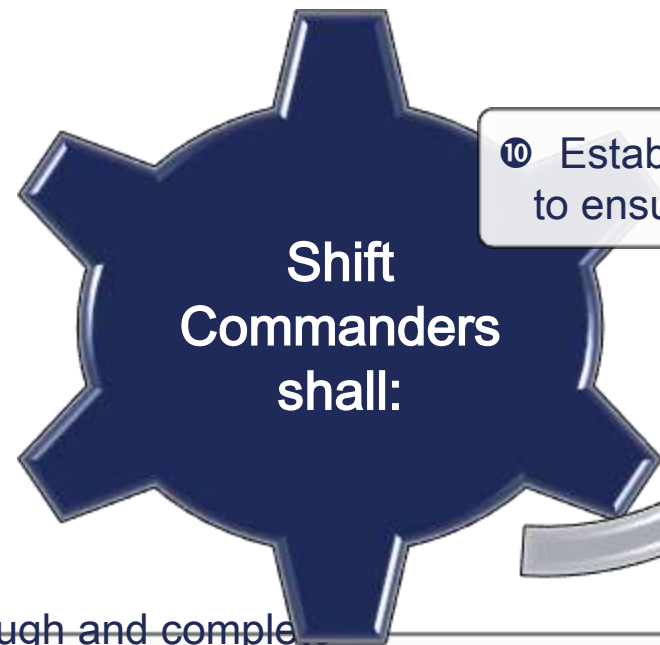


Throughout the investigation of the case, members shall protect the confidentiality of the victim's information to the maximum extent possible by law and policy.

- Members shall not publicly disclose the name, address, or identity of Sexual Abuse, Child Abuse, or Sex Trafficking of a Minor victims and shall refrain from using a victim's address or name on police radio, whenever feasible.



Required Actions of Supervisors



- ⑩ Establish coordination between shifts, if necessary, to ensure the child is seen within 24 hours.

- ⑩ Members complete a thorough and complete preliminary investigation using investigative techniques particularly sensitive toward decreasing the child's trauma.
- ⑩ Members make continual attempts to see the child if the child was not seen during the preliminary investigation.
- ⑩ Members contact The Department of Social Services when investigating complaints of child Abuse that did not originate from the Department of Social Services, and provide appropriate details of the preliminary investigation.
- ⑩ Members promptly submit child abuse reports (actual, suspected, or unfounded) for supervisory review.




Assess any special needs or circumstances, such as:

- developmental disabilities,
- behavioral health disabilities,
- language barriers,
- substance use impairment or others,

for the purpose of making reasonable accommodations or requesting applicable support, when practical and available. See Policy 712, Crisis Intervention Program.

Special Considerations

If the incident involves a member of the Department, notify a permanent-rank supervisor as soon as possible so they can inform the CAU Commander and the Public Integrity Bureau (PIB).



Policy 712
Subject
CRISIS INTERVENTION PROGRAM

Date Published	Page
29 June 2021	1 of 18

By Order of the Police Commissioner

POLICY

The Baltimore Police Department (BPD) will implement a first-responder model of Crisis Intervention as a component of Baltimore City's Behavioral Health and Crisis Response Systems. The department will identify:

- Strategies for de-escalating crises and connecting individuals to community resources that provide appropriate service;
- Appropriate use of hospital emergency services only after less restrictive alternatives have been considered;
- Opportunities for diversion from the criminal justice system;
- Methods for addressing the long-term needs of individuals and families in order to provide for the least police-involved response.

The purpose of this policy is to provide guidance and expectations for members to adequately respond to persons experiencing Behavioral Health Disabilities or in Crisis.

CORE PRINCIPLES

Community Planning and Implementation. The BPD is an important component of the Baltimore Crisis response system by effectively responding to and de-escalating incidents that pose an imminent danger to community safety, and diverting individuals to community resources that provide appropriate services. The BPD maintains a collaborative relationship with the behavioral health care system, people with lived experience, and advocacy groups in order to develop, implement, and evaluate a comprehensive Crisis response system that allows for the least police-involved response for persons in Crisis consistent with community safety.

Civil Rights. Members who respond to persons with Behavioral Health Disabilities or who are experiencing Crisis shall respect their dignity, civil rights, and contribute to their overall health, safety, and welfare. Even in Crisis, individuals with Behavioral Health Disabilities retain their constitutional rights, including their rights to liberty and due process. Consistent with these rights and Maryland law, a member may only detain and/or transport an individual for emergency evaluation or civil commitment if they present a danger to the life and safety of themselves or others (MD Health Gen. § 10 602 a).

Members and communications dispatchers shall be trained to i). Understand the value to society of persons with disabilities residing in the community; ii). Understand the need to avoid assumptions, stereotyping, and discrimination against persons with disabilities; iii). Increase awareness of bias as it relates to interactions with individuals who experience Behavioral Health Disabilities; and iv). Provide reasonable modifications to individuals with Behavioral Health Disabilities as needed.

Community and Officer Safety. The BPD supports the least police-involved response necessary for



Reporting



Reporting

If probable cause exists and an arrest for Child Sexual Abuse is immediately necessary, members shall *immediately notify the Child Abuse Unit* and submit a copy of the offense report to the Child Abuse Unit by the *end of their tour of duty*.



Members shall complete a *Crimes Against Persons report* indicating “Physical Child Abuse” as the offense when there is probable cause to believe Physical Child Abuse did occur.



Members shall complete a *Miscellaneous Incident report* for “Possible” or “Suspected Physical” when the preliminary investigation fails to develop sufficient evidence to substantiate the allegation. This report is mandated by state law.



Reporting Continued...

Members shall investigate each alleged incident of Child Neglect as a reportable criminal offense, and in addition, members shall complete a *Miscellaneous Incident report* for “possible” or “suspected” Neglect and print “Send Copy to Department of Social Services” on the first line of the narrative.



In cases of both Neglect and Child Abuse, members shall also make a written report and forward same to the Department of Social of Services ***within 48 hours after the member has reason to believe a Child has been subjected to Child Abuse or Neglect.***



Report must include the following:

Whereabouts of the Child;

An evaluation of the parents and home environment of the Child, if known;

Any other information that would help determine the cause of the suspected Abuse or Neglect and/or the identity of the individual responsible for the Abuse or Neglect;

Cause of injuries and identity of person(s) responsible, if known;

Nature and extent of the abuse or Neglect of the Child, including any evidence or information available concerning possible previous instances of Abuse or Neglect;

Anything of importance uncovered as a result of a thorough preliminary investigation;

Name and telephone number of any Department of Social Services personnel who are contacted and/or respond to the scene and whether the Child is removed from the house.



Child Abuse Unit (CAU), Special Investigations Section (SIS)



The Child Abuse Unit Shall...

Investigate Child Abuse cases that are life-threatening and/or require hospitalization. In cases involving life-threatening injuries, the Child Abuse Unit shall notify the Homicide Section to have a detective respond.

☐ Make regular contact with the Child victim and/or parent or guardian about the investigative progress until the final resolution of the case and proactively notify the victim of significant case updates.

☐ Investigate all incidents of Child Sexual Abuse and the rape or sexual assault of Children fifteen (15) years of age or younger, regardless of custodial issues.

☐ Complete all related field reports and schedule medical and follow-up examinations.

Investigate all incidents of Sexual Abuse of a 16 or 17 year-old perpetrated by a custodian, such as a parent, guardian, caretaker or a Household Member, or persons with temporary or permanent care of the Child.

Assume primary investigator responsibilities for all Child Sexual Abuse investigations for 1st and 2nd degree rape, and 3rd degree sex offenses



Forensic Interview

CAU shall schedule a Forensic Interview with the **Child Advocacy Center (CAC)**.

NOTE: If the Child is over the age of 12, a Child Abuse detective may conduct an interview, but only under extenuating circumstances such as a delay when an immediate interview is requested, and a forensic interview cannot begin within 2 hours of the request



A **Forensic Interview** is a developmentally sensitive and legally defensible method of gathering factual information regarding allegations of abuse or exposure to violence.

This interview is conducted by a competently-trained, neutral professional utilizing research and practice-informed techniques as part of a larger investigative process.

**KNOWLEDGE
CHECK
CONTINUED**

4 An officer who has reason to believe that a Child has been subjected to Child Abuse, Sexual Abuse, Sex Trafficking of a Minor or Neglect is a mandated reporter meaning members shall

A

Notify the Department of Social Services at 410-361-2235 and forward written report to the Department of Social Services within 48 hours

B

Notify the Sex Offense Unit at 410-361-2235 and forward written report to the Sex Offense Unit within 48 hours

C

Notify the Child Advocacy Center at 410-361-2235 and forward written report to the Child Advocacy Center within 48 hours

D

Notify the Chief of Patrol's Office at 410-361-2235 and forward written report to the Chief of Patrol's Office within 48 hours

An officer who has reason to believe that a Child has been subjected to Child Abuse, Sexual Abuse, Sex Trafficking of a Minor or Neglect is a mandated reporter meaning members shall

A

Notify the Department of Social Services at 410-361-2235 and forward written report to the Department of Social of Services within 48 hours

5

The Child Abuse Unit investigates

A

All incidents of Child Sexual Abuse and the rape or sexual assault of Children fifteen (15) years of age or younger, regardless of custodial issues.

B

All incidents of Sexual Abuse of a 16 or 17 year-old perpetrated by a custodian, such as a parent, guardian, caretaker or a Household Member, or persons with temporary or permanent care of the Child.

C

Incidents when Child is non-verbal and has sustained an injury

D

All of the above

The Child Abuse Unit investigates

D

All of the above

6

If the Child is a sexual abuse victim requires immediate medical treatment and is 12 years old or younger transport to

A

Johns Hopkins Children's Center
Emergency Department

B

University of Maryland Medical Center

C

Mercy Medical Center Emergency
Department

D

Grace Medical Center Emergency
Department

If the Child is a sexual abuse victim requires immediate medical treatment and is 12 years old or younger transport to -



C

**University of
Maryland Medical
Center**

Other Specialized Units



Required Actions of Specialized Units



- Upon request of the Child Abuse Unit, a Homicide detective shall respond to reports of Child Abuse involving life-threatening Injury.
- After consultation with a Child Abuse Unit detective and qualified medical personnel, the Homicide detective shall assume responsibility for the investigation if the Child's survival appears unlikely.

Homicide Section, Criminal Investigations Division

Required Actions of Specialized Units Continued...

- The Crime Scene Unit (CSU) shall take photographs of any Child who is the victim of suspected Child Abuse, Sexual Abuse, Sex Trafficking of a Minor or Neglect upon the request of the investigating officer and/or when photos are not taken by the Johns Hopkins Children's Center, University of Maryland Medical Center, or Mercy Medical Center.
- CSU shall photograph the Child in a private room out of public view, in the presence of a third party such as medical personnel, parent/guardian, or social worker.

○ *Crime Scene Unit*



Required Actions of Specialized Units



- Entry-level training and continuing education will be conducted in accordance with current Maryland Police and Corrections Training Commissions (MPCTC) requirements. Such training for all BPD members will cover at a minimum, but not be limited to, the following topics on a rolling basis:
- Guidance on how to conduct a trauma-informed response to calls of Sexual Abuse, Child Abuse, or Sex Trafficking.
- Guidance and training on minimal facts investigation techniques.
- Standards for report writing and documentation of the preliminary investigation.

*Education & Training
(E&T)*

Sex Trafficking of a Minor



Sex Trafficking of a Minor



Sex Trafficking of a Minor is causing a child (with or without force, fraud, threat or coercion) to engage in a commercial sex act or prostitution. This includes when a parent, guardian, or person with permanent or temporary care or custody or responsibility for supervision of a Minor consents to the taking or detention of the Minor for prostitution. A Minor engaged in any type of sex work is a victim of Sex Trafficking; also known as Human Trafficking. Maryland Criminal Law 3-1102

Identifying Sex Trafficking of a Minor

- Minor reports “consensual” participation in a commercial sex act including in exchange for food, shelter, transportation, drugs, money, status, etc.

1



- Minor reports being forced or coerced into sexual activity for the monetary benefit of another person.

2



- Law enforcement confirms through an investigation that the minor has been trafficked or engaged in any commercial, sexually exploitative activity.

3



Identifying Sex Trafficking of a Minor

The age of consent is 16 years old. Individuals aged 15 or younger cannot legally consent to sexual activity, and such activity may result in statutory rape charges.

However, sex trafficking of minors occurs when anyone under the age of 18, consenting or not, is involved in a commercial sex act.



Red Flags to Spot Sex Trafficking



Truancy/works more than they are in school/unexplained school absences.

An abrupt change in attire, behavior, or relationships.

Inappropriate dress for age and/or weather.

Sudden presence of expensive material possessions, e.g., expensive clothes or jewelry, multiple cell phones, large amounts of cash and/or pre-paid credit cards.

Chronic running away and/or homelessness.

Signs of psychological coercion, such as depression, anxiety, and/or being overly submissive.

Lack of control over their schedule, money, and/or proof of identification.

Red Flags to Spot Sex Trafficking Continued...



Signs of physical trauma, including bruises, cuts, burns, and/or scars.

Tattoos/branding marks, e.g. “Daddy’s Lil Girl”; barcode; initials; or symbols like \$ sign(s)

Poor health, e.g. STDs, malnutrition, untreated injuries and/or serious dental problems.

Substance abuse or addictions.

Presence of an older “boyfriend” or “girlfriend.”

Indications of domestic violence or intimate partner violence.

Signs of travel (hotel key cards or receipts), references to travel job opportunities (modeling, singing, etc.), or travel with older person who is not a guardian.

NOTE:



If multiple indicators are present, it does not confirm victimization. These are simply signs that law enforcement officers should keep in mind when assessing the totality of the circumstances.



**YOU HAVE COMPLETED THE
POLICY 1201 CHILD ABUSE
INVESTIGATIONS
E-LEARNING**