



# Policy 1201

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<b>CHILD ABUSE INVESTIGATIONS</b>	
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*By Order of the Police Commissioner*

## POLICY

It is the policy of the Baltimore Police Department (BPD) to investigate, consistent with the law, all reports of Child Abuse, rape, and other sexual offenses involving Children. BPD is dedicated to providing a Child victim-centered response to Child Abuse and maltreatment, seeking to minimize victim traumatization during the reporting and investigation process.

## CORE PRINCIPLES

**Community Partnerships.** No single agency has the training, manpower, resources, or legal mandate to intervene effectively in Child Abuse cases. No one agency has the sole responsibility for dealing with abused children. When a Child is Physically or Sexually Abused, the ideal response is for doctors to treat injuries, therapists to counsel Children, social service professionals to work with the Family, law enforcement officers to arrest the offender, and attorneys to prosecute the case. This is possible only if the agencies and organizations involved have an established process for working together to respond to Child Abuse cases.

**Comprehensive Investigations.** BPD is committed to engaging in Child Abuse investigations that display the utmost regard for a victim's physical and emotional well-being. BPD's role in investigating Child Abuse cases spans from the initial call for service, through the investigation, and to the court proceedings.

**Youth and Victim Services.** BPD complies with the policy of the Governor's Office of Crime Prevention, Youth and Victim Services, regarding the investigation of rape and sexual offenses:

- No law enforcement officer shall ask or require the victim of an alleged sexual offense to submit to a polygraph or other truth verification device as a condition for proceeding with the investigation of that offense.
- The refusal of a victim to submit to a polygraph or other truth verification test shall not prevent an investigation or prosecution from going forward.

**Trauma-Informed Response.** BPD is dedicated to providing a Trauma-Informed Response to all victims. Core to this understanding is understanding that Child Abuse and maltreatment is a traumatic experience with lifelong adverse effects. There is no typical reaction to being a victim of Child Abuse. It is important for all BPD members to understand that:

- All Children react differently to trauma. Lack of emotion or the presence of emotion is not an indicator of the legitimacy of the Child Abuse, and either reaction is common. Members should

validate the Child victim's perspective, assure the Child victim that their response is natural and understandable.

- Most Child victims never make a report and when a report is made, it is often delayed. Delayed reporting is common due to many factors, including the child's relationship to the offender, trauma, shock, denial, self-blame, threats or coercion by the suspect, caregivers, or an institution, or minimization of the incident, among many other possible reasons. Children may not understand what happened to them. A delay in reporting shall be considered normal, treated the same as recommended herein for all cases, and shall never deter a thorough investigation.
- Most Child victims and their caregivers experience continuing trauma that may affect their physical, emotional, social, and economic wellbeing. Due to on-going trauma, it may be hard for the investigator to keep in contact with the victim/Family, elicit all of the details they are seeking in the case, or clearly understand the event timeline. Members may minimize further trauma by creating a respectful, objective response rooted in understanding, patience, and compassion.
- Child victims may have trouble remembering details of the incident due to a number of reasons. This does not mean that the victim is lying or intentionally leaving out details. As trauma recedes, details may emerge. In addition, some youth may be reluctant to disclose abuse due to complicated dynamics with the abuser who are often times someone the Child knows and/or trusts.
- Trauma-informed care also extends to BPD members who, after exposure to the traumatic situations of victims, can experience vicarious trauma. Any BPD member who may have questions about their response to work-related trauma exposure is encouraged to contact the office of Officer Safety and Wellness for confidential support and services. See Policy 1703, *Employee Assistance Program*.

**Multidisciplinary Team (MDT) Response.** A functioning and effective multidisciplinary team (MDT) is the foundation of a Child protection team. An MDT is a group of professionals from specific, distinct disciplines that collaborates from the point of report and throughout a Child and Family's involvement with the various investigative roles of each team member.

A multidisciplinary, coordinated approach facilitates communication and information sharing, broadens the knowledge base for decision-making, fosters education, support and treatment for victims and families, and is recognized as best practice. This collaborative process is in accordance with Maryland Family Law § 5-706, Criminal Procedure § 11-928, National Children's Alliance accreditation standards, and recommendations from the US Department of Justice, stating that a coordinated team approach is the most effective response to Child Sexual Abuse and assault victims, ensuring competent, coordinated, sensitive and comprehensive services for the benefit of the Child, Family, and the community.

Locally, the MDT working with BPD, for Child victims and witnesses of Abuse, Trafficking, Neglect and other crimes, includes the Baltimore City Department of Social Services, the Office of the State's Attorney for Baltimore City, and the Center for Hope's Child Advocacy Center (also known as Baltimore Child Abuse Center or BCAC).

## DEFINITIONS

**Child** — Any individual under the age of 18 years old.

**Child Abuse** — Physical or Mental Injury of a Child under circumstances that indicate that the Child's health or welfare is harmed or at substantial risk of being harmed by a parent; a Household member or Family Member; a person who has permanent or temporary care or custody of the Child; a person who has responsibility for supervision of the Child; or a person who, because of the person's position or occupation, exercises authority over the Child.

**Child Advocacy Center (CAC)** — Nationally accredited agency that coordinates a multidisciplinary approach to help children and families through every step of the investigative process. Also referred to as Center for Hope (CFH) or Baltimore Child Abuse Center (BCAC).

**Family Member** — A relative of a Child by blood, adoption or marriage.

**Forensic Interview** - 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.

**Household** — The location at which the Child resides, where the Abuse or Neglect is alleged to have taken place, and/or where the person suspected of Abuse or Neglect resides.

**Household Member** — A person who lives with or is a regular presence in the home of a Child at the time of the alleged Abuse or Neglect.

**Mandated Reporters** — Police officers, health practitioners, educators and human service workers are Mandated Reporters under Maryland law. Mandated Reporters must report incidents of Child Abuse (Sexual or Physical) or Neglect as soon as suspected. Waiting for proof may involve grave risk to the Child and impede services to the Family. A Mandated Reporter who knowingly fails to make a report of suspected Child Abuse or Neglect is subject to civil liability and a criminal penalty.

**Mental Injury** — The observable, identifiable, and substantial impairment of a Child's mental or psychological ability to function caused by an intentional act or series of acts, regardless of whether there was an intent to harm the Child.

**Neglect** — the intentional failure to provide necessary assistance and resources for the physical needs or mental health of a Child that creates a substantial risk of harm to the Child's physical health or a substantial risk of mental injury to the Child.

**Nonverbal** — Inability to speak and/or communicate due to age and/or mental and/or physical impairment.

**Severe Physical Injury** — a physical injury resulting from cruel or inhumane treatment or as a result of a malicious act under circumstances indicating the child's health or welfare was harmed or threatened. A Severe Physical Injury is one that causes a substantial risk of death or causes permanent or prolonged injury. Examples of Severe Physical Injury could be: brain injuries/bleeding, burns,

scarring/disfigurement, starvation, broken bones, dislocations, torn ligaments or tendons, significant bleeding, or any other physical injury that creates a substantial risk of death. See *Maryland Criminal Law 3-601*.

**Sex Trafficking of a Minor** – 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*

**Sexual Abuse** — Any act that involves Sexual Contact with a Child, including any degree of rape or sex offense, incest, or unnatural or perverted practice, and attempts of those offenses; or exploitation of a Child, including but not limited to sex trafficking or attempted sex trafficking of a Child and/or violations or attempted violations of Child pornography or obscenity laws, by: a parent or guardian; a Household Member or Family Member; a person who has permanent or temporary care or custody of the Child; a person who has responsibility for the supervision of the Child; or a person who, because of the person's position or occupation, exercises authority over the Child.”

## **GENERAL**

### **Child Victim-Centered Response**

1. Members shall prioritize the safety, privacy and well-being of the Child victim and ensure compassionate and respectful delivery of services.
2. All members shall initiate investigations in a professional manner, free from bias and with knowledge of the rareness of false reports.
3. The first responding officer shall serve as the initial source of information for the remainder of the investigative team and must conduct themselves in a manner that demonstrates an understanding that their decisions can deeply affect the investigation and the Child victim, setting the tone for the entirety of a case. The period immediately following an identification of a survivor of Child Sex Trafficking, Sexual Abuse, and/or Child Abuse is critical for providing time-sensitive services and for developing initial trust and rapport with the Child, which can contribute to further engagement in the future.
4. Whenever possible, Children should be interviewed by the Child Advocacy Center soon after the initial disclosure of abuse. A Forensic Interview is a developmentally sensitive method of gathering information regarding allegations of abuse or exposure to violence.
5. Child victims are considered Children regardless of actions, appearances, socialization, and/or behavior that may appear adult in nature. Accordingly, all Child victims shall be treated with the age-appropriate sensitivity. It is important for members to recognize that it is the offender, not the victim, who is responsible for the Child Abuse.
6. Members shall timely respond to inquiries from the victim and parent/guardian and ensure that the victim or caregiver is kept up-to-date regarding the investigative process, to include providing

information on Sexual Assault Forensic Exam (SAFE) storage, testing and retention, arrests, and the filing of charges, to the extent allowable by law.

7. All members shall respond with sensitivity, compassion and professionalism to all victims, regardless of their sexual orientation, gender identity, socio-economic status, sexual behavior, substance use or abuse, mental and physical challenges, English fluency, work in the sex trade, or any other discernible personal characteristic (See Policy 317, *Fair and Impartial Policing*).
8. If during a Child Abuse investigation, the Child victim discloses their participation in prostitution or drug use, members shall not charge the victim with those crimes.
9. It is in the best interests of the Child victim, caregiver, member, and investigation to record an on-scene contact via BWC. If a Child victim or non-offending caregiver makes a request or expresses their preference for the deactivation of a member's BWC, the victim or non-offending caregiver should make this request on camera, and the member shall respect the victim's wishes. See Policy 824, *Body-Worn Camera*.
10. To preserve the dignity and privacy of the Child victim, members shall refer to the victim as "a Child." All BPD members shall limit communications that could identify the victim or private information related to the victim or incident.
11. 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.

## **DIRECTIVES**

### **Responding Patrol Members**

#### **Police as Mandated Reporters under Maryland Law**

12. Per Maryland Law, 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:
  - 12.1. Notify the Department of Social Services at 410-361-2235, and
  - 12.2. Provide a written report within 48 hours to DSS and copy the State's Attorney's Office
13. Failure to knowingly do so is a misdemeanor if the officer has actual knowledge of the Abuse or Neglect.
14. Immediately 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).

Initial Response

- NOTE:** If there is a language barrier, the responding member shall use the Language Line (1-844-898-7554) for immediate/emergency communication needs. When appropriate, the member shall request a Qualified Bilingual Member to assist in providing language access. See Policy 1735, *Language Access Services for Limited English Proficient (LEP) Persons* for further guidance.
15. 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.
  16. 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.
  17. The investigator 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.
  18. 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.
  19. 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.
  20. Within 24 hours after receiving a report of suspected Physical or Sexual Abuse of a Child or Sex Trafficking of a Minor members shall:
    - 20.1. Make in-person contact with the Child.
    - 20.2. Obtain minimal facts from the parent/guardian, caregiver, and/or reporting party.
    - 20.3. Interview Family Members, caregivers or possible witnesses who might provide relevant information. Ask only open-ended questions and avoid asking follow-up questions about facts related to the details of the abuse.
    - 20.4. Ensure that the Child victim cannot hear interviews with the parent/guardian, caregiver, possible witnesses and/or reporting party.
    - 20.5. Obtain minimal facts from the Child when information 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.
    - 20.6. Ensure the Child's safety and that of other Children in the Household.

- 20.7. Ensure the safety of other Children in the care or custody of the alleged abuser.
21. 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*.
22. 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.
23. 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).
24. The responding member shall notify the Child Abuse Unit immediately at 443-984-7378 or if after hours (M-F 11:00PM-07:00AM and Sat and Sun) notify the Communication Section's Shift Commander and request that a Child Abuse Unit investigator respond when any of the following situations exist:
- 24.1. For all Severe Physical Injury cases related to a victim of Child Abuse, Sexual Abuse, Sex Trafficking of a Minor or Neglect.
- 24.2. For suspected Child Abuse incidents that involve situations beyond the capacity of your supervisor and assistance is needed for clarification of investigative procedures.
- 24.3. The Sexual Abuse, and/or Child Abuse victim is a student or resident of a licensed day-care center or other institutional facility.
- 24.4. For Child Abuse cases involving a school teacher or other school professional as a suspect.
- 24.5. The Child is the victim of Sexual Abuse and 15 years of age or younger.
- 24.6. The Child is under 18 years of age and the victim of a Sexual Abuse perpetrated by a custodian, such as a parent, guardian, caretaker or a Household member.
- 24.7. The Child is Non-verbal and has sustained an injury.
25. For any suspected cases of Sex Trafficking of a Minor, members shall notify the Child Sex Trafficking Unit at 443-984-7385 or if after hours (M-F 11:00PM-07:00AM and Sat and Sun) notify the Communication Section's Shift Commander who will route them to the on-call detective for investigation.
26. Members shall identify and secure the crime scene for any potential evidence, protect the integrity of evidence and request assistance or direction from a Child Abuse detective regarding the collection or preservation of evidence per *Policy 1401, Control of Property and Evidence*.

**NOTE:** For safety, use biohazard safety techniques. Refer to Policy 810, *Bloodborne Pathogens and Human Bites* and Policy 706, *Hazardous Material Incidents*.

27. Members shall notify the Homicide Section immediately at 410-396-2100 if the Child sustained a life threatening Injury as a result of suspected Child Abuse.

Addressing Medical Needs - Physical Abuse

28. 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. See Policy 503, *Transportation of Passengers* for additional guidance. Children deemed in need of emergency medical services should have Emergency Medical Services (EMS) called for appropriate medical stabilization and transport. If the Child(ren) are registered and undergoing evaluation and treatment at another hospital, contact the Johns Hopkins Hospital Pediatric Emergency Room for guidance.

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

29. Members shall ensure the Crime Laboratory technician photographs all injuries.

Addressing Medical Needs – Sexual Abuse

30. 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 Hospital Pediatrics.

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

31. 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

32. 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, for example, unusual burn marks, bruising patterns, and a Child Abuse Unit supervisor has granted prior approval. Members shall note the approval in the report. Photographs of other injuries do not need prior authorization.



Temporary Removal of the Child

33. 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. The Department of Social Services will determine whatever appropriate action is necessary to protect the Child(ren).
34. In keeping with the Article – Family Law, §5-709, “Temporary removal of Child from home without court approval,” the Department of Social Services representative may enter the house, if the representative:
  - 34.1. Previously has been denied the right of entry, and
  - 34.2. Has probable cause to believe a Child is in serious immediate danger.
35. 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. If entry is gained by force, all pertinent information shall be documented in the preliminary investigative report.
36. 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*.

Victim Confidentiality

37. 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 refrain from using a victim's address or name on police radio, whenever feasible.

**REQUIRED ACTION****Responding Patrol Members**Reporting

38. 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.
39. 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.
40. Members shall complete a Miscellaneous Incident report for “Possible” or “Suspected Physical

Child Abuse” when the preliminary investigation fails to develop sufficient evidence to substantiate the allegation. This report is mandated by state law.

41. Members shall investigate each alleged incident of Child Neglect as a reputable criminal offense, and shall provide for appropriate medical treatment and notify the Department of Social Services by telephone or direct communication as soon as possible. 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.

NOTE: Arrests cannot be made solely for Child Neglect based on poverty.

42. In cases of both Neglect and Child Abuse, members shall also make a written report and forward same to the Department of Social Services within 48 hours after the member has reason to believe a Child has been subjected to Child Abuse or Neglect. Written reports must contain the following information:

- 42.1. Name, gender age, home address, and telephone number of the Child or other Children in the Household and of the parents or other persons responsible for the care of the Child(ren) in question.

43. If there are multiple Children, a report is required for each Child, including the following information:

- 43.1. Whereabouts of the Child;

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

- 43.3. 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;

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

- 43.5. 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;

- 43.6. Anything of importance uncovered as a result of a thorough preliminary investigation;

- 43.7. 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.

44. All Physical Child Abuse and Child Sexual Abuse calls, including unfounded calls, require a written report (X-Ray).

#### **Patrol Supervisor**

45. Patrol Supervisors shall ensure that:

- 45.1. Subordinates complete a thorough and complete preliminary investigation.

- 45.2. Subordinates conducting the preliminary investigation use investigative techniques particularly sensitive toward decreasing the Child's trauma.
- 45.3. Members make continual attempts to see the Child if the Child was not seen during the preliminary investigation.
- 45.4. 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.
- 45.5. Subordinates promptly submit Child Abuse reports (actual, suspected, or unfounded) for supervisory review.
- 45.6. Supervisors shall immediately respond to the scene if notified that a forced entry is necessary for the protection of a Child.

#### **Shift Commander**

46. Shift Commanders shall establish coordination between shifts, if necessary, to ensure the Child is seen within 24 hours.

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

The CAU shall:

47. Assume primary investigator responsibilities for all Child Sexual Abuse investigations for 1<sup>st</sup> and 2<sup>nd</sup> degree rape, and 3<sup>rd</sup> degree sex offenses.
48. 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.
49. 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.

**NOTE:** For cases of 16 and 17 year olds that do not involve custodians or persons with temporary or permanent care of the Child, those are handled by BPD's Sex Offense Unit.

50. Investigate Child Abuse cases that are life-threatening and/or require hospitalization (e.g., burns, broken bones, unconscious victim, etc.). In cases involving life-threatening injuries, the Child Abuse Unit shall notify the Homicide Section to have a detective respond. The Child Abuse Unit or the Homicide Section will assume responsibility for the investigation based upon the evaluation by medical personnel and the prognosis for the Child's recovery.
51. Investigate all Non-verbal Child victims who have sustained Injury, all teacher/school cases, and assist the Homicide Section with Child death cases.
52. Respond to the scene and assume responsibility for the investigation if the incident/allegation falls within the Child Abuse Unit primary responsibility.

53. Complete all related field reports and schedule medical and follow-up examinations.
54. 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

55. 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.

#### Training

56. CAU detectives will receive annual training while new detectives will receive orientation training and trauma-informed response training, as well as a review of the CAU SOP. Such training will cover, but not be limited to:
  - 56.1. Report writing, documentation of the investigation, and techniques for investigations of Child Abuse.
  - 56.2. Conducting trauma-informed investigations and interviews to allow for listening and clarification of victim's experience and the dynamics of Child Abuse.
  - 56.3. Taking statements from, interviewing, and interrogating suspects, including for non-stranger or drug/alcohol-facilitated assaults.
57. CAU supervisors will receive annual training on many of the above outlined topics, as well as on the supervision of Sexual Abuse, Child Abuse, or Sex Trafficking of a Minor cases, including case reviews and other ways to detect and prevent gender bias in the response to reports of Child Abuse.

#### **Commanding Officer, Special Investigations Section**

The Commander, SIS shall:

58. Maintain consistent review and oversight of each case assigned to the detectives under their command and follow the guidance on investigation supervision, accountability, and review as outlined in the CAU SOP.
59. Properly staff the CAU to ensure a detective is available to respond daily between 0700 hours and 2300 hours. During all other times, a duty detective shall be available through the Communications Unit.
60. Ensure all follow-up investigations pertaining to Sexual Abuse, Child Abuse, or Sex Trafficking of a Minor which fall under their purview.
61. Ensure administrative coordination and sharing of reporting between the BPD, the Department

of Social Services, the Health Department, Child Advocacy Center (CAC), and the State's Attorney's Office as it relates to incidents of Physical and Sexual Child Abuse.

62. Ensure regular participation and attendance at MDT Case Review and MDT Standard Operating Procedure meetings.
63. Upon receipt of a complaint of Physical or Sexual Child Abuse, send a complete written report of the findings in the preliminary investigation to the Department of Social Services and the Office of the State's Attorney for Baltimore City within 10 days.
64. Ensure a final report of the investigation is sent to the State's Attorney's Office within 30 days of the date of the preliminary report or request an extension if the investigation is not complete. Each extension may not be more than 30 days.

#### Homicide Section, Criminal Investigation Division

65. Upon request of the Child Abuse Unit, a Homicide detective shall respond to reports of Child Abuse involving life-threatening Injury.
66. 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.

#### Crime Scene Unit

67. 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.
68. 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.

#### Education & Training (E&T) Division

69. Entry-level training and continuing education (i.e., in-service training) will be conducted in accordance with current Maryland Police and Corrections Training Commissions (MPCTC) requirements. Training curricula will be developed by the Academy, in consultation with the CAU Commander or designee. Such training for all BPD members will cover at a minimum, but not be limited to, the following topics on a rolling basis:
  - 69.1. Guidance on how to conduct a trauma-informed response to calls of Sexual Abuse, Child Abuse, or Sex Trafficking of a Minor including cases presenting co-occurring crimes such as domestic violence, strangulation and stalking.
  - 69.2. Guidance and training on minimal facts investigation techniques.
  - 69.3. Response to non-stranger Child Abuse, alcohol and drug-facilitated Child Abuse, and where the victim is incapacitated or unable to clearly describe the assault.

- 69.4. Building investigations that are evidence-based and offender-focused.
- 69.5. Standards for report writing and documentation of the preliminary investigation.

## **APPENDIX**

- A. Information Sheet – Sex Trafficking of a Minor

## **ASSOCIATED POLICIES**

- Policy 301, *Code of Ethics*  
Policy 305, *Department Values, Vision and Mission*  
Policy 317, *Fair and Impartial Policing*  
Policy 503, *Transportation of Passengers*  
Policy 824, *Body-Worn Camera*  
Policy 708, *Rape and Sexual Assault*  
Policy 711, *Domestic Violence*  
Policy 1008, *Investigative Operations*  
Policy 1204, *Safeguarding Children of Arrested Parents*  
Policy 1206, *Investigations Involving Children Who Have Witnessed a Domestic Violence-Related Homicide*  
  
Policy 1401, *Control of Property and Evidence*  
Policy 1703, *Employee Assistance Program*  
Policy 1735, *Language Access Services for Limited English Proficient (LEP) Persons*

## **RESCISSION**

Remove and destroy/recycle Policy 1201, *Child Abuse Investigations*, dated 4 March 2017.

## **COMMUNICATION OF POLICY**

This Policy is effective on the date listed herein. Each employee is responsible for complying with the contents of this policy.

**APPENDIX A**

## Information Sheet – Sex Trafficking of a Minor

**Sex Trafficking of a Minor (anyone under 18)**

Generally, sex trafficking of minors is the commercial sexual exploitation of anyone under 18 years old for the purposes of prostitution, pornography, or sexual performance. Minors engaging in a sexual relationship may not constitute human trafficking. While the age of the individuals involved may be a violation of law, it does not default to a violation of trafficking in persons. 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. **NO EXCEPTIONS.**

**Identifying Sex Trafficking of a Minor**

Minor reports "consensual" participation in commercial sex. A commercial sex act includes prostitution, pornography, and sexual performance done in exchange for food, shelter, transportation, drugs, alcohol, money, status, or other items of value.

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

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

**Red Flags to Spot Human 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
- 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

**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.**

If you have any questions, please contact 443-923-7062.