



National **Public Safety**
PARTNERSHIP

Baltimore, Maryland

Victim Services Capacity Assessment Report

*Focused on Underserved Survivors, including Boys and Men of Color and
Those Impacted by Gun Violence*

July 2021

Public Safety Partnership Program

Victim Services Assessment Report

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Background and Assessment Activities

In 2019, Baltimore, Maryland’s largest city, entered the U.S. Department of Justice National Public Safety Partnership (PSP) program, which provides specialized expertise and support to cities throughout the country in their efforts to address and reduce violent crime. Through PSP, the Baltimore Police Department (BPD), staffed with over 3,000 personnel, has worked with federal, state, and local partners including the United States Attorney’s Office (USAO), the State’s Attorney’s Office (SAO), the Mayor’s Office of Neighborhood Safety and Engagement (MONSE) and others to promote public and community safety through interagency collaboration in service of the city’s 614,000 residents. As part of the coordinated training and technical assistance available through PSP, BPD and its partners jointly requested a Victim Services Capacity Assessment. Given the large and multifaceted scope of this important topic, the assessment was narrowed to a particular focus on underserved **victims/survivors** such as boys and men of color and those impacted by gun violence. Placed in the larger context of collaborative citywide response to **those impacted by violence**, the assessment aimed to produce findings and recommendations speaking especially to the role and capacity of BPD.

Victims / survivors / those impacted by violence – effort was extended throughout this report to use person-first language when practical; terminology may vary to acknowledge context around the expansive list of topics and stakeholders included in this assessment

PSP identified Assessment Team members with unique subject matter expertise related to victimization, trauma, and service accessibility to conduct this assessment—reviewing the complex intersections of BPD, those impacted by violence, and services within the justice system, community, hospital setting, and more (see Appendix A). Activity associated with this assessment was completed from January through June 2021.

The Assessment Team was tasked with developing an understanding of the existing landscape of victim services. The goals of the assessment were to:

1. Identify gaps and barriers to accessing services for victims of crime.
2. Identify issues that may contribute to a lack of engagement of victims and witnesses in criminal justice processes.
3. Review and analyze current policies and processes in place for protecting those impacted by violence and other victim safety issues.
4. Develop strategies for increasing collaboration among community stakeholders in order to provide trauma-informed services to victims of crime.

Research and Data Collection

The heart of this assessment was in the form of long-form, semi-structured interviews with a range of direct service providers and responders as described below. Assessment Team members also gathered and reviewed extensive background materials around the local victim services landscape, including current and recent programs. The team also reviewed PSP partners’ relevant policies and procedures, to include BPD, SAO, and USAO. Additionally, the team reviewed core documents speaking to the context of operations and collaboration to include recently completed assessments of related issues, Consent Decree implementation, public-facing documents addressing BPD’s strategic and transformational plans, and MONSE’s newly released Comprehensive Violence Prevention Framework and Plan. This

information was further supplemented through subscriptions to local newspapers to provide an understanding of current and rising local community concerns and perspectives.

Communication Strategies

Personnel Interviews

Assessment Team members communicated with diverse stakeholder organizations across the justice system, Mayor's Office, hospitals, Health Department, and community-based organizations to schedule identified personnel for interviews. The team completed 31 stakeholder interviews, totaling 65 individual participants. Stakeholder interviews were scheduled for 90-minute timeslots (with a range of 60 minutes to 120 minutes) and included group and individual interviews, yielding over 50 hours of in-depth perspective on the most pressing issues at hand. Team members used a standard guide during each interview, but they encouraged all stakeholders to engage in organic dialogue (see Appendix B). In all but three interviews, a minimum of two Assessment Team members conducted the interviews. The team recorded interviews with consent to facilitate accurate notes and provide content access to all team members; however, team members advised participants that no personally identifying information or comments would be directly attributed to those being interviewed. The team completed supplemental contact when they identified a need to clarify or expand upon information obtained during interviews.

Survey

The Assessment Team developed and conducted outreach to widely disseminate a survey to provide additional opportunity for input from stakeholders, specifically geared toward expanding participation and engagement beyond those participating in limited interview slots (see Appendix C). The Assessment Team received and reviewed seven survey responses to inform overall recommendations. While this response was lower than desired, notwithstanding multiple outreach efforts, it was also not a surprise. In addition to the common difficulty of obtaining survey participation from organizations and providers understandably prioritizing direct services, often crisis-driven work, the priority for this assessment was engaging participating organizations in full qualitative interviews as described above.

High-Quality Materials

Assessment Team members leveraged their expertise and skills around evaluating key capacity issues, especially those challenged by barriers to collaboration and tensions within and across partner agencies and organizations, the community, and victims and survivors at the heart of this assessment. Assessment Team members engaged in critical cross-review of local victim service information, interview summaries, supplemental contact, survey responses, and report content. This collaborative and multi-lensed approach helped to further a robust and accurate picture to form recommendations for the shared goal of a safer, more trauma-informed Baltimore.

Language Matters

Throughout this report, definitions for certain terms and concepts have been highlighted and detailed (also see Appendix H). These are terms and concepts that are broadly used and critical to the topic of this report, yet they may have multiple meanings or understandings to different people working in various contexts and capacities. Sometimes they have different meanings to people working in the same

contexts and capacities. This report directly includes definitions both to be clear about the authors' usage and also to model the importance of clarity over assumptions in this work.

Report Findings

Introduction

The response to those impacted by violence often has a direct and lasting impact on their lives, for some even greater than the underlying victimization itself. This response (or lack thereof) reverberates into communities, impacts healing, and influences the delivery and effectiveness of victim services. For many people impacted by violence, responses influence levels of engagement with criminal justice personnel and processes—those resulting from the victimization and well into the future.

For decades, diverse voices throughout Baltimore, from residents to mayors to rank and file officers have underscored the potential for foundational improvement of public safety that could follow from improved relationships between the Baltimore Police Department (BPD) and those impacted by violence.

City administrations have been elected and fallen promising improved safety; citizens have risen up demanding change; numerous departmental assessments have been completed and shelved; police commissioners have come and gone; terms of a federal consent decree have been imposed; innovative policies and trainings have been created; task forces have been formed; deep roots of persistent racism and corruption have been exposed.

And yet, this assessment demonstrated an overwhelming sense that many feel frustrated that there appears to be little evidence of significant positive change in the quality of relationships between BPD and those who feel least safe in Baltimore. This was expressed by committed individuals both within and external to BPD. Some even suggested conditions have continued to deteriorate. The widespread sentiment shared by a range of stakeholders critical to addressing the needs of those impacted by violence, and to addressing and reducing violence overall, is that BPD is trapped in a recurring cycle of dysfunction and reactivity. The unrelenting murder rate fuels an operating posture where collaboration, strategic thinking, more holistic strategies, and sustained commitment to the long-term, practical changes required for cultural transformation remain “a luxury” rather than a steadfast priority.

Among the interviews conducted, it remained a frighteningly common experience that when asked the standard interview question seeking of sharing a “success story” connected to their working relationship with BPD and effective engagement with victims of crime, there were often blank stares, nervous laughter, or unequivocal responses that unfortunately they did not have any examples. This question was often adapted to try to pull out something that had ever “gone well” and if there were any identifiable ingredients to that outcome. A notable exception to this, which will be explored in more depth in this report, were the many positives that emerged specifically regarding BPD’s homicide advocacy program and its dedicated staff. However, it was clear that a number of factors speaking directly to the capacity, reach, and stature of this program have greatly limited the potential of this invaluable work.

Overall, the interviews and other aspects of the assessment demonstrated the tremendous gulf between earnest efforts and commitments of leadership and many others within BPD, DOJ, and partners working

hard for change, and the persistent practical reality often felt by those impacted by violence across the City of Baltimore. Bridging this gulf between repeated promises of meaningful reform and the experiences of those impacted by violence remains more an aspiration than a reality. Many are growing less patient and less accommodating of the idea of “reform,” wanting nothing short at this point of transformational change.

It is important to note at the outset that the insights and feedback were not all negative. Numerous participants, even among BPD’s harshest critics, expressed a considerable level of empathy and compassion for the police. This was often couched in an acknowledgment of the staggering amounts of unaddressed trauma within the agency due to the nature of the job and recent events; how ill-equipped and ill-suited BPD is to effectively carry out many of the outsized responsibilities piled on its plate; and the lack of investment in many of the complementary programs and/or more appropriate responses necessary to address and reduce violence, and the layers of trauma surrounding it.

This compassion, empathy, and even shared frustration are promising and important assets for the work ahead, including implementation of many of the identified recommendations. There was a great deal of motivation and common ground contained within the over 50 hours of interviews conducted, that a new vision of shared safety and collaboration can and must be achieved.

Many acknowledged how difficult this will be. Historically, fear-filled rhetoric about rises in violence seen as threatening privileged, usually white communities, has been a factor in undermining moves toward meaningful reform. Recent news accounts highlight that those committed to dismantling oppressive and otherwise counterproductive components of law enforcement practices are once again being confronted with a dichotomy suggesting enforcement-oriented policing is the only avenue to public safety. Any effort by BPD or Baltimore City Government to bring about meaningful change in community relationships toward shared safety will need to squarely confront the destructive flaws in that argument, richly articulated by participants in this assessment over the last six months.

These conversations with BPD administrators and sworn staff, victim service providers in system-, community-, and hospital-based programs, and numerous other partners have highlighted multiple potential opportunities for changes in practice that this assessment will address. However, it has become clear that actual changes in outcomes will not be possible if not accompanied by courageous self-reflection, deep and widespread understanding about the impact of trauma, systemic inequity, the importance of collective healing, and a foundational shift in attitudes and relationships between BPD and the residents of Baltimore who are at greatest risk of harm.

During extensive information gathering about the needs of those impacted by violence, notwithstanding the complexity of these issues, some simple and hard truths repeatedly emerged. First and foremost is the reality that the citizens of Baltimore and those on the front lines of addressing violence want and deserve a more broadly defined vision of public safety, co-created with community. Another is that residents across the city, well beyond those seen and served as “victims,” are impacted by deeply entrenched circumstances that threaten their sense of safety every day. And most challenging is the harsh reality that no meaningful change to public safety will be achieved without directly acknowledging and addressing a centuries-old legacy of racial oppression, **structural violence**, and the role law enforcement has played, often with impunity from tangible **accountability**.

Structural violence – is almost always invisible, embedded in ubiquitous social structures, and normalized by stable institutions and regular experience. Structural violence occurs whenever people are disadvantaged by political, legal, economic, or cultural traditions. Because they are longstanding, structural inequities usually seem ordinary, the way things are and always have been.

Accountability – an obligation or willingness to accept responsibility or to account for one’s actions

The Pervasive and Enduring Role of Racism

The Centers for Disease Control and Prevention (CDC) recently declared **racism** a serious public health crisis, deeply embedded in nearly all aspects of society.¹ A large and growing body of literature demonstrates the profound negative impact on communities of color, including numerous compelling studies focused specifically on Black victims of violence in Baltimore.² It is no wonder the impact of racism on policing, victim services, and violence reduction fields was heard repeatedly throughout the interviews. In particular, the perception that some people’s harm matters far more than others based on skin color was shared in-depth. Though other factors such as socioeconomics and type of violence were also discussed, participants most frequently described these distinctions as drawn by race.

Racism – the systemic oppression of a racial group to the social, economic, and political advantage of another

The scourge of this enduring and largely unaddressed legacy, consciously or unconsciously, shades every policy and trust-building effort, informs nearly every interaction and derails any attempts at meaningful collaboration. For many interacting with BPD, it seems that, without acknowledgment and accountability for that legacy, BPD personnel will be locked into a culture that appears to condone, even encourage, an approach to law enforcement that is dependent on coercive control and fear rather than protection.

The historical role that the law enforcement profession played in maintaining slavery through slave patrols came up in multiple interviews from participants connecting the dots of this painful history to their observations of the distrustful and fear-based dynamics today. It is obvious to many that Black and brown bodies have been historically viewed as a threat by law enforcement and in society more broadly, less worthy of compassion

Dehumanizing – depriving someone of human qualities, personality, or dignity; demeaning or damaging to a person’s humanity or individuality

¹ “Racism and Health.” <https://www.cdc.gov> 2021. 25 June 2021.

² Currie, E. *A Peculiar Indifference: The Neglected Toll of Violence on Black America*. (New York: Metropolitan Books, 2020).

in the wake of harm if worthy at all. These persistent attitudes undergird the web of disparities found throughout public life, including a sense of continued impunity for disparate or **dehumanizing** treatment from BPD.

Many also acknowledged that talking about racism inevitably evokes fear, anger, defensiveness, and other uncomfortable emotions in many, especially in the absence of “safe” and well-facilitated spaces, making acknowledging and working through these dynamics exceedingly difficult. However, the assessment made clear that every individual committed to improving public safety in Baltimore will need to muster the emotional courage to squarely acknowledge and move to a place of authenticity in addressing the racialized reality we collectively participate in every day.

The historic record and lived experience of many residents are replete with examples of how strategies for controlling communities of color have influenced policing and the victim service infrastructure and traumatized those communities with little or no discernible accountability. Tragically, the resulting values and systemic “muscle memory” foster a deeply rooted bias that non-white bodies are less deserving of humanity than white bodies, which repeatedly undermines public safety.

Whether deliberate or socialized, the routine devaluing of others because of race, ethnicity, class, sexual orientation, gender identity, or religious beliefs inevitably leads members of those communities to view law enforcement as a hostile or even occupying entity, rather than a protective one. As emerged in numerous ways throughout the assessment interviews, this has particular implications for those impacted by violence. Any model of policing that focuses primarily on identifying, detaining, and confining those identified as the “perpetrators” who are disproportionately people of color *and* disproportionately those most-harmed, yet least-understood or embraced as victims of crime is doomed to an inevitable comparison with slave patrols interwoven into the evolution of law enforcement in this country. These truths are deeply ingrained in the cultural memories of Black residents throughout the country and in Baltimore.

Summary of Key Findings and Themes

With that challenging cultural legacy as the backdrop to any discussion of improving interactions between BPD and the community it serves, it is unsurprising that the need for **building trusting relationships** arose as a dominant thread interwoven through all interviews. But what emerged even more starkly is how the potential for trusting relationships is repeatedly undermined by deeply ingrained, destructive misunderstandings about the impacts of trauma, or neglect of its role entirely. With each interview, it became clearer that both within the ranks of BPD and its partners, and in the neighborhoods of Baltimore, decisions influenced by unacknowledged, unaddressed, and unhealed trauma, and resulting maladaptive survival strategies, are wreaking havoc in communities and undermining responses to violence overall.

Addressing the impacts of that trauma and correcting the resulting faulty assumptions within BPD, its partnerships, and among the residents of Baltimore about how trauma influences behaviors were identified as foundational to healing relationships in the city. From a squarely pragmatic perspective, it is foundational to curbing gun violence and many others forms of harm - certainly at the substantial

levels and sustainable goals articulated within Mayor Scott’s newly released Comprehensive Violence Prevention Plan.³

Also related to the bold and expansive vision of safety and the process for achieving it advanced by the new plan is the theme that emerged in this assessment that **public safety** means different things to different people in the community and across systems of response. These different criteria for measuring success and staying safe can lead to critical misunderstandings and seemingly contradictory priorities. Not to be confused with universal agreement, a more collaborative approach to elevating a greater diversity of perspectives in order to cultivate shared understanding across safety priorities, and working from a place of common ground, has the power to be transformative for the city.

Extensive research and lived experience demonstrating that many harmful behaviors result from trauma response rather than from bad or irredeemable character can be instrumental in powerful shifts in approaches to violence and how entities do business. It can greatly enhance effectiveness while humanizing all parties, even while seeking meaningful accountability for harm that has been caused.

Participants within BPD and other organizations serving those impacted by violence repeatedly highlighted the value of BPD personnel receiving thorough training in trauma-informed practices from the academy forward. Expected practice should include demonstrating greater compassion toward victims, and for **empathy being considered a requirement** for successful investigations rather than a distraction. These shifts will require particular attention paid to the wellness of BPD staff. This includes a commitment that services to address vicarious and historic trauma are provided and made culturally acceptable for all BPD personnel.

Areas of particular importance for improvement discussed at length in the subsections below included taking urgent steps toward more **Trauma-Informed Response at Crime Scenes and Death Notifications**; how the lack of transparency, expectation management, and other manipulative **practices to compel “cooperation” from community members undermine both victim healing and investigations**; and the long-term harm caused by **coercive and counterproductive practices in hospital settings**.

Citing **the power of trust and meaningful relationships in eliciting collaboration** (or absence of trust and meaningful relationships), many noted the complex motivations that lead **victims to disengage from the criminal justice process and from services; reasons that extend well beyond the “Stop Snitching” culture frequently cited by law enforcement**.

Many identified **notions about “deserving v. undeserving victims”** as imposing a hierarchy of survivors which shapes views about **who should be counted as “People Impacted by Violence”** in ways that undermine and distort notions of public safety. For instance, for historic and ever-present reasons in policy, funding, and culture, Black men and youth who experience gun violence often are not held in the same light as white victims and across other crime types. Also, as a result, many victim-

³ Baltimore City Comprehensive Violence Reduction Plan. <https://mayor.baltimorecity.gov/sites/default/files/MayorScott-ComprehensiveViolencePreventionPlan-1.pdf>. July 2021.

service resources are not tailored to nor appropriate for boys and men of color, who are often relegated by default to a role of “perpetrator.”

One issue identified by many as urgently in need of attention for changing dynamics in communities most impacted by violence are the multiple existing **barriers to relocation and other critical tools for addressing urgent safety needs**. For many people impacted by violence, particularly gun violence, who face urgent and grave threats to their safety, there is very little in place bridging the gap between their well-founded fear and actual resources available and current practices to keep them safe. Growing and reimagining these resources was seen as paramount, not only for protecting the sanctity of human life, but as a key component in bringing down Baltimore’s homicide rate. This was one of many findings in the report that can help illuminate the current implementation of the **Group Violence Reduction Strategy** in Baltimore, including filling gaps in resources that may be critical to its success.

Many of the concerns raised about meaningful support for those impacted by violence relate specifically to breakdowns in communication, insufficient funding for services, and known barriers to protecting victims within structures ostensibly created to serve people who have been victimized. Among these alarming findings was a widespread **lack of awareness of the landscape and resources currently available for survivors** among BPD personnel and across partners. This includes a remarkable **underutilization and lack of appreciation for the role of the victim service personnel and other professional staff within BPD**.

Other factors that arose as especially critical to meaningful services for people impacted by violence included the **implications of underfunding and the lack of awareness of the role of Community Violence Intervention (CVI) and Healing Programs**. There is a widespread perception that BPD is missing opportunities to tap into and where appropriate follow the lead of CVI program expertise regarding needs and dynamics in the community directly relevant to curbing gun violence, and which is inherently overlapping across all entities’ public safety goals. Imperative to a more collaborative working relationship and to these goals overall, a need was repeatedly expressed for BPD to address additional internal learning and/or policy changes needed to prevent personnel from actively impeding CVI effectiveness.

Multiple participants stressed the **need for strengthened coordination across victim service partners** and improving mechanisms for **information sharing across needed partnerships**, including navigating legal issues to overcome challenges in both over- and under-sharing of information that can harm survivors and impede public safety goals.

Addressing the many **challenges with victim compensation** is an area with enormous implications for the well-being of individuals and families impacted by violence, and the willingness and ability of the community to care for its most vulnerable members in the wake of harm.

The role and purpose of the federal consent decree also emerged throughout the assessment. While some participants commented on its positive changes large and small over the last four years, and even more so on its potential, many spoke at length about what feels like an intractable disconnect between the consent decree’s goals and requirements of community-oriented, constitutional policing, and the reality for people impacted by violence, particularly those at highest risk. Participants shared in-depth insights about the ways in which even the boldest, well-funded attempts at meaningful policy and practice change

are doomed to fail without the requisite heightened level of accountability at all levels within BPD to a new way of doing business, which many asserted is still far from where it needs to be.

The Notion of “Deserving” v. “Undeserving” Victims, including the Problematic Dichotomy between “Victims” and “Perpetrators”

Professionals who serve those impacted by violence repeatedly shared that the most successful healing process for those who encounter law enforcement after victimization is connected to a compassionate

Dignity – an irrevocable birthright, guaranteeing all people a sense of inherent human value and self-worth, independent of what a person does. Dignity is different from respect, which much be earned.

response by police, and the completion of thorough investigations that honor the **dignity** of those involved, including the officers themselves. Throughout this assessment, service providers working in a range of settings shared stories illustrating that some survivors, specifically Black victims and other survivors of color, experience treatment akin to being suspects instead of people who have been harmed. The notion of “deserving victims” has created a hierarchy

around survivors and reinforces the notion of white body superiority as the standard. Black men and youth who experience gun violence often are not held in the same light within the system of support as white victims, particularly more affluent white female victims impacted by other types of crime.⁴ This is not specific to criminal justice or victim services, as these dynamics are also well documented in media and other venues.⁵ A further impact is the inevitable result that many victim service options are not tailored to nor appropriate for boys and men of color. This advances the longstanding reality that these victims of violence typically slip through the cracks,⁶ as will be discussed in further depth in this report.

Additionally, the simple but critical understanding that “hurt people hurt people” is a growing concept backed by a mountain of research on the impacts of trauma. An awareness that people who have been harmed can also cause harm, and that often these are related, is essential to embracing people as complex beings with multiple needs, best served through collaborative efforts. Growing literature is more explicitly highlighting the many ways in which the typical trauma responses of some are criminalized, in both the education and justice systems, while the trauma responses of others are readily acknowledged and treated as worthy of compassion and support.

This is further complicated by the fact that having a criminal record or other forms of previous system involvement is not mutually exclusive to having been a victim, nor even necessarily synonymous with having perpetrated a violent crime. Yet having a criminal record is often implicitly or explicitly prohibitive from being seen and served as a victim, regardless of the underlying events. It is also well-documented that certain conduct, such as the self-protective measure of carrying a weapon is disproportionately criminalized along race and zip code lines.

⁴ Warnken, H. “A Vision for Equity in Victim Services: What Do the Data Tell Us About the Work Ahead?” <https://ncvc.dspacedirect.org/handle/20.500.11990/2223> 2021. 25 June 2021.

⁵ White, K., Stuart, F., and Morrissey, S. L. “Whose Lives Matter? Race, Space, and the Devaluation of Homicide Victims in Minority Communities.” *Sociology of Race and Ethnicity*, September 2020; Ravid, I. “Inconspicuous Victims,” *Lewis & Clark L. Rev.* 25(2) (forthcoming), 2021.

⁶ Sanchez, A. and Stewart, K. “Reaching out to Males Survivors of Violence.” www.healingjusticealliance.org 2018. 25 June 2021.

Consent Decree

BPD has already engaged in numerous activities designed to shift the tenor of these relationships and change practices for the better, particularly in the past four years as mandated by the federal consent decree. However, during the assessment, many spoke at length about what feels like an intractable disconnect between the consent decree’s goals and requirements of community-oriented, constitutional policing, and the reality for people impacted by violence, particularly those at highest risk.

Numerous reasons were offered for this disconnect, including the fact that the consent decree did not focus specifically on issues surrounding violent crime beyond sexual assault. This limitation left a log jam of policies on stop, search, arrest, and other topics now consuming BPD’s attention. While these topics are obviously important, the assessment revealed the current approach is often disconnected from the overlapping implications for adjacent policy and practice touching the lives of victims of crime. Despite BPD’s stated intent to shift culture by teaching the “why” behind updated policies, among other expansive activities carried out under the consent decree, numerous interviews highlighted the missed opportunities to connect the dots.

In fact, midway through the assessment, a civil rights lawsuit was filed alleging in great detail a series of Fourth, Fifth, and Fourteenth Amendment rights violations by BPD of people impacted by violence, focused on gun violence victims—routine practices we were learning of and planning to highlight in this report.⁷ Though these will be discussed further in the hospital-setting section of this report, a detailed review of this complaint by any relevant personnel is imperative. This development was largely unknown to law enforcement at the time of the assessment, yet it lays out numerous critical issues and their specific connection to existing BPD policies and practices, providing further detail than the parameters of this assessment would allow.

Numerous stakeholders described prior attempts to bring these issues to BPD’s attention, hoping to collaborate to improve the response to victims and the working relationships with service providers. However, despite the commitment to problem-solving principles specified in the consent decree, BPD did not prioritize these issues while they escalated to a class action lawsuit.

Neglect of these concerns resulted in the persistence of unnecessary and exacerbated traumas, heightened vulnerability for repeat victimization for numerous gun violence survivors, and corrosive impacts on the community’s trust and level of engagement with BPD. It also contributed to a perceived drain on the limited capacity of victim service providers in Baltimore, including hospital-based staff, case managers, pro bono attorneys, and more. These providers continue to spend an unnecessary and inordinate amount of their time defending impacted survivors’ interests and dignity (survivors sometimes literally fighting for their lives), and advocating for more **trauma-informed**, constitutionally sound practices by BPD. Ideally, they would be free to instead engage in proactive provision of support services that foster healing, mitigate

Trauma-informed – an approach involving educating victims, service providers, and the general community about the impact of trauma on the health and well-being of the victim; attending to the victim’s emotional and physical safety; and using resources, services, and support to increase the victim’s capacity to recover.

⁷ Cottman, F., Gray, D., and Spencer, A. “Class Action Complaint and Jury Demand.” https://lawyerscommittee.org/wp-content/uploads/2021/04/FILED_BPD_Complaint.pdf.

risk of repeat victimization or retaliation, and otherwise address the many needs of survivors left in the wake of gun violence.

The profound sadness and frustration revealed by those on the front lines of these challenges, trying to educate and collaborate toward better outcomes, was palpable. For many, the exhaustion in the face of setbacks, and the backdrop of a consent decree they feel they have no choice but to question, often seems like it steepens an already uphill climb of preventing violence and interrupting cycles of harm.

Others within BPD, or who otherwise spoke from poignant windows into its internal culture, pointed to a lack of cultural congruency within the agency. This is furthered by mixed messages (including superiors who seemed to be “talking out of both sides of their mouth”) regarding consent decree implementation, and the implicit and explicit relics of an entrenched BPD culture standing in its way.

Some spoke in depth about the ways in which even the boldest, well-funded attempts at meaningful policy and practice change are doomed to fail without the requisite heightened level of accountability at all levels within BPD to a new way of doing business, which many asserted is still far from where it needs to be. Some pointed to the value of better metrics by which sworn personnel are actually held accountable to necessary facets of behavior change; for example, the graduated steps that were vital in the implementation process of making sure body-worn cameras were actually turned on.

Others expressed more clarity is needed surrounding the “why” behind various areas of the consent decree’s agenda for change. In fact, an overwhelming inconsistency of messaging surrounding the consent decree emerged, from denigration of it as a hindrance to BPD functioning, investigations, and therefore to public safety; to others expressing tremendous gratitude for it as one of BPD’s greatest assets. Many noted its potential, not just in its tools for mandating constitutional policing and improving community relations, but in turning the tide in BPD’s emergence as a more effective collaborator in the citywide effort to address and reduce violent crime.

Overall, it was clear there are opportunities for doing more to tell the story of BPD’s efforts under the consent decree, and to engage in meaningful two-way dialogue about the reality of its intended impact. Currently, the existence of website and email updates, convenings, or attendance at certain meetings or community events, is not going far enough to build awareness or faith from some of BPD’s most critical partners in reducing violent crime. Open comment periods on policy drafts or documents as consequential as the Community Policing Plan⁸ are not meaningful without a range of proactive efforts to elicit a diversity of not just feedback but dialogue. Centering dialogue is critical, especially for those who do not have the capacity, level of confidence, or safety to accept these invitations if they are even aware of them. The assessment revealed the potential of doing this directly with those most impacted by violence and the people serving them every day.

In addition to further opportunities to hear from a diverse swath of community voices on these issues, some noted the need for “safe spaces” internally: opportunities for leadership and those otherwise with decision-making authority to hear openly and honestly from sworn and professional staff at all ranks will promote more accurate assessment of progress in culture change. Numerous participants discussed the

⁸ Baltimore Police Department Community Policing Plan.
<https://public.powerdms.com/BALTIMOREMD/documents/435325>. April 2020.

ways in which this difficult work requires a deep dive into the views and perspectives of BPD regarding the community, as well as the other way around. The 18 months of facilitated conversations with BPD following the death of Freddie Gray revealed important truths and painful insights across ranks. The current assessment revealed firsthand and secondhand concerns that for too many BPD personnel, these fears and resentments remain, though may not be reaching leadership in authentic ways.

The corrosive impact of the Gun Trace Task Force scandal also emerged. In particular, the sense that the devastation and even validation of community members fearing BPD as victimizer rather than guardian of crime victims remains largely unacknowledged. All who commented on this understood the actions of the officers implicated as reflective of something much bigger—a *dysfunctional culture and lack of internal accountability mechanisms*. These conditions undermine internal and external confidence and persisted brazenly throughout a federal investigation and into the consent decree. Questions consistently arose about accountability for the factors within BPD that nurtured that reality, and if they could persist then, what assurances exist for why they do not now. To the extent that this messaging and two-way dialogue with the community continues as part of the consent decree or otherwise, it is not reaching some of BPD’s most significant partners in addressing violent crime.

There are numerous additional policies and practices that BPD and its partners can urgently embrace with the potential to make a world of difference in the lives of people impacted by violence, many of which the assessment recommendations directly include. However, these too will be unsatisfying or unsuccessful if the culture and climate surrounding them do not change. Lasting improvements that will be felt in the lives of those impacted by violence and within BPD’s most critical partnerships demand that destructive values and attitudes toward individuals and communities bearing the brunt of violent crime finally and permanently be discredited and abandoned.

No one participating ever mistook this work of profound change as easy or swift. However, four years of dedicated effort under a consent decree have demonstrated that good intentions (and considerable financial investments) are not enough. Courage is required – not only the courage to face violence in communities but the courage to look inward and embrace uncomfortable yet necessary change.

Who Should be Counted as “People Impacted by Violence”

The introduction of a trauma-informed perspective has expanded the understanding of how people are affected by exposure to trauma and the very real effects of secondary exposure. The accompanying research has also provided a greater appreciation of the complex, often-maladaptive survival strategies people use to cope with the aftermath of a traumatic event. It is now known that many of those coping strategies can result in harmful behaviors and other negative outcomes. A key takeaway from this large body of complex literature for residents in the most violent communities and the professionals that serve them perhaps can be summed up as follows: “The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”⁹

⁹ Remen, R. N. *Kitchen Table Wisdom: Stories that Heal* (New York: Riverhead Books, 1996).

How these concepts are interpreted and incorporated into routine responses to community violence has enormous implications for effective intervention. Labels can be supportive or shaming and are often a detriment to understanding complex situations. “Person-first language” was first introduced by people with disabilities who did not want to be labeled by a single characteristic. So, for example, someone labeled “a schizophrenic” might prefer being described as “a person with schizophrenia,” allowing for the possibility they might also be a martial arts instructor or a Nobel Prize winner in physics or a parent.

The need for people impacted by violence to be seen in their full humanity, rather than through a singular label defining them, often by their worst day, as “victim,” “witness,” “survivor,” “next of kin,” or even “perpetrator” was raised repeatedly, by people in law enforcement as well as those in victim services and community organizations. For the most meaningful interventions, many prefer an expanded understanding which is integrated into practice of who counts as “people impacted by violence.” The circle widens from individuals who directly experience a physical, sexual, or emotionally violent event out to those who’ve witnessed it, those who hear about it, those who change their routines as a result of it, and those who know the people involved. This expansion creates powerful common ground with those within BPD exposed to violence.

Ultimately, everyone in a community is affected in large and small ways. To achieve PSP partners’ current vision for Baltimore of safety co-created with community, and in which all city agencies play a role, far more people need to recognize they have been affected, acknowledge the impacts, and understand that healing is possible. And far more people must be empowered (not shamed) to take steps to address the feelings and coping strategies that arise in response to the impacts of violence.

Impact of Trauma on Victims

As confirmed throughout the assessment, leading with a universal assumption of trauma is recommended when working with those impacted by violence. This is in no way intended to stigmatize trauma survivors but to normalize harm in an effort to normalize healing. With an expanded understanding of trauma, specifically trauma responses, services can be framed with a more inclusive and flexible lens. This universal assumption of trauma can also serve as a powerful tool to shift biases about people and their survivorship. It can lead to opportunities to ask more questions about what people actually need to heal and feel safe, guided by a more evidence-based incorporation of historical, systemic, and individual trauma into collaborative victim service work.

Trauma reactions vary across people and cultures but there appears to be an element of fear that consistently impacts equitable access. An expanded understanding of trauma reactions is necessary to effectively respond to a broad spectrum of those impacted by violence. A survivor experiencing nightmares after a victimization represents a trauma reaction, just as another survivor deciding to carry a weapon also may represent a trauma reaction, particularly in the absence of other supports. Fight, flight, freeze, and fawn responses are still occurring in the body. Those internal body responses to threats can have long-term health outcomes for survivors (e.g., sleep disturbance, hypertension, early death).

In fact, there are striking differences in average life expectancy across certain Baltimore zip codes with the highest rates of gun violence, concentrated poverty, and other stressors compared to more affluent communities that are well-documented in public health data, i.e. 84 years in Homeland compared to within the 60s in Clifton-Berea, Greenmount East, Upton/Druid Heights and others, despite their close

geographic proximity within the same city.¹⁰ Many in Baltimore and across the country are unifying around the need to understand violence as a public health epidemic. This desire was frequently expressed in this assessment, and these local statistics are emblematic of understanding violence through a public health lens.

Contrary to this approach, some expressions of trauma reactions are often evaluated solely through a lens of legal vs. illegal behavior, exiling many from the “victim” label standing frequently as the gateway to sympathy and support. When this limited perspective is applied, and underlying trauma reactions are not seen or recognized as the priority, there is minimal opportunity for survivors to heal, and therefore missed opportunity for prevention of future victimization or perpetration of harm.

A thorough understanding of the impacts of Adverse Childhood Experiences (ACEs)¹¹ is a useful first step in expanding the effectiveness of responses and services for anyone whose work brings them into contact with those who have been exposed to high rates of trauma. First published 20 years ago, the original study sample of people covered by Kaiser Permanente insurance was 70 percent white and did not include many groups likely to have higher rates of trauma.

Subsequent ACEs studies have now been sponsored by CDC and replicated with consistent results in 25 states. Adults are now surveyed about potentially traumatic childhood experiences including physical, sexual, and emotional abuse and neglect; witnessing community violence; parental substance abuse, mental health problems, or separation; and attempted or completed suicide by a family member or a family member incarcerated.

Nearly two-thirds of those surveyed, across all racial, class, and economic divides, reported at least one adverse childhood experience. One in six reported four or more. A majority of the population is living with the effects of trauma. This includes doctors, teachers, businesspeople, police officers, people in the Mayor’s Office, the State’s Attorney’s Office, victim service providers, law-abiding residents, and those who commit crimes.

Results of these studies have repeatedly found that a direct and increasing risk for a number of health and behavioral outcomes is related to the number of adverse childhood experiences an individual has had. The studies consistently show how prior traumatic experiences can factor into violence, addiction, and other risky or harmful behaviors that BPD confronts every day.

While in no way absolving harmful or problematic behavior, the knowledge that the source of it is often trauma-reactive rather than bad or irredeemable character flaws offers the opportunity for a radical shift in how law enforcement responds to or conceptualizes a given situation. It expands the vision needed to see and serve a greater diversity of victims of crime. While it is often stated within criminal justice that “today’s victims are often tomorrow’s perpetrators” and vice versa, this well-documented reality has often not translated to policy and practice in law enforcement and beyond.

¹⁰ “Neighborhood Health Profile Reports.”, *Baltimore City Health Department*, 9 Jun. 2017, health.Baltimorecity.gov/neighborhood-health-profile-reports.

¹¹ “Adverse Childhood Experiences (ACEs).” <https://cdc.gov> 2013. 25 June 2021.

Based largely on ACEs and other groundbreaking work in this area, such as the Defending Childhood Initiative out of the Department of Justice, the term “exposure to violence” has gained tremendous traction. But it's important to note that not all exposure is created equal, and a growing body of literature demonstrates the disservice to victims at the highest risk through the increasingly oversimplified and ubiquitous use of this concept.

Research based in Baltimore in particular is illuminating. Researcher Jocelyn Smith coined the phrase “unequal burden of loss” to help more accurately capture what the disparities in exposure to violence actually mean.¹² Smith’s work in a Baltimore neighborhood where 9 in 10 residents were Black, and half the families live below the federal poverty line, found that among 40 young men age 18–24 in a neighborhood youth program who had experienced homicide,¹³ they had collectively experienced the deaths of 267 peers, family members, and other important adults in their lives. Nearly half were homicides. Only three of the youth had not suffered the loss of a biological family member or close peer to homicide. All the rest had suffered an average of 3 and up to 10 each. These losses are profoundly disruptive on multiple levels, leaving youth to process death, while still negotiating the constant threats to their own mortality.

Other researchers such as Bell and Jenkins have deepened understanding of the concept of futurelessness among those exposed to endemic violence in their home and community.¹⁴ This is in juxtaposition to growing research within victim services measuring and quantifying the significance and necessity of hope amongst survivors for them to heal and thrive.¹⁵ Futurelessness can actually be a highly adaptive strategy. But it backfires for young people and others impacted by violence when it undercuts their ability to engage in long-term endeavors like schooling and work. What sense is there preparing for a future when you have good reason to believe there may not be one?

Many of these individuals experiencing the highest rates of victimization are not seeking to be seen by BPD as victims, and in fact, reporting rates of violent crime overall are quite low (with 42% of victims of serious violence overall choosing not to report to police).¹⁶ Setting this aside, however, law enforcement undoubtedly plays a significant role in ensuring the needs of those impacted by violence are broadly understood and effectively met—through direct interactions, or partnerships and collaboration with other agencies and organizations better positioned to directly meet those needs, beyond even just for those victims who report. Especially for crimes such as gun violence, more likely to be on the radar of law enforcement, these initial interactions frequently set the trajectory for the needed support that is to follow or lack thereof.

¹² Smith, J. R. “Unequal Burdens of Loss: Examining the Frequency and Timing of Homicide Deaths Experienced by Young Black Men Across the Life Course.” *American Journal of Public Health*, 105(S3), (2015): 483–490.

¹³ Ibid. The sample was taken from the Striving for Upward Progress Youth Development Program (SUP). SUP program members who self-identified as Black, male, 18 to 24 years of age and reported experiencing a homicide-related death were eligible to participate.

¹⁴ Bell, C. C. and Jenkins, E. J. “Traumatic Stress and Children.” *Journal of Healthcare for the Poor and Underserved*, 2(1) (Summer 1991): 176.

¹⁵ See Alliance for Hope International, “Resources Tab,” <https://www.familyjusticecenter.org/resources/>.

¹⁶ Wamken, H. and Lauritsen, J. “Who Experiences Violent Victimization and Who Accesses Services? Findings from the National Crime Victimization Survey for Expanding Our Reach.” <https://ncvc.dspacedirect.org> 2019. 25 June 2021.

Safety and Trusting Relationships

Safety is nearly universally identified as a critical value and goal by community members, victim service providers, people impacted by violence, members of BPD, MONSE, SAO, USAO, and others concerned about the well-being of Baltimore. However, the assessment interviews demonstrated that “safety” means many things to many people.

Multiple conversations suggested that, well beyond official crime statistics, developing a shared understanding of what contributes to making residents in all parts of the city actually *feel* safe carries the potential for a dramatic, positive shift in relationships throughout Baltimore. Many rejected reported crime statistics as the most pertinent barometer, both because of the level of unreported victimization, and the way in which it ignores the crisis of confidence in the criminal justice response. Currently, there are stark differences separating the many definitions of “safety” and the lens through which individuals measure it in Baltimore, yet there is also a great deal of common ground. As apparent in the interviews, Safety is not *just* being protected from random and directed gun violence.

It’s not *just* avoiding robberies, carjacking, or drug-dealing.

It’s not *just* about having confidence that a family member who walks out the door in the morning will return alive in the evening.

It’s not *just* having opportunities to lift oneself from poverty or homelessness.

It’s not *just* healing from generations of systemic racism and eradicating its persistence.

It’s not *just* having available resources to heal from past trauma.

It’s not *just* having access to a good education, vocational training, and jobs that pay a living wage.

It’s not *just* being protected from sexual violence, domestic violence, and child abuse.

It’s not *just* about having enough to feed yourself and your children.

It’s not *just* being seen as a worthy human being, with dignity and a right to be respected.

It’s not *just* about access to good medical and mental health care.

It’s not *just* being treated with compassion and trauma-informed care at a time of crisis.

It’s not *just* about being confident that police and city officials have your best interest at heart.

It’s not *just* about having a voice and control over decisions that affect your neighborhood and daily life.

It’s not *just* confidence that people who harm you will be held accountable.

Safety is all those elements together and many more. Genuine safety requires all personnel working in service of it, especially those with a gun and a badge, to have a demonstrated awareness of the common ground where personal and public safety meet. Though the many building blocks of safety above, which each emerged in our interviews as critical to victims, are not all directly within the purview of BPD’s responsibilities, the concept of safety is far more than crime stats or case outcomes must be. The absence of a more unifying mission of safety across key partners in Baltimore remains a prescription for tension, conflict, mistrust, miscommunication, judgment, anger, apathy, and fear.

The Power of Trust and Meaningful Relationships in Eliciting Collaboration

Interviews consistently highlighted the benefits that can flow from positive relationships, as well as an astonishing level of current gaps in meaningful communication between individuals addressing the same issues and the same victims, often even within the same departments or neighborhoods. Not surprisingly, every example given of an intervention by BPD that led to a positive outcome for victims or victim service providers focused on the conditions of a safe and trusting relationship.

Key concepts that emerged included:

- **The critical and frequently overlooked value of viewing one another as equally worthy humans with a birthright to dignity, regardless of zip code.** Baltimore's 290 neighborhoods contain different conditions, levels of violence, and sometimes micro-cultures across 90 square miles. The importance of "humanizing" all people in the community was raised repeatedly both as missing and as an example of how, when applied, attitudes and behaviors positively change. This equalizer was noted as especially critical in the context of the reality that geographic proximity to victim resources and overall opportunity is not distributed evenly across zip codes.
- **The potential benefit of developing meaningful connections, familiarity, and personal knowledge between law enforcement and community members.** BPD was described by many as the most consistent presence, well beyond available support programs, in the lives of many residents, especially those at the highest risk of violent victimization. Often BPD is the first and most common face of government for those who most distrust government. However, participants described the lack of opportunity to develop meaningful relationships as hindered not only by instances of dehumanizing treatment but by a lack of empathy that seemed to stem from "patrol officers coming and going like the wind." They shared observations of how few officers seem to live in or originate from Baltimore (recruited from as far as Puerto Rico). And that more important than those factors specifically, there is a widespread reluctance of officers to get out of their cars to engage on a human level. Fear breeds in the disconnection.
- **A lack of familiarity or even awareness between staff and providers within and between various offices, departments, and divisions resulting in poor or nonexistent communication between individuals and offices engaging in overlapping tasks.** This was especially striking across sworn and professional staff within BPD, and across designated victim service personnel citywide.
- **The need to build relationships in the absence of crisis and violence, so that when they do occur, a meaningful connection is already there.** Not to be confused with a suggestion that BPD absorb more responsibilities unrelated to violent crime (in fact, many expressed a desire for the opposite), numerous stakeholders referenced the benefits of officers already on assignment demonstrating care and interacting with other agencies to find solutions for quality-of-life problems in the community (e.g., streetlights, potholes, garbage) which can feel directly connected to safe spaces. Participants stressed the broad benefit to enhanced safety and successful engagement with law enforcement that can be inspired by the resulting goodwill.

Each of the following entities emerged, some at great length, throughout the interviews not only as critical to serving those impacted by violence in Baltimore but highly relevant and in need of enhanced

trust-building and communication efforts in order to achieve a more meaningful working relationship with BPD. Most are addressed in greater depth below:

- **Baltimore Crisis Response**
- **Baltimore Health Department**
- **Baltimore City Department of Housing & Community Development**
- **Criminal Injuries Compensation Board**
- **Department of Juvenile Services**
- **Employment and Workforce Development Services**
- **Faith Community**, including BPD Chaplaincy Program
- **Hospital-Based Violence Intervention Programs**
- **Mental Health Services**, including Baltimore Crisis Response
- **Reentry Services**, within and external to BPD
- **State's Attorney's Office**
- **Universities**, providing research and policy support, legal advocacy programs and more
- **Victim Service Providers**, within and external to BPD
- **Violence Interruption Programs**, including Safe Streets and ROCA

Empathy as a Requirement

“Police officers are not social workers” is a trope recognized and referenced by those who agree with it and those who do not. It is clear that a division of responsibility according to expertise and training is the most effective method for providing meaningful services in any field. However, what was also clear throughout the interviews is that there can be no division of responsibility for empathy, and otherwise treating those impacted by violence with dignity and respect. Behaviors that convey a lack of empathy for victims by sworn staff emerged as one of the greatest stated impediments to BPD's success in its investigative and law enforcement goals, and to culture change overall.

Like a doctor with a good bedside manner, better results come through the sense of being cared for as a human being. An officer who makes the time to move beyond a calloused interest in “just the facts” enhances their effectiveness, builds trust, and improves overall relations with the community. No one interviewed suggested that a responding or investigating officer should be responsible for all aspects of support; quite the opposite. As with the doctor who depends on the professional collaboration of others with imperative roles and skills (e.g., nurses, technicians) to assure a good outcome, people impacted by violence benefit most from a coordinated team effort. However, many drew on their expertise in working with victims day in and day out to suggest that BPD personnel who are unable or unwilling to include empathy and respect in their skillset, or an understanding of the impact of trauma at both individual and community levels, is in the wrong line of work.

This was underscored through interviews within BPD as well. Much like with the tensions surrounding the consent decree, there seems to be a false distinction woven into the culture between the skillset needed to be a strong investigator versus that of an effective community liaison, or that principles of community policing are not as relevant to the Criminal Investigations Division (CID). In fact, the recently released Community Policing Plan lays out roles and responsibilities for nearly all sworn

members of BPD except for CID. These personnel have some of the highest stake interactions with the community, interfacing directly with those impacted by violence on the worst days of their lives, even delivering the news of the murder of a loved one and ongoing communication during its immediate aftermath.

Stakeholders conveyed through both personal reflections and secondhand observations that empathy and care are often dismissed as “soft skills,” less relevant or even less valuable to sworn personnel than to service providers working with people impacted by violence in system-based and community settings. This also came through when discussing the possibility of incorporating these skills into training. The interviews suggested that the current training structure is oriented toward topics framed as “practical” skills, which can hamper receptivity to these “softer” topics when offered.

Underutilization and Lack of Appreciation for BPD Victim Services

It is clear that the advocates working with families impacted by homicide bring tremendous empathy and other assets to their work. They offer a range of skills and support services critical to BPD’s goal of cultivating healthier, more trusting relationships with victims and the community, as well as its investigative aims. However, they often are not adequately supported, appreciated, or utilized in ways that come close to achieving the potential positive impact of this role. Even though each homicide case has an advocate assigned, the interviews revealed that even four years into this program, many sworn personnel, even detectives assigned to the exact same cases, are unaware of the advocates’ duties and substantial benefits they bring to families and cases. Some are even unaware of the advocates’ names. The absence of awareness and collaboration has been complicated by the pandemic, when new staff have come on board with intentional, limited in-person exposure to colleagues, ride-alongs have been suspended, and conditions have otherwise made people feel isolated or like “passing ships.” There are currently no standing meetings between sworn and professional staff, not even via phone.

This underutilization is especially problematic given how often it was conveyed that families impacted by homicide in Baltimore perceive they have become “just another number” whose case will quickly be placed at the bottom of a pile, especially if the person murdered was a Black man. This view may frustrate, sadden, or even shock dedicated and hardworking BPD personnel, as there are clearly many complicating factors driving the breakdown in communication. Instances of detectives’ inability to respond compassionately to family members, and the perception of calloused treatment when they do interact, appear to be masking genuine examples of sworn staff who obviously do care. Additional factors that contribute are the unrelenting violence that makes caseloads feel unmanageable, major gaps in relevant training for personnel (many of whom are new and inexperienced for such a consequential job), and the vicarious trauma discussed in more depth throughout this report.

But as numerous participants expressed, no matter what the reasons are, perception equals reality in situations like this. Many service providers talked about the exacerbation of trauma and devastation this frequently causes for loved ones of homicide victims. Sadly, the result does not just fall short of assisting victims but actually can deepen the sense of “institutional betrayal” tragically familiar to many, especially the most disenfranchised residents impacted by violence, those simultaneously at the highest risk for continuous harm and ongoing interaction with BPD.

One of the most urgent practices in need of addressing and reconceptualizing is the delivery of death notifications. The importance of compassionately and effectively completing this task cannot be overstated. How this information is shared can substantially impact those who receive it—either by facilitating healthy responses in the aftermath of loss or by compounding the adverse circumstances faced by those impacted by homicides.

Stakeholder interviews confirmed what is common throughout the profession of law enforcement—death notifications are perceived to be difficult to perform, minimal training is provided on how to conduct them, detectives often view them solely as gateways to secure investigative information, and they often fall outside of activities based on conflict resolution. These factors often leave law enforcement feeling uncomfortable, anxious, underprepared, and frustrated with the outcomes of these conversations, setting the tone for ongoing communication and perception differences throughout the course of investigations and beyond.

People receiving death notifications rarely perceive these conversations as opportunities to help law enforcement advance criminal investigations. The delivery of these words carries a weight that is beyond recognition for most and forever changes family structures as soon as they are uttered. In addition, death notifications rapidly produce multiple cascading concerns that must be assessed, are often unrelated to the criminal investigation, and are beyond the skillsets of detectives or other sworn officers (e.g., immediate crisis intervention, medical responses, safety planning, childcare, basic needs, end-of-life planning, and financial concerns).¹⁷

BPD would be well-served to incorporate a process for team delivery of death notifications with BPD detectives and BPD advocates jointly participating in these conversations. This would immediately provide demonstrable action to those impacted by violence that BPD is responding from a foundation of empathy and sees them as more than a source of information to close cases. This approach reflects **victim-centered** practice and elevates the focus on the needs of those receiving this information. This would also set the stage for enhanced collaboration between advocates and detectives, fostering a sense that both roles are essential and complimentary.

Victim-centered – an approach involving the victim being at the center of all decisions regarding victim recovery and involvement with the criminal justice system. The victim’s choice, safety, and well-being are the focus. The needs of the victim are everyone’s concern.

For this to be successful, both detectives and advocates would require enhanced training on the delivery of death notifications that is grounded in trauma responses, cultural humility, openness to all faith practices and customs, and reflects awareness of recommended responses involving children, elderly, persons with disabilities or cognitive impairments, and those with language access needs. While online training is available,¹⁸ it is recommended that comprehensive scenario-based training accompany policy and protocol assessment and revision. Training, policy, and practice must also incorporate responses to homicides involving complex circumstances of multiple individuals requiring simultaneous death notifications (e.g., divorced parents who are legal next of kin), suspects and victims being from the same

¹⁷ National Center for Victims of Crime. “Promising Practices: Multidisciplinary Responses to Complex Homicide Cases.” <https://ovc.ojp.gov/library/publications/promising-practices-multidisciplinary-responses-complex-homicide-cases>.

¹⁸ Federal Bureau of Investigation and Penn State University. We Regret to Inform You. [Death Notifications \(psu.edu\)](https://www.fbi.gov/newsroom/special-operations/death-notifications).

families, and suspects and victims both being deceased. Collaborative and coordinated responses of detectives and advocates will be reinforced through trauma-informed, multidisciplinary, and objective services that are available at the onset and throughout BPD's involvement with those impacted by homicides.

Numerous interviews unearthed the many helpful and sometimes unhealthy ways in which the advocates act as a "buffer" between BPD, victims, and the community overall. They are aware of the blind spots detectives and other sworn staff may have regarding the all-consuming nature of trauma and grief in victims' lives, blanketing everything from their ability to return to work to other financial and emotional hardships, such as rearranging their lives to take custody of the young children of the deceased. They compassionately step into the divide between the complicated, slow, and often unsatisfying and re-traumatizing nature of the criminal justice process, including investigations. This was especially pertinent when, for example, a detective appears to be ignoring the family, or even seems to suggest the loved ones of the victim could follow up on their own leads (as came up in multiple interviews).

It emerged that even when a family may have a "terrible" relationship with a detective or with BPD overall, they may have a positive and nurturing relationship with BPD advocates. Often professional staff can build a different level and quality of rapport, frequently beginning with the simple clarification that "I am not an officer."

The more regular communication and check-in schedule, combined with the empathic approach advocates maintain, is critical for supporting families and offering relevant referrals to needed services. In fact, according to interviews, the existence of the survivor advocacy program even at its limited capacity has led to a considerable decline in formal complaints against BPD by homicide victims; data that helps tell the story of the importance of this personnel.

It also was clear from interviews that, in too many case dynamics, there are missed opportunities for deeper coordination around these contacts and the meetings/conferences families request or otherwise deserve regarding investigative updates on their case, which currently only intermittently involve advocates. When this coordination occurs, it often appears less the result of strategic policies, reflective of best practices and interests of all involved, and instead dependent on the priorities of the personnel, randomly assigned to individual cases and other arbitrary factors.

Advocates are also often serving as the only connection between BPD and other critical victim service and violence reduction partners in community and hospital settings. Many of these partners echoed the positive ways in which advocates serve as a buffer and a facilitator on behalf of families impacted by homicide, and the missed opportunities for similar benefits related to nonfatal shootings.

However, they also unearthed a troubling component to this responsibility, described as almost having to serve as a shield between the dysfunctional, non-trauma-informed aspects of BPD policy and practice, and the victims, providers, and other community members they are trying to serve. Advocates were described as functionally running interference, taking things off a detective's plate, not necessarily through a strategic delineation of roles and responsibilities, but a fear of the repercussions for families if they do not.

Numerous opportunities to strengthen collaboration between BPD advocates and sworn personnel could result from taking down the walls between these skillsets and relationships. On a practical level, the

assessment revealed that currently there is confusion or conflicting information regarding who has access to what case management system, and the relationship this has to protecting victim/witness safety and privacy through informed stewardship of information passed or documented in case files.

Other examples include: working together to better navigate thorny legal and interpersonal issues against the backdrop of overwhelming grief, such as challenges in determining next of kin relationships critical for discerning application of certain victim rights; getting victim compensation paperwork completed in a timely and trauma-informed manner, discussed in the victim compensation section below; and greatly increasing awareness and reverence for the rights of victims in Maryland, currently absent from the radar of many relevant personnel.

The Need for Strengthened Coordination Across Victim Service Partners

Similar issues emerged regarding the missed opportunities for more effective response to people impacted by violence as it relates to strategic, consistent communication and referral processes between BPD and key partners. Personnel within numerous entities including SAO, USAO, and others whose programs work closely with BPD still lack a basic understanding (or carry significant misunderstandings) of BPD's current structure, capacity, and approach to victim services. If awareness is wanting at this level, it certainly can be assumed (as also emerged in interviews) that it carries through to those impacted by violence, which furthers a narrative about BPD's perceived lack of commitment in this area.

Beyond a monthly meeting between BPD advocates and agencies with whom BPD has an MOU (SAO, Roberta's House, Criminal Injuries Compensation Board [CICB], and the Baltimore Links program operating out of Center for Hope), there is still a considerable amount of miscommunication and confusion on the "who, what, when, where, how" of coordinated victim response, especially beyond homicide, where for the majority of other gun violence cases there is minimal or no follow up or support offered to victims at all. Even for homicide cases, which are the primary focus during these meetings, relevant issues such as coordination surrounding court accompaniment and needed "warm hand-offs" to referrals remain inconsistent and unclear.

Other relevant partners may be missing entirely from this meeting, due to the absence of MOUs, including unexecuted MOUs "languishing" in draft form. It was clear more can be done with these meetings, and across the roles of professional staff and law enforcement (for BPD/SAO, and where appropriate, USAO) and programs overall, with prioritized focus on supporting one another, and strategically coordinating information-sharing and responses to victims through shared goals.

Currently, victims who do receive help often work with multiple offices, organizations, and personnel and on different timelines, sometimes without a clear sense of who is or should be assisting with what. This is compounded by the fact that in the aftermath of severe trauma, it can already be difficult for many people to absorb information or retain who told them what and when. BPD advocates are typically reaching out 24–48 hours after homicides occur, whereas the far more resourced SAO victim advocacy program is often getting involved later, potentially weeks down the line, and only (with limited exception) if there has been an arrest. Though leadership of these programs maintain regular and strong communication, there appear to be large cracks within the process and service eligibility structure for

victims to slip through, i.e., virtually all victims of nonfatal gun violence and in homicide cases when there is no arrest.

The interviews also made clear that personnel across BPD and SAO could benefit from far more clarity and support for consistent practice surrounding the discovery process and how this impacts victim safety. This shows up in very practical ways such as when key documents should be classified or otherwise handled differently to mitigate victim exposure and risk when information is passed within their organizations and in communication with partners or other external parties. Some expressed a sense of hypocrisy surrounding the perceived lack of attention to protection of victims through thoughtful stewardship of information by law enforcement, given the level of protection and “secrecy” law enforcement seem personally entitled to through their line of work.

A range of critical issues related to victim/witness safety and protection, including emergency relocation, were addressed through the recent **Combatting Witness Intimidation Initiative**. This grant-funded work brought together multiple stakeholders including SAO, BPD, Maryland Department of Public Safety and Corrections, Court Security, Baltimore Mayor’s Office, Housing Authority, and House of Ruth. The initiative sought to identify challenges related to witness intimidation across all crimes, adopt strategies to address these challenges, and create methods to evaluate the impact of those approaches. These stakeholders outlined specific outcomes and a comprehensive set of strategies to meet them, yet were ultimately stifled by staff turnover and other obstacles.

Review of that report and stakeholder interviews from this current assessment confirmed that BPD was largely absent from meaningful participation or follow-up. Clear opportunities exist for reengagement, collectively building upon the progress of work and resources already produced, i.e., navigating challenges to information-sharing. This is especially pertinent given the substantial issues outlined in the relocation section below.

Also related specifically to the partnership with SAO, multiple participants commented on the challenge of developing trusting and healthy relationships based on well-known, ongoing tensions at the leadership level, which can stifle needed areas of enhanced coordination or mutual understanding. For example, some participants lamented there is a lack of consensus or consistency regarding how cases are chosen for prosecution, and the under-discussed implications this has for the support victims/witnesses may receive, or not, as a result. Some expressed concerns that judgments over “quality of witnesses” and information they are willing to provide plays an outsized role in connection to needed victim resources, or whether or not those who want it will have “their day in court.” Some expressed that specific questions, such as how “Exceptional Clearance” is determined, remain unresolved or even unasked.

Some also expressed fear of “getting in trouble” related to case processes they are not clear on, and which the other agency plays a critical role. Some community partners who referenced first-hand experience with the tense dynamics and lack of trust across BPD and SAO expressed they are fearful or reluctant to be involved at the intersections of this relationship. Overall, participants shared sentiments that comfort and confidence in referrals and related processes within these working relationships depend on the health of the connection and collaboration at the top.

Barriers to Relocation and Other Critical Tools for Addressing Urgent Safety Needs

For many people impacted by violence, particularly gun violence, who face urgent and grave threats to their safety, there is very little in place bridging the gap between their well-founded fear and actual resources available and current practices to keep them safe. Though BPD has a “Witness Relocation Unit” staffed by a dedicated and skilled public servant who clearly cares deeply about the people impacted by violence BPD serves, substantial limitations in structure, policy, process, and capacity severely hinder the impact this unit can now have compared to the citywide need. Overall, conversations speaking to the issue throughout the assessment made clear the paramount importance of growing and reimagining these resources, not only for protecting the sanctity of human life, but as a key component in bringing down Baltimore’s homicide rate.

Multiple stakeholders spoke in depth about the limitations of actual resources: lack of capacity and safety of “safe houses” and other short and long-term housing and relocation options, lack of financial support for victims/witnesses and their family members, including for meeting interim food, transportation, behavioral health, and other survival needs. However, a critical theme emerged also of problematic referral processes and outright eligibility exclusions to accessing the limited support that does exist. BPD relocation resources are often categorically unavailable to those labeled as “gang members,” “informants,” and domestic violence cases.¹⁹ In addition to the extremely high risk many people in these excluded categories often face, there is a lack of consistency and transparency surrounding these determinations and ultimately arbitrary disparities in whose life will be protected versus who will have to fend for themselves.

Though there is regular communication and collaboration between the limited relevant personnel from BPD and SAO, a substantial gap also exists for nearly all victims involved in cases where no arrest has been made. As referenced above but underscored here given its particular importance for emergency relocation, this is a clear line for involvement by SAO, an agency much more resource-rich in this and other victim support areas than BPD.

Dwindling of BPD personnel within this unit and other personnel transitions, including the departure of the decades-long leadership within the Housing Department, combined with the outsized role (and resources) of that agency in this process, have had major recent impacts in this area. However, policies that are not reflective of current practice, including BPD policy 805, have not been recently assessed or updated. Multiple factors further complicate, cloud, and impede this process, including:

- Program rigidity and ineligibility, which automatically reject those labeled with certain affiliations without consistent or transparent process surrounding these designations.
- Exclusion of certain victims/witnesses for reasons that are often the very factors driving urgent threats to their life, thereby missing the opportunity to prevent further violence.

¹⁹ Domestic violence cases in particular are referred to House of Ruth or other shelter/relocation options where necessary. However, the assessment revealed that this exclusion from BPD’s program may lead to a shorter term of available temporary housing for the victim/family members than may have been if served through BPD and the Housing Department. More information is needed surrounding existing gaps and limitations in resources offered in these cases.

- The role of BPD detectives in signing off on initial paperwork to get the process started early in investigations, including factors that can create barriers to thoughtful and consistent approaches to threat assessment and resource eligibility, especially where the victim/witness has a record.
- Complicated timelines and paperwork, further hampered by such limited personnel involved across BPD and Housing, subjecting the process to delays if they are unavailable.
- The outsourced discretion and decision-making authority held within the Housing Department, subjecting people impacted by violence and BPD to constraints set by that agency and its resources (federally and locally).
- Changes to policy and level of investment that have diminished the availability of public housing supply and other critical resources, i.e., discontinued food vouchers for relocating families.
- The patchwork of resources and inequity across different victimization types, for example, while alternate referrals exist for domestic violence victims, the available shelter or other relocation resources may be far more time-limited than what a person or family assisted through BPD via the Housing Department may receive.
- Tremendous pressure and liability faced by agencies and personnel involved in this process.
- Traumatizing nature of this work, especially in light of tragic, high-profile murders that have occurred previously when the process did not go smoothly, combined with high risk of burnout furthered by inadequate/inappropriate capacity devoted to this issue.
- Impact of social media and online presence overall in changing the context and complexity of threat assessment (and perception that threats have gone “through the roof” via this vehicle).
- The reticence or outright refusal by some people impacted by violence to leave their community, especially when the relocation offerings do not entail the additional social and financial supports needed to build a life, especially in the aftermath of trauma.
- Adjacent safety factors, such as lack of security in court spaces and processes, and the need to delineate roles and enhance training, including for Sheriff, Corrections, and/or others involved in transport.
- Confusion, resentment, and potentially judgment on the part of partnering providers on how BPD rationalizes the continual downsizing of the relocation unit, given the importance of this need and role. What was previously closer to a fully staffed unit is now down to one person essentially on call 24/7 for the past three years with newly assigned additional duties of joining the on-call rotation for a separate unit.
- The limited focus created by using the number of completed relocations as the sole metric for determining staffing needs this work requires intensive engagement in many activities (e.g., front end paperwork and information-gathering, providing transportation, completing safety/housing checks, securing resources to help meet basic needs) that are essential to the safety and dignity of those referred to these services.

Interview participants discussed the high stakes of these determinations for people’s lives. Relatedly, they discussed the ways in which barriers to victim/witness participation in the criminal justice process in the face of intimidation and/or other substantial fears of retaliation or other repercussions are exacerbated rather than diminished by these constraints. People spoke openly about the challenge of known threats, including when a person may have a price on their head or bounty, and the lack of access to tangible or emotional supports in navigating this, especially for young men of color. This debilitating

fear and uncertainty of life after being harmed but not killed, and still lack of willingness to engage with law enforcement also speaks to the historic and persistent lack of trust.

Conscious and clearly articulated changes will be required to improve safety of all parties involved. Current practices fail to adequately mitigate risks not just for victims/witnesses, but also for the professionals working in this area. Their caseloads, liability, and daily exposure to deeply traumatic situations are not reconcilable with the departmental neglect of these concerns, nor the gravity of these community safety needs.

Much like other topics explored in this assessment, it was clear to numerous participants that these challenges reverberate beyond individual cases, spilling into the ability or willingness to participate in the criminal justice process writ large. The perception that subjective and otherwise inconsistent process (or lack thereof) is driving whether or not someone will be explicitly told they are ineligible, interpreted as unworthy, of protection when their life is on the line can only contribute to the crisis of confidence in the system by many, especially among the most marginalized and vulnerable victims.

This is furthered by a pervasive sense that protection by BPD and SAO, and to some extent even Housing, is contingent upon and driven by victim/witness willingness to testify rather than the sanctity of life. It was noted in particular that in addition to examples of explicit coercion, there was pressure baked into the relocation process itself, especially for those experiencing poverty or otherwise feeling a sense of desperation for this assistance.

These contingencies require some victims/witnesses to choose between the lack of safety caused by the threat of violence versus one caused by the lack of resources for meeting the basic survival-related pillars among Maslow's hierarchy of needs, e.g., food, water, warmth, and shelter.²⁰ In the backdrop of these decisions may be the internalization of the impression that the system cares more about closing cases than people's lives. And to the extent that it cares about public safety as the reason for closing those cases, it is for a public that does not include all people.

Coercive Practices to Compel “Cooperation” Undermine Both Victim Healing and Investigations

During the assessment, stakeholders working with victims in multiple venues shared alarming examples of coercive practices and lack of expectation management aimed at information disclosure and bolstering victim participation in investigations. These practices were described as routine rather than exceptional. From exacerbating victim safety concerns and actual vulnerability to eroding trust with BPD and the system, it is difficult to overstate how damaging these practices can be.

The overarching theme is that people impacted by violence, particularly gun violence, often feel pushed or threatened into giving information, not on their own terms, and then are not meaningfully protected from very real threats to their safety when they do.

²⁰ “Maslow’s Hierarchy of Needs.” Jan 5, 2017. https://www.youtube.com/watch?v=O-4ithG_07Q. The progression of the hierarchy of needs includes physiological (e.g., food, water, warmth, rest), safety (e.g., security, shelter), love and belonging (e.g., friends, groups), esteem (e.g., confidence, respect), self-actualization (e.g., achieving one’s full potential, including creative activities). <https://www.simplypsychology.org/maslow.html>.

One highly problematic example is that victims who have information they wish to share anonymously or without further obligation for participation in the criminal justice process due to fear or other reasons are led to believe this is possible by BPD officers, when it may actually not be. Rather than having their expectations managed or their choices informed appropriately, their name or compelled involvement may indeed surface later on, sometimes with grave risk or other associated trauma. Similar concerns related to lack of full transparency during initial investigative interactions were raised regarding the relocation resources described above.

Relatedly, a high-stakes lack of transparency or appropriate expectation management surfaced regarding CICB eligibility for victim compensation. Clearly, misconceptions surrounding eligibility for financial or other forms of support are not created nor driven explicitly by false promises by officers in all cases (and in fact, it was clear there may be inconsistent approaches across personnel). Still, there was an overarching sense that pressure to close cases was in direct tension with transparency surrounding what support resources an individual or family might be entitled to, and/or how long this process might take. This is further complicated by the CICB programmatic requirements of “cooperation” with law enforcement discussed further below.

The resulting perceptions of betrayal and lack of concern for the safety of community members implicated—and often traumatizing resulting outcomes—create a self-fulfilling prophecy surrounding the reluctance of people impacted by violence to share information, now and in the future.

Again, it was clear these are not simply nefarious or unethical practices driven solely by callous disregard in most cases. There was a genuine complexity in the notion that collaboration with community to solve cases and curb future violence was imperative. This is combined with a lack of training and acknowledgment that in addition to being traumatic, these coercive and misleading practices are detrimental to those very goals.

Disturbing examples of harm to community members caught in these frightening situations, such as those who end up extorted on the “Rats of Instagram” page demonstrate the stakes for those involved. Whether created or tacitly allowed, opaque or deceitful tactics creating pressure or furthering a victim/witness false sense of security that they will remain anonymous or otherwise be protected or supported must be eliminated to enhance trust. It is difficult to ignore how a sense of betrayal by the very system that purports to protect you sows lasting seeds of distrust.

Investigating officers, drowning in a backlog of unsolved cases and new incidents, may be tempted to shade the truth about the criminal process to quickly elicit victims’ willingness to share information in the moments after a crime is committed. It is in those situations that the trust and shared humanity so crucial to ongoing collaboration between BPD and community members shatters. Unfortunately, the consequences of those shortsighted manipulations are likely to not only undercut the successful resolution of the immediate crime involved but also to create lasting barriers to BPD’s goals.

An officer offering inaccurate or incomplete information about the implications of providing information about a crime to get immediate information ultimately confirms the suspicion many marginalized residents have that their humanity is unseen. A single detective bending the truth can undermine BPD’s credibility as a whole. BPD needs to understand that many individuals’ long-term reluctance to engage

as a result of this trade-off does not actually serve the mission, and must fully accept responsibility for the mistrust resulting from these practices if and when they continue.

Challenges with Victim Compensation

In addition to the lack of full transparency surrounding eligibility and process as described above, overarching themes of inaccessibility of CICB benefits, and lack of knowledge and awareness surrounding the program, emerged repeatedly from multiple stakeholders.

BPD plays a major and often determinative role in this process for most victims. Although technically the CICB Board is making decisions on applicant eligibility and benefits, they are reliant on the information supplied and prepared by BPD. In addition to the police report, detectives are required to sign off on a “contributory conduct” form. The CICB process cannot move forward without these documents. CICB also does not “start the clock” on an application until these documents are received from BPD. Therefore, there is no way to tell how long this process actually takes on average or in individual cases, because no data is capturing this important, early stage—a stage rife with challenges revealed in this assessment.

The CICB statute sets eligibility that in application often excludes many victims in Baltimore, particularly victims of gun violence who have any prior record, and/or are deemed “uncooperative” with law enforcement or interpreted to have contributed to his or her own victimization. These denials are not just to the victim, but rather the whole family, especially in the aftermath of a homicide. There is a range of approaches within comparable programs throughout the country, many with more inclusive parameters and relaxed requirements seeking to process payments rather than deny.

However, while the merits and research regarding return on investment (or lack thereof) behind Maryland’s statute are out of the scope of this assessment, BPD and its partners’ role in carrying out these policies certainly are within. Beyond the letter of the law there is a great deal of subjectivity, interpretability, and key process points at stake, currently not working smoothly on behalf of victims as even the current statute would support.

The programmatic reasons applicants across any type of victimization might be denied benefits are:

- Failure to file within three years of discovery (which has improved to be more flexible from the previous timeline of three years from the date of crime).
- No crime or compensable financial loss.
- Failure to respond to show cause order.
- Failure to “cooperate” with law enforcement.
- Contribution, i.e., the victim is alleged to have contributed to his or her own injury through illegal conduct, provocation, or failure to avoid the confrontation.

The factors laid out extensively throughout this report regarding disparities in recognition of victimization, and their relationship to inaccessibility of services, is highly relevant to victim compensation, including the false dichotomy within labels of “victim” versus “perpetrator,” and whose harm is “worthy” versus “unworthy” of help. Across the country there are well-documented inequities in access to victim compensation along crime type and racial lines. It was not surprising that assessment

interviews repeatedly revealed the ways in which the programmatic factors above directly or inadvertently exclude many of those at highest risk and need.

The process itself is also emotionally and administratively burdensome for many applicants. Nearly all cases, even the most straightforward, often involve extensive paperwork and following up with multiple bureaucracies in search of needed documentation that often feels inaccessible. This is all occurring at a time when the bandwidth or motivation of individuals or families to engage in such arduous activities is completely subsumed by suffocating grief.

Advocacy and direct support in this process by service providers can be critical, though is often absent or limited. As noted above, the disconnect between the survivor advocates and detectives, and the lack of advocates for nonfatal shootings, greatly limits the potential of BPD's role in this support. As described earlier, and which has significant implications for assistance with victim compensation, many victims where no arrest is made will not be referred to work directly with the advocates at SAO.

Roberta's House, ROAR, and other key programs in the community and health systems often assist the victims they work with in CICB-related matters. However, the interviews made clear that this advocacy capacity is not anywhere close to the need; and that training, awareness, and direct connection to the program is limited. In fact, some service providers well-versed in the denials and "trauma of bureaucracy" frequently associated with this process, layering on top of trauma related to the victimization itself, actually counsel victims against applying at all. Others use limited bandwidth to engage in painstaking expectation management about the odds of receiving compensation, and the inadequacy of awards or slow timelines (six months to a year or more) when they do.

Funeral and burial benefits in particular emerged as a major gap and underfunded area. Many families are left to fundraise on their own or take on considerable debt trying to bury their murdered family member with dignity in the absence of support. The "domino effect of instability" this can create for families was described as common.

The pandemic compounded many of these challenges. In-person support is seen as key for many families; however, mailing applications became the new default, leading to concerns of mailed files to CICB getting lost. This created the need for formal advocacy efforts and time spent by CICB and external victim service programs searching for victim records and trying to salvage applications from slipping through the cracks. And as CICB was successfully digging out of a backlog of reconsideration hearings, the process was suspended due to COVID-19, and an even greater backlog emerged, now dozens of cases long. Furthermore, after awards are approved, files go to the Comptroller of Maryland's office, also described as now "under water" due to the pandemic (exacerbated by the transition to a new State of Maryland accounting system).

In general, the process allows for a victim to be able to appeal these decisions, and through reconsideration hearings or otherwise, have the opportunity to explain the factors surrounding their case, or perceived "lack of cooperation." For example, that they were recovering from a life-threatening and life-altering gunshot victimization and were physically and emotionally unable to be responsive to officers at the initially requested time. If the Board denies, the applicant can then go to the Circuit Court within 30 days. However, this often requires advocacy from a service provider or pro bono attorney able to assist in the persistence and savvy navigation this process requires.

It was clear there are significant opportunities for improvements through increasing availability of training and regular CICB program and policy updates to a wider diversity of victim support professionals. This would help correct misconceptions often held by applicants and advocates alike. Currently the dedicated advocate within the CICB program itself serves as a “catch-all” for many whose applications go sideways for administrative or other reasons, helping to clarify or supply additional information on their behalf in service of a positive outcome. The volume is far too great for one person, no matter how dedicated, to serve as a backstop in this way. Growing the supply and awareness of other sources of advocacy for applicants throughout the process was repeatedly noted as having the potential to go a long way.

The assessment revealed the oversimplified and stifling nature of competing narratives that now exist, for example,

- The CICB is a bureaucratic, calloused, and/or not victim-centered program that fails to support those impacted by violence, especially those with the highest needs.
 - That CICB exercises a great deal of its subjective authority unfavorably to applicants.
- That the advocacy community is under-informed, and unfair in its criticisms of the program, which would be more productively aimed at the legislature determining its parameters and available resources.
 - That it is not exercising discretion; rather dutifully stewarding public dollars as objectively mandated.

The reality is more complex, driven by process and information breakdowns, including significantly those within the purview of BPD. This assessment revealed unequivocally that personnel working throughout CICB, law enforcement entities, community-based programs, hospitals and more who touch these processes share three very important components of common ground: a deep dedication to the support and healing of those impacted by violence, a frustration that victim compensation in Maryland feels reactive and inadequate, and that there must be more that could be done to cultivate a more effective, proactive climate of collaborative victim support.

Participants external to CICB are likely unaware of ways in which CICB staff have gone to bat for victims, including negotiating with other state agencies to streamline parts of the process that are within their control, and which have made significant positive steps in accessibility.

It was clear that getting around the same table more often, including physically visiting each other’s offices and victim support environments would go a long way. This would not only improve necessary information-sharing, but it would cultivate empathy and strengthen relationships necessary to making make this process work. Some already have expressed a desire for relevant partners to work together on collectively redefining the “how do we do this” rather than an accusatory “why do you do this?” There is also the possibility of working together across stakeholders including local universities already invested in this issue to cultivate specific recommendations on needed legislative reforms.

The potential of this moving forward was captured in one interview commenting on a success story with CICB. Through dedicated efforts to build stronger relationships and rapport, including regular meetings and invitations for personnel to come to the hospital setting to see what it is like for gun violence victims at this stage, their ability to liaise the process for applicants improved considerably. This was described

as undone by mutual turnover of program personnel, a broader assessment theme. However, it is instructive for hopeful opportunities for improvements moving forward, and how to make them stick.

Lack of Awareness of Service Landscape and Resources Available for Victims

Numerous participants expressed a desire for a strategic and up-to-date “mapping” effort to identify what services and resources currently exist, ideally in a collaborative and multidisciplinary way. Stakeholders in community, system and hospital settings identified such an effort as urgent and overdue, some noting a paradox: that while there are indeed considerable gaps in services and resources, Baltimore is also a resource-rich city despite many not viewing it in this way.

Many noted existing resources are disparate and siloed, competing for limited grant dollars, and not working together to create linkages that advance a stronger continuum of care, particularly for victims of gun violence. This is exacerbated by arduous and sometimes insurmountable burdens described within the processes in both applying for and maintaining grants at the federal, state, and local levels. There was also an overwhelming expressed desire that this landscape analysis would devote specific attention to identifying the community-based organizations engaged in the work of responding to people impacted by violence at the grassroots and neighborhood level. To date, they have lacked the support to grow capacity and infrastructure to provide services consistently at scale.

MONSE’s current efforts and messaging of violence reduction as a citywide, all-hands-on-deck effort under the framework has provided momentum. This cited momentum was also seen as an opportunity in addressing what was described as a “lane” problem where programs and providers are “crashing into each other.” A deeper dive is needed to identify all current service providers working across the community and government-based systems. This would include more cohesive documentation of populations served, services provided and parameters, current eligibility, and funding sources; suggested as ways to significantly enhance collective efforts to fill gaps and more strategically leverage existing resources aligned to victims’ needs. This could also directly inform who may be best suited to attend which collaborative meetings and parameters of needed MOUs.

More broadly, it would also help to address the silo problem whereby programs across different spaces are often serving the same people yet not identifying them as such, resulting in missed opportunities for more effective prevention of future victimization. For example, the high percentage of individuals served within the reentry and homeless populations who previously have been victims of violence and continue to face among the highest risks. Noted strategic analysis is already occurring within reentry services, MONSE, Parole and Probation, SAO, and other partners as part of an effort to curb gun violence through case reviews identifying currently siloed system touch points, and missed opportunities to connect the dots through needed service referrals. Already attuned to victimization dynamics, this is one of multiple examples of relevant, timely efforts that could and should be leveraged and built upon.

Strategic mapping efforts would also leverage a need shared by BPD and other partners struggling to “vet” appropriate services and referrals, especially in the face of high turnover. Currently, the lack of confidence in what services are stable and appropriate for victims, especially with the understanding that survivors are not monolithic and have culturally specific, unique needs, too often means the referrals do not take place.

Information Sharing Across Needed Partnerships as a Barrier to Collaboration

Information sharing around supporting those impacted by violence is a complex topic when it comes to partnerships and often emerged as a barrier. For example, criminal justice entities around the same table may have a different ability and desire to share certain information with one another than entities based in the hospital or community, for many good reasons. We heard repeated lamenting about the lack of awareness or respect for these nuances, leading to over- or under-sharing of information, which can hurt the interests of those BPD and its partners are collectively trying to serve.

As is discussed elsewhere in the report, participants also discussed challenges around information sharing within systems that impede victim support. Some expressed a desire for partners to do more to navigate legal complexity to allow for, where helpful or necessary, the transfer of information with the potential to help interrupt cycles of harm. For example, entities serving youth such as the Department of Juvenile Services face barriers in sharing info with Parole and Probation and others coming into contact with the same individuals as adults. Some described the missed opportunities to facilitate, where relevant and appropriate, additional referrals to support services, especially given the extensive trauma histories many people touching these systems face.

Many shared examples of various meetings, Commissions (e.g., previous Homicide Review Commission), and other opportunities for collaboration as defunct, ineffective, or short-lived. Some expressed a desire for the return of the Criminal Justice Coordinating Council, which has recently been announced. This can be a significant and welcome change but not a catch-all answer to this need. As the interviews made clear, even the value and effectiveness of this opportunity will be directly contingent upon the health of the relationships and mutual respect cultivated around the table.

Lack of Trauma-Informed Response at Crime Scenes

The mandates and priorities of BPD result in the responsibility to respond to crime scenes. Recognition that those impacted by violence are often present at those same scenes, looking to BPD for support and information, is essential for building trusting and meaningful relationships. Chief David Roddy, Chattanooga Police Department, reinforces this concept by stating “To understand the need to just sit down and be a human to another human . . . to be a person in the middle of someone’s crisis is critical to what we’re supposed to be doing in law enforcement.”²¹

As noted earlier in the report, response to crime scenes is an activity that is frequently described by law enforcement personnel as difficult, often due to time-sensitive, and competing tasks. Patrol officers are on scenes to manage crime-scene perimeters, traffic impacts, conveying information between detectives and other first responders. Simultaneously, they must remain vigilant to ongoing safety concerns that are driven by the acute violence of the incident. Detectives are focused on completing immediate assessment of crime scene dynamics, coordination of evidence documentation and collection, and the identification of crucial witnesses that may have pertinent information.

²¹ International Association of Chiefs of Police. “Leadership.” Enhancing Law Enforcement Response to Victims (ELERV). <https://www.theiacp.org/projects/enhancing-law-enforcement-response-to-victims-elerv>.

While response to crime scenes is seen primarily by sworn law enforcement personnel as opportunities to secure investigative information, this is in stark contrast to the needs of those impacted by violence in those same critical moments. What is noticeably missing from BPD response to crime scenes as revealed by this assessment is the assigned responsibility of any personnel to ensure supportive and caring presence to those impacted by violence.

At minimum, the designation of trained officers on crime scenes to speak compassionately to community members or others impacted by incidents would support efforts to reinforce trusting and meaningful relationships. These designated personnel could convey permissible incident information per policy in addition to BPD and first responder process information, leading to enhanced transparency and the possibility of an increased willingness of those same people to engage with BPD at future points.

Simply securing the crime scene and moving on without further dialogue is not enough. Setting the expectation that crime scenes are opportunities to ground responses in empathy and trauma-informed actions is essential. The incorporation of BPD advocates in crime scene response is a goal to be considered. The team approach introduced in this report around death notification practices could be advanced through team response to crime scenes. Weaving in the specialized skillset of these personnel can enhance the connection to community service providers when needed and effectively move the needle from being a “buffer” for BPD to full incorporation as peer professionals, elevating their stature and recognizing their contribution to the overall response by BPD.

Coercive and Counterproductive Practices in the Hospital Setting

Numerous examples were shared of practices occurring in multiple hospital settings that inadvertently exacerbate the trauma of victims, particularly Black victims of gun violence, and undermine BPD’s investigative goals. Interrogations at bedside, and/or a lack of physical space given during the provision of often life-saving medical care were described to happen on a routine basis. This was described as failing to convey a basic level of empathy or awareness surrounding the psychological state of a person in the midst of an intense trauma.

Routine property confiscation was cited, including cell phones, wallets, cash, electric bikes, wheelchairs, clothing, and other property, including family heirlooms and other sentimental items such as wedding rings, highly valuable to victims and perceived to have nothing to do with the case. Programs keep a supply of clothing available to make sure victims of gun violence have something to wear out of the hospital.

These practices often make people impacted by violence more vulnerable during recovery and at discharge, increasing the risk of repeat victimization or other harmful survival practices. For example, the confiscation of IDs and in particular driver’s licenses, especially in the context of a poor and often inaccessible public transportation system, can significantly burden a victim already facing challenges to returning to work or attending critical follow-up medical appointments. Many providers lamented with palpable frustration and shared grief the emotional toll unsuccessful attempts to retrieve property can take, especially for a grieving parent who has just buried a child, or other contexts where the perception of an unnecessary burden or dehumanization within the process is experienced as particularly cruel.

People expressed the common experience of feeling like there are not adequate communication channels or explanations offered for decisions, which exacerbates the trauma and distrust they feel regarding anything having to do with the criminal justice system. Multiple service providers also noted that this exertion of power may somehow be connected to attempts to coerce participation or otherwise advance investigations, but often have the opposite effect, unfortunately leaving many to feel like the cruelty is inherent to the system. Further examples were shared of practices that seem to backfire or otherwise leave the impression that survivors' healing is only valued if there is participation with the criminal justice process. These included violating gun-violence victims on parole or probation for minor or otherwise unrelated reasons, such as a missed court date, or for the sole reason of being shot, even if entirely out of their control.

Hospital case managers and violence intervention specialists often expend energy trying to prevent these cascading consequences, which often have negative implications for the stability of the victim. This contributes to the desire of these programs to distance themselves from any collaboration with law enforcement, seeing BPD and even SAO at cross purposes with concern about the wellbeing of those in their care.

Other damaging practices mentioned included routinely restraining victims to beds and denying their ability to have visitors for the duration of care, including in some instances as they fight for their lives. Participants acknowledged there are instances where legitimate public safety concerns require certain actions and limitations, even for people with serious bodily injury. However, current practice does not seem to be appropriately calibrated to or concerned with this most of the time.

Some commented on the way in which fear and coercion permeates the environment to directly impede their ability to provide physical and mental health care. During interviews, stakeholders provided examples of victims trying to leave the hospital prematurely or having wanted to not come at all (some at risk of death from the existing gunshot wounds) due to overwhelming fear of the police.

Specific examples of this were provided, including for victims with only minor amounts of marijuana on them or an entirely random “wrong-place, wrong-time,” gun-violence victimization, unrelated to any prior system involvement. As a result, people often become conditioned to expect as victims and those caring for them that if they are poor and Black, they will most likely be treated more as a perpetrator than a victim by BPD.

Specific comparison was also drawn between community gun violence and domestic violence victimization. The latter may be more likely to elicit compassion and concern for the wellbeing of the victim and a curiosity about what actually occurred, rather than a set of assumptions that the victim carries the responsibility for his or her own harm. Conversely, even though less the direct focus of this assessment, multiple participants noted the significant gaps and lack of compassionate treatment for domestic violence victims as well, especially cases perceived to be “less serious” on the hierarchy, such as second-degree assault. When these cases end up in the Emergency Room, it was noted that too often they are not taken seriously, and victims are directed by BPD to write out their own statement on a report, or otherwise do not receive the more direct attention they need and deserve. This may create missed opportunities for the prevention of escalating violence and harm, and for identifying the complex and important connections between these forms of violence cited by multiple participants.

A failure to appreciate or respect the importance of communication boundaries between BPD and hospital violence intervention specialists working with victims at bedside was noted by participants in multiple hospital settings. They described a perceived lack of understanding by relevant personnel surrounding the risks to safety for survivors and program staff, and to program effectiveness, for case managers to be seen as associated with BPD. Once word goes out that someone shared information with an officer in the hospital their life can be in danger immediately, and if accompanied by a perception that the hospital case manager encouraged this, this can and has created a chilling effect on the willingness of victims to work with a Hospital-Based Violence Intervention Program (HVIP). There is a need for better navigation of information sharing, taking into account Health Insurance Portability and Accountability Act and other legal concerns; and the signing of releases to create referrals.

Collectively these concerns about the current lack of a healthy working relationship between hospital programs and BPD were expressed across multiple programs and personnel interviewed, including at the case manager/credible messenger, emergency room doctor, and administrator level, all drawing on direct personal experience. It was also interesting to note that currently there is next to no working relationship between HVIPs and BPD advocates or other professional staff and minimally with SAO. This also seemed to be furthered by a perception of an agenda of law enforcement entities of closing cases at the expense of actual wellbeing of those impacted by violence, translating to expressions that they could not in good conscience encourage participation in a system that does not have their vulnerable clients' best interest in mind.

The Implications of Underfunding and Lack of Awareness of the Role of Community Violence Intervention and Healing Programs

Although it is accepted as fundamental across stakeholders including BPD that successfully addressing and reducing violence requires multidisciplinary strategies that go well beyond law enforcement alone, the assessment demonstrated a lack of investment and awareness surrounding a critical component of a comprehensive citywide strategy, Community Violence Intervention (CVI).

Multiple CVI programs centering the work of violence intervention specialists, and providing intensive supports to those impacted by violence in community and hospital settings, participated in this assessment. These participants shared a wealth of unique insights about the needs and experiences of victims, particularly Black and brown repeat victims of gun violence. They discussed this in the context of respective "lanes" of CVI as compared with law enforcement, and their current working relationship with BPD. BPD and other justice system-based entities also had the opportunity to discuss these programs and relationships from their vantage point.

One theme that emerged was the lack of understanding of these strategies by many law enforcement personnel. In some instances, this is combined with deep skepticism about the efficacy of these programs or the level of value added by those staffing them, especially program personnel who are formerly incarcerated or otherwise have a criminal record. The irony is that a significant aspect of the strength of many CVI programs is their credible staff; those bringing their social currency and unique empathy to work effectively with those at the highest risk of being victims or perpetrators. ROCA, Safe Streets, and the HVIPs that participated are each staffed by credible messengers (among other personnel), whose

personal experiences with violence lend a greater level of trust and effectiveness in reaching and serving those at highest need than law enforcement or even many other service providers in Baltimore.

The violence intervention specialists, including credible messengers in CVI programs, are also highly trained as part of their employment. They have been equipped with further knowledge and skills critical to disrupting cycles of repeat victimization, such as motivational interviewing, mental health first aid, grief and loss, focused outreach, and the nuances of trauma responses. In particular, Safe Streets adheres to a philosophy that it takes at least two years for the minimal preparation needed to launch a site and equip its staff with the tools necessary for such complex and emotionally arduous work. This preparation period is also designed to strengthen the level of trust and community buy-in in places within the city conditioned to not having programs stick around.

Across all CVI programs, however, it is clear there is not the available capacity to meet the current need. Violence intervention specialists are spread thin across high caseloads, feeling the tension between serving additional victims versus providing a more appropriate amount of people with the depth of follow-up and intensive supports they require, and which these service models ideally entail.

The current insufficiency of funding and infrastructure to accomplish this work at scale makes it especially frustrating for CVI program staff to experience a lack of understanding and/or respect for their work from members of BPD. This was also expressed through the provision of examples demonstrating how this makes the work more difficult. CVI programs often focus on the components of addressing and reducing violence that police will never be suited to do, and with the added potential to make BPD's load lighter. There was a perception that BPD is missing opportunities to tap into CVI program expertise regarding needs and dynamics in the community directly relevant to curbing gun violence, and which is inherently overlapping across all entities' public safety goals.

Short of a fully collaborative working relationship, a need was repeatedly expressed for BPD to address any additional internal learning and/or policy change needed to prevent personnel from actively impeding CVI effectiveness. Numerous such examples were detailed in the hospital-related section above. As for Safe Streets, there is a striking inconsistency in the dynamics with BPD across Baltimore's 10 Safe Streets sites. Within some sites, the working relationship was noted as positive, with active attempts to communicate, and to allow CVI staff to train officers on effectiveness within their lane and on the model itself. The more frequent dynamic however is less communicative and/or toxic, with instances cited of disrespect, suspicion, harassment, or profiling of violence intervention specialists by members of patrol. This produces a sense of active interference with their ability to be successful. Staff across multiple programs recounted attempts to work with BPD including those high enough in the chain of command to broadly influence improvements in these relationships, with some limited examples of fleeting success. More often these attempts to improve dynamics have been unsuccessful, especially that which is felt consistently across ranks and program sites overall.

These challenges in translation and collaboration were described as fueled by high turnover at the district and leadership levels of BPD. Participants expressed the view that a consistent investment in the importance of CVI as complementary to the citywide strategy and BPD's goals must be fortified at the top and systematically supported. A related concern was shared regarding the lack of accountability for officers for specific practices that are detrimental to community relationships and specifically to CVI

work. For example, officers refusing to exit their vehicles, or hiding their badges to prevent an aggrieved person from identifying them for filing a complaint.

A desire was expressed for BPD district-level supervisors to actively solicit more community feedback, and for the agency as a whole to collect more data furthering their ability to identify officers causing harm. Currently, there is widespread sentiment that it can be common knowledge in the community or hospitals who problematic officers are, and sometimes even explicitly acknowledged by BPD personnel themselves informally to partners. However, they expressed that nothing seems to happen in response, and the behaviors persist on the streets. This was identified as potentially a product of complacency, the self-protective nature of existing BPD culture, or the unaddressed trauma of officers themselves.

Some gave BPD credit for taking recent steps forward, including actively soliciting assistance in developing needed training for officers. However, a need was expressed for a greater commitment to develop and scale the reach of training opportunities further into the department and starting at the cadet level. Given turnover of key positions, the launch of the Group Violence Reduction Strategy (GVRS), and other factors, the ongoing need for two key training goals was identified:

- **Bridging the gap across the different lanes** occupied by those within law enforcement and CVI, including how to work effectively at the intersections to accomplish shared goals. For example, navigating complex issues surrounding essential tasks such as crowd control, and needed pathways and mechanisms for appropriate service referrals. The need to more strategically navigate the parameters of information-sharing was identified as a critical unmet need, particularly in circumstances where trust and public safety depend on communication that flows one way from law enforcement to those working in CVI.
- **Creating tools to cultivate greater empathy** for a greater diversity of those in the community impacted by violence, seen as critical for either lane.

Participants described numerous examples where working relationships had been successful vs. unsuccessful with members of BPD. The common denominator identified when things had gone well was working together to settle tensions in high-risk situations and urgently employing the tools necessary for safety. For example, acting quickly and collaboratively on the knowledge that an individual has a bounty on their head to get them out of harm's way before a murder occurs; strategic deployment of police presence as a visual deterrent at the right location and manner, which can make a significant difference in creating opportunity to relocate a person or family before it is too late.

Success was also described as centering on trusting relationships. Examples were provided of strong and communicative relationships between individual members of BPD and key contacts in CVI programs, including letting a violence intervention specialist know the location of a young person known to be in the program, and avoiding arrests for minor infractions where an arrest will do more harm than good. This includes picking up the phone to talk that decision through where necessary.

Examples provided, described as made possible through strong one-off relationships, were seen as critical to stabilizing victims and preventing additional violence, empowering BPD's partners to use their unique tools most effectively. This was also the reason given for the need in some circumstances for exclusive one-way funneling of information or intelligence from BPD to CVI. BPD has considerably more resources, and in many situations involving shootings or other serious violence, considerably less

trust from relevant community members. Sharing intelligence garnered as a product of BPD's resources and presence throughout Baltimore with those in CVI positioned to utilize it effectively can maintain trust and further everyone's public safety goals. It was described as judicious savings of BPD's time and resources toward that which may be most effective in certain situations for curbing violent crime.

Numerous examples were also shared in response to the question about unsuccessful interactions across BPD and CVI, and whether there are lessons learned. Beyond those already recounted above, another theme emerged around a perception of failure to act on known immediate threats of homicide through denying relocation or other supports, and/or acting in ways that exacerbate risk. The importance of enhancing coordination with corrections including the Department of Juvenile Services was underscored as well, including a fear that these partnerships do not yet fully reflect the lessons learned from previous cases resulting in preventable murders.

Finally, it was clear that the current dysfunction and contentious nature of many interactions between BPD and CVI runs counter to the shared level of risk and trauma inherent across this work. Credible messengers who themselves have been impacted by violence, often in the very neighborhoods they are now serving, may carry deep wounds from these experiences. They are choosing to risk their safety and the exacerbation of that trauma through this work, often with an explicit commitment to giving back and healing a community where they have themselves experienced and/or caused harm.

Currently there are limited trauma supports, including culturally appropriate behavioral health services, which combined with low and inconsistent wages in this line of underfunded work, heightens the risk of burnout. Much like the need for these services within BPD, access to in-house clinicians or other trusted providers was noted as missing resources that would go a long way. BPD can support such investments directly and can further the health of these relationships by helping officers to identify the common ground shared with many in CVI. Both lines of work involve taking on risk and exposure to trauma for the betterment of the community, a noble sacrifice well known within law enforcement.

Building on the above section specifics to hospitals, HVIPs²² are also a critical component of a comprehensive network of meaningful CVI. Hospital-based victim service programs providing bedside support, case management, and follow-up collaborate with ROCA and Safe Streets, including through mutual referrals and other strategies to leverage resources for victims coming into contact with multiple programs at various points in time. Especially given the ongoing service needs of most gunshot victims they are serving, multiple participants commented on the benefit of models that promote leveraging of resources and providing persistent follow-up across entities. Different programs and levels of intensity may be appropriate for different victims at different times. Though some areas of needed improved coordination were expressed (for example, across local HVIPs), a mutual respect and reliance was clear among members of Baltimore's CVI community participating in the assessment.

²² Nusbaum, S., Medina, A., Kim, B., Torosyan, S., and Narine, S. "The Effectiveness and Costs Associated with Hospital-Based Violence Intervention Programs." *NYU Wagner Review*, 2020. This literature review discusses the existing evidence on the efficacy of HVIPs, including the components necessary in highly successful models, barriers to success, and cost effectiveness.

Credible messengers and intensive, wraparound services are also essential features of hospital programs. In addition to assisting with a range of survivors' emotional, legal, and immediate healthcare needs, HVIPs play a major role in assisting shooting victims in navigating their ongoing health needs. This is critical in the context of overwhelming systems and often-inadequate healthcare, or the tangible resources needed to actually access it, such as rides to appointments. This is especially significant for those paralyzed or otherwise facing ongoing physical therapy and other long-term care needs, often with limited family supports.

Participants discussed overlapping health disparities presenting in the emergency room for many gun violence victims, combined with a starting point of lack of familiarity with the health care system. This is daunting for many shooting victims to navigate, requiring numerous referrals to reclaim their physical and emotional stability. Currently, HVIP caseloads are far higher than capacity, stifling their ability to provide the needed follow-ups and intensive wraparound supports many victims need to be successful, particularly those at highest risk.

Many lamented the missed opportunities for prevention of future victimizations by not having the capacity to assist a greater number of victims in overcoming the barriers to getting what they need. For every violent death in the United States, there are approximately 90 assaults sending victims to the emergency room. Within five years, 30–40 percent will return to the emergency room with another violent injury. Service providers described these statistics through the lens of their everyday work.

In addition to the sheer volume of shootings, it is important to recognize that due to advancements in healthcare, exemplified and furthered by Baltimore's own world-class hospitals, many survivors of nonfatal shootings would have died a generation ago. Throughout the assessment people shared the ways in which holes remain in recognizing, supporting, and scaling resources in these venues capable of changing these victims' trajectories, starting in the traumatic and often terrifying time immediately following injury. The addition of Baltimore's existing HVIPs has made a considerable difference in transforming the "treat and street" reality that has long been the norm for Black and brown victims of gun violence, to a more intensive and humane model of holistic care—reaching some but not all.

A key component of the role of HVIPs also shared is the ability to enhance safety by HVIP participation in discharge planning. Information that surfaces, often solely through trust and rapport built with the case manager/credible messenger, can play a key role in identifying considerations critical to where the patient will go when leaving the hospital. Participants from multiple programs noted that often neither BPD nor hospital staff making discharge decisions learn of dangers such as there being a hit out on a survivor on their own. By altering the destination or timing of discharge to, where possible, prevent the return to the neighborhood where the risk of victimization or retaliation is highest, they can help successfully mitigate that risk, including for the victim's family.

A related unmet need was underscored regarding safe housing and relocation options. Even when timely information surfaces through the HVIP to inform the level of risk, often the only feasible option available is to discharge to their family in that neighborhood. Participants shared the ways in which these situations put victims in a more defensive, reactive, or retaliatory mode, including carrying a weapon in the hopes of avoiding the alternative of putting their own family at risk.

Victims Disengage from the Criminal Justice Process for Many Reasons Beyond “Stop Snitching” Culture Frequently Cited by Law Enforcement

Despite the numerous settings through which survivors can receive support, and the strong motivation to investigate shootings and other violent crimes in Baltimore, a majority slip through the cracks of both the service landscape and the criminal justice process. As highlighted in other sections of the report, commitment to understanding the various reasons why that occurs is perhaps the key to adopting a trauma-informed approach across partners and to policing.

Throughout conversations with law enforcement personnel and community-based providers, a deep disconnect related to understanding of why many victims do not wish to participate in investigations and otherwise disengage from the criminal justice process was apparent. This was often inextricably linked to the simultaneous lack of access to victim services and other supports. Still, many within law enforcement seem to focus by default on the view that community members do not “cooperate” because of unspoken mandates of “no snitching” and “street mentality.” While these theories of not communicating with law enforcement are not unique to Baltimore, a lack of interest in assessing the root causes and complex trauma-related factors that contribute to them was noticeable during interviews and survey feedback. Awareness, without a deeper understanding of all the contributing factors, continues the cycle of mistrust between community and law enforcement and vice versa.

Judge Ramona Gonzalez, La Crosse County Circuit Court and former president of National Center for Family and Juvenile Court Judges, describes that when adjudicating a criminal case she is usually provided with a snapshot in time of the defendant, immediately surrounding the event in question. “What I need,” she says, “is the feature-length film version to fully understand how the situation unfolded and what factors are necessary to restore a sense of safety.” A full appreciation of the complex context provided by the feature-length film is the foundation of trauma-informed interventions and the multitude of factors at play when someone is deciding whether to participate in a system-based intervention.

Many possible reasons were offered for why victims disengage and otherwise slip through the cracks, many under the broad umbrella of diminished physical and/or emotional safety. People are often rightfully very afraid, especially if the system is unwilling or unable to support a level of protection commensurate with their safety needs. Often there may be unrealistic hoops for people impacted by violence to climb through, which not only fail to keep people safe but exacerbate their sense of threat.

Viewed through a lens of a trauma reaction, improvements in these related areas, which can mitigate or contribute to trauma experienced over time, take on new meaning and present different possibilities for response across disciplines. Some of these have been detailed in above sections; however, this list is provided as a more comprehensive description of alternate responses to the question than “stop snitching.” It is meant to be demonstrative of the deeper analysis required in order to further strategies for change.

- **Eliminating the dehumanizing dichotomy between “victims” and those who commit harm,** often the same individual at different points in their lives or even simultaneously. Felony disenfranchisement of survivors and family members with a criminal or juvenile record can lead to an inability to access needed support services or otherwise be viewed as a “perpetrator” rather than a victim of crime. This often spills into collateral consequences for families and

communities, such as parents of a homicide victim being denied victim compensation or losing public housing for themselves and other children when a family member is deemed to be involved in a crime.

- **Increasing flexibility and reducing backlogs of other systems**, such as long waiting periods or denials for access to temporary or permanent safe housing, needed medical appointments, and more provides a reassuring sense of having supportive options.
- **Enhancing access to culturally appropriate mental health and other therapeutic services** to advance the ability to get the support needed to endure the challenges of participating in systems while healing from immense trauma.
- **Proactively supporting, connecting, and referring people impacted by violence** to alternative options for justice, accountability, and healing beyond the “traditional” system(s), including those within community violence intervention, restorative justice practices, community mediation, and more.
- **Establishing increased coordination across systems**, including BPD, SAO, Department of Juvenile Services, Child Welfare, Housing, Reentry, Baltimore Crisis Response, and many more. Such coordination could help mitigate substantial breakdown in understanding the scope of vulnerability and service needs; other times it can mean literally preventing death, such as when a community violence intervention program’s pleas for specific custody or release actions are heeded in furtherance of a known substantial retaliation risk.
- **Prioritizing understanding the destructive implications of feelings of “Institutional Betrayal”**, including a pervasive sense that communities and individuals at highest risk are both over-policed and under-cared for. This betrayal is further heightened by the ongoing societal acceptance of deep racial, socioeconomic, and other disparities existing across violent victimization and the social determinants of health.
- **Incorporating a wraparound approach that connects those impacted by multiple forms of violence** with tangible resources and skills (e.g., employment opportunities, communication, resume skills, mentoring, substance use treatment), as well as social capital (e.g., supportive relationships that can help transmit an enhanced understanding of how to keep that job, cultivate healing and enhance communication skills).
- **Establishing and enhancing 24/7 availability and responses by multiple partners to provide effective trauma-informed interventions.** Currently the responsibility for 24/7 response is laying almost entirely at BPD’s feet. There need to be other responses available at all hours that are more calibrated and equipped toward survivor needs. While the Roberta’s House 24/7 support line is available, it reportedly does not get much traffic, and there is a need for in-person availability of services, especially for those impacted by gun violence.
- **Expanding nonjudgmental, low barrier access to services.** Eliminate time of day restrictions, rejection of participants for disclosures such as the substance use (often directly related to self-medicating to cope with trauma, and also prevalent within law enforcement), and stigmatizing language such as “felon.” Responses and services must remain proactively welcoming and

accessible even in the face of attempts to disengage. Confidentiality must be protected when legally possible or required, and support must be retained. Any BPD involvement must include treating all individuals with respect and dignity, no matter the circumstance.

- **Meeting people impacted by violence where they are** rather than imposing service provider vision and values of what they need. Give professional staff guidance on how to deliver services outside of their offices. Create guidance on how to conduct community visits while taking universal precautions for safety.
- **Incorporate trauma-informed flexibility into practices, including reducing criminalization of desperate self-protection measures** for people with limited options, such as carrying weapons on their person in the hopes of keeping themselves or vulnerable family members safe. Acknowledge the reality that people make decisions to stay safe, while also setting needed parameters with service providers and other responders.
- **Streamlining information gathering** to remain conscious of the benefits of practices that avoid retraumatizing individuals during interactions subjecting them to repeatedly recounting their victimizations unnecessarily.
- **Building consistency in service availability regardless of when the victimization occurred, including cold cases.** Healing and change take time. Some victims are reluctant to engage in services as they face ongoing challenges with safety. People sometimes come back years later. Ensuring the ongoing availability of services and support can positively impact healing.
- **Cultivating sustainability of priorities by leadership.** Creating change requires long-term investment that transcends changes in mayoral and BPD administrations over time. Sustainability efforts must also involve a shift toward true community ownership of safety, which also means highlighting the importance of reducing and eliminating law enforcement's role in certain situations.

Opportunities to Fill Gaps or Enhance Trauma-Informed Services for Those Who Do Seek Help

When those impacted by violence step forward to seek assistance, it is essential that BPD and service providers are collaboratively ready to meet their needs. This entails providing direct services when appropriate, but also effectively and seamlessly transitioning people to providers who are more adequately positioned to meet identified needs. Through genuine commitment to partnership and recognition that the needs of those impacted by violence are the primary concern, BPD and service providers can fill gaps and otherwise make strides in the following areas:

- **Culturally relevant services for males**, particularly Black men and youth impacted by gun violence. Identify effective strategies for getting them through the door and keeping them engaged. Resolve severe underfunding of violence intervention specialists, including credible messengers working in hospital and community settings currently having unique success in supporting healing and interrupting cycles of harm.

- **Housing and other critical resources for ensuring safety.** Stakeholders expressed concern about the lifting of the moratorium of evictions on violence specifically, especially given how far behind many high-risk individuals are on rent due to the pandemic.
- **Expanded availability of flexible, unrestricted funds and problem-solving to address unmet needs** such as food, clothing, basic needs, vehicle impound fees, tattoo removal, and “alternative” healing modalities such as acupuncture. Underpaid service providers are routinely paying for these things out of pocket in moments of desperation. Flexible funds also help to prevent returning to illegal activity to make ends meet.
- **Alternative options for funeral and burial** support when CICB is inaccessible or insufficient.
- **Increased availability of quality childcare** including for family members of homicide victims taking over custody of children, struggling with the major financial and emotional shifts these changes bring.
- **Enhanced access to and availability of direct legal services, free or low cost,** to assist with the range of victim civil legal needs, rights enforcement, and more.
- **Extensive language access,** including efforts to ensure websites and materials are up to date.
- **Mediation, restorative justice, and other opportunities for well-facilitated dialogue** for those interested in alternatives to the hard edges of the criminal justice process, and in furtherance of ongoing healing needs between the community and BPD. Currently many survivors are unaware that these options, such as those provided through Restorative Response Baltimore, even exist. One purpose of restorative justice processes can be to help confront the power differential between BPD and the community.
- **Culturally appropriate mental health support for all victims.** Counseling, bereavement support, and group therapy are among the more plentiful available resources. However, currently connecting with the right provider does not happen for survivors, especially those not ready to embrace these resources right away. Clarify and expand eligibility criteria for services offered through the Bereavement Center, and increase ongoing opportunities for awareness of these and other appropriately matched resources, such as those through the Pro Bono Counseling Project.
- **Physical therapy, home health aides, and other unique supports** for people paralyzed or otherwise impacted by gunshot victimizations.
- **Workforce development, financial literacy, resume help, GED support, and meaningful employment opportunities that pay a living wage.**
- **Safe spaces and enriching activities to keep young people engaged and motivated, and that make them feel seen and cared for in their community and in their schools.**
- **ID Card assistance** to support efforts to meet basic needs.

Group Violence Reduction Strategy

Under the leadership of Mayor Scott, Baltimore is currently in the process of launching a robust Group Violence Reduction Strategy (GVRS), in partnership with BPD, SAO, and federal partners. Described

by the newly released five-year Baltimore City Comprehensive Violence Prevention Plan as the “City’s leading strategy to reduce homicides and promote justice,” GVRS works with those at highest risk of victimization and perpetration of serious violence, and “relies on strong collaboration between community members, support and outreach providers, and law enforcement.”

The target recipients of support and set of collaborative principles both at the heart of GVRS in many ways align directly with this assessment. In terms of the relevance of the findings to informing GVRS implementation, this report incorporates by reference nearly every single section above, as well as numerous targeted recommendations soon presented below. The individual partners identified throughout, and the need for greatly enhanced community buy-in, collaboration, dignity, trust, respect, and transparency across a diversity of actors are in many cases as essential to GVRS success as they are to creating a more effective ecosystem of survivor support overall.

There are very specific implications however of some of these findings to GVRS. And in particular, numerous interview participants commented directly on the GVRS launch underway, including lessons learned from Baltimore’s previously unsuccessful attempts. A repeated theme was how much further this effort must go compared to past efforts in building up, funding, and coordinating the service infrastructure for those at highest risk of repeat victimization. A frequently expressed concern was that current plans do not reflect this level of growth and enhanced coordination needed, especially as it relates to the less tangible healing needs the target population(s) have.

It is clear that key partners in GVRS implementation are focused on improving the immediate availability of traditional services such as education, work, and other life skills to promote economic and related stability and create pathways beyond participation in violence or other illegal activity. This also includes attending to the “big small stuff” as described by the National Network for Safe Communities²³ critical yet often not prioritized or budgeted for (and which have also been described at length throughout the report), i.e., ID assistance, navigating parole, and probation requirements, access to quality childcare, transportation, emergency housing, and food assistance, funeral and burial, navigating administrative hurdles and bureaucracy, and more.

It is one thing to offer someone a job or educational opportunity, or even to thoughtfully attend to these many peripheral needs, including the felony disenfranchisement that prevents far too many from accessing what they deserve and need to succeed. It is quite another to address the deep and often ongoing emotional and physical impacts of trauma, which frequently began in childhood and persist to present, and which too often prevent that person from sustaining employment or education, or otherwise thriving in meaningful ways. In theory, GVRS implementation, including impressive efforts underway in Baltimore, embraces the importance of a trauma-informed approach. However in practice, for many reasons, including the complex systemic challenges, centuries-old, entrenched narratives of deserving v. undeserving victims, and overall status quo of so many urgent realities detailed in this report, it is easy for these pieces to end up deeply inadequate compared to the need.

²³ National Network For Safe Communities. [“Implementing Support and Outreach in Community Violence Prevention”, 2017. https://nnscommunities.org/wp-content/uploads/2017/10/Support_and_Outreach_White_Paper.pdf](https://nnscommunities.org/wp-content/uploads/2017/10/Support_and_Outreach_White_Paper.pdf)

One key theme to emerge is the urgent need for *expanding non-judgmental, low barrier access to services* (see section above), which center the humanity and dignity of the survivor, and which actively avoids coercion, fear, or threats. The level of red tape identified in this assessment also creates a flag for GVRS implementation in terms of ensuring the immediate availability of services and supports, such as emergency relocation and housing. Furthermore, currently blanket exclusions for certain resources, such as BPD-facilitated relocation, directly overlap with the target population of GVRS.

GVRS provides an opportunity to, in a more targeted, controlled, and high-prioritized environment, sort out some of the information-sharing barriers currently stifling meaningful service access, referrals, and coordination across system and community actors. This includes leveraging strategies for navigating legal requirements such as confidentiality and identifying situations and responsive protocols for when the flow of information about survivors should be exclusively one-way.

GVRS also provides an opportunity to both expand and diversify investments in healing supports; ones that recognize that trauma looks different for different people across different communities, and often looks different even for survivors within the same communities. Customizable approaches and being able to meet survivors where they are and tailor responses accordingly will be critical. For example, one of the substantial needs for this population identified in the assessment that is currently lacking is the ability to, where necessary or helpful, support survivors in a reprieve from the physical environment where victimization and risk take place (e.g., retreats outside of Baltimore and in nature), offering new venues to heal.

The victim services landscape analysis and comprehensive approach to gun violence recommendations included should also play a key role in informing tools and resources relevant to GVRS success as envisioned in this report. This may be especially pertinent to helping to fine-tune referrals to providers with appropriate expertise, and which do not over-generalize the needs of shooting victims across age, gender, gender identity, and more. It will also be important to creating better linkages across existing community and Health Department programs and partners who may feel under-utilized in this important effort thus far.

The section above on empathy and compassion as both requirements and skills that can and should be strengthened for sworn personnel is of paramount importance to GVRS. As is the need to provide resources, time, and a culture that is supportive of these sworn and professional staff assigned to GVRS work that allows them to continue processing and healing their own trauma in an ongoing way.

Another key consideration is how GVRS can be implemented to ensure an appropriate level of time and attention from BPD professional staff. The current thinking seems to be that it would not make sense to assign dedicated staff beyond sworn personnel, so as to not silo key professional staff like victim advocates, who are currently capacity-limited and urgently needed across other contexts. However, the flipside is that given how spread thin and culturally undervalued many of these staff currently are, neither of these challenges can be easily addressed overnight. Given the high stakes and intensive and complex nature of GVRS work, to ensure its effectiveness it is imperative that the unique voices and expertise of advocates and others uniquely capable of connecting the dots, and who bring an alternative, trauma-informed lens to these cases, are at the table in a sufficiently focused way.

Complementary to the thoughtful staffing decisions currently underway, equal attention must be paid to unique skillsets and diverse representation to comprise GVRS advisory bodies, and to ensuring these advisory bodies can offer feedback directly to BPD. This is especially important when it comes to demonstrating with action, not words, that GVRS is a true partnership with community, and that “community” is not a monolith, as it is so often treated within public safety-related efforts writ large.

Another significant flag that this assessment raises is that the currently awarded RFP designed to serve 75 people as a demonstration project is a drop in the bucket, particularly given the canyon-sized gaps that currently exist for nonfatal shooting victims alone. In addition to finding new and more meaningful ways to serve those individuals, obviously the great value will be to figure out how to actually make a difference in these individual’s lives so that these lessons learned may be scaled. This is great in theory, but especially given the arduous nature of this everyday work, simultaneous ongoing strategic thinking, backed by dedicated policy and funding analysis on new and existing investments, must be prioritized throughout.

GVRS, along with many other goals contained within Mayor Scott’s groundbreaking plan related to strengthening the citywide network of victim support, depend on enhancing trust and broadening the community’s perception of safety beyond the rise or fall of traditional crime stats. They will require going further and deeper into our shared humanity to cultivate solutions capable of making people feel seen and heard. Especially when it comes to highly traumatized individuals bearing the brunt of violence in the city and at the heart of GVRS, this wisdom contained within one of the assessment interviews rings profoundly true:

“This thing is extremely deep-rooted, and nobody is really listening to [the survivors]. Until we start listening to them, and what they want, we’re just going to keep going in a circle. This big giant circle. Because it’s them that’s living that lifestyle. And we need to listen to them and we really need to meet them...[] wherever they’re at. If they’re down in the hole, either you’re gonna go down into the hole with them and work with them. Because there’s no standing at the top of the hole talking down in the hole to work with them. You gotta go down in the hole to work with them. Because that is what means “to meet them where they’re at.” That’s exactly what that means. Because until we meet them where they’re at and stop trying to think for them, we’re going to continue to run into brick walls.”

Needs and Support for Victim-Serving Professionals

It’s been said that a person who is drowning poses the greatest threat to those around them. We heard evidence of that truth in multiple conversations. Even more striking than the ideas for procedural changes has been the repeated references to significant ongoing unaddressed trauma experienced by BPD personnel that may threaten their own well-being, may affect compassion for others, and may encourage deeply ingrained cultural pressures in BPD that consistently fail or refuse to recognize the humanity and dignity of those being served. *“As long as we register emotions primarily in our heads we can remain*

pretty much in control, but feeling as if our chest is caving in or we've been punched in the gut is unbearable."²⁴

Vicarious trauma experienced by sworn and professional staff is often raised as a mandatory afterthought—uncomfortably acknowledged, then put on a back burner. Yet the outsized impact of unrecognized trauma carried by law enforcement personnel, professional staff, and victim service providers within the community, hospital, and justice systems impeding public safety and victim support was woven into nearly every conversation.

Interviewees routinely raised the traumatizing experiences and overwhelming expectations placed on those who serve in BPD. The crushing and relentless nature of the work, the accumulated trauma, and an inhospitable environment to acknowledging its effects were seen as key impediments to more humane interactions with victims and to their own health and job satisfaction. According to a recently published article, "One aspect regularly overlooked is the manner in which the individual is treated by his or her peers or agency when experiencing one or more of the aforementioned stressors."²⁵ Many observed that the climate within BPD is not conducive to reaching out for help for many personnel.

Studies show that officers with PTSD are more susceptible to overreacting to perceived threats, or to compartmentalizing their emotions in response to upsetting events. A 2018 study found that "PTSD and depression rates among firefighters and police officers have been found to be as much as 5 times higher than the rates within the civilian population, which causes these first responders to commit suicide at a considerably higher rate (firefighters: 18/100,000; police officers: 17/100,000; general population 13/100,000). Even when suicide does not occur, untreated mental illness can lead to poor physical health and impaired decision-making."²⁶ The same study found that deaths from suicide among police officers were more than triple the number of those fatally injured in the line of duty.

Victim service providers in particular, who often carry a sophisticated understanding of these issues, demonstrated some of the greatest compassion for the calloused behavior of sworn staff, noting that given the context, the lack of humanity demonstrated was actually very *human*.

Well-intentioned individuals committed to public safety but lacking in support for professional wellness, have little opportunity to develop a meaningful understanding of how to recognize or effectively respond to the consequences of trauma, both in themselves and on those they serve. At every level, people appear to be operating in a combined state of fear, and of being shamed and overwhelmed. Many seem to have developed/adopted dysfunctional coping strategies founded on a widely accepted notion that instilling fear and shame in others is a useful, protective method, and an effective motivator for changing threatening or disruptive behaviors. Numerous participants noted a concern of officers "hiding" in their uniforms or behind their badges, especially in circumstances calling for their humanity rather than a

²⁴ Kolk, V. B. *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (Reprint ed.) (Penguin Publishing Group, 2015).

²⁵ Manners, K., Scallon, C., and Tieszen, L. "Shattered Pieces: The Vicarious Trauma Mosaic." <https://www.policechiefmagazine.org>. 2021. 25 June 2021.

²⁶ Heyman, M., Dill, J., and Douglas, R. "The Ruderman White Paper on Mental Health and Suicide of First Responders." <https://rudermanfoundation.org>. 2018. 25 June 2021.

singular identity of “officer.” And that when paired with the triggering or fear caused by that same uniform for the person on the other end of the interaction, what a harmful combination this can be.

BPD sworn personnel may feel unsafe in their jobs for not meeting the prescribed clearance rate criteria used to judge their success. And they may feel physically unsafe when in the community because of lack of trust with the people they serve, including because they may view some members of the community as irredeemably “bad” people. And they may feel emotionally unsafe because they are mistrusted and denigrated. The interviews revealed that the stigma around the impact of trauma on mental health also creates financial concerns for some officers. They are worried they may be placed on desk duty or otherwise lose their ability to earn overtime, or that they will be seen as unqualified or too weak for their job. One interview revealed the existence of a “phone aversion,” a detective disclosing to a partner that he avoided having to speak with victims in-person or over the phone, exclusively choosing to text. The reason provided was that the proximity to pain and anguish is too much to handle at this point.

City officials may feel at risk because the community feels unsafe, and for some, perhaps their jobs feel unsafe. Leaders may feel overwhelmed by the complexity of creating greater safety in sustainable, community-driven ways, and which can quickly show results. They may feel assailed by media and community members.

Service providers often feel like their work is not seen, valued, or compensated appropriately, causing them to struggle emotionally and financially. They may feel overwhelmed that they cannot meet the needs of their client population in a way that adheres to their standards and values. They feel neither finances nor caseloads allow them to take the breaks they need. One advocate shared she simply had to stop sitting through homicide trials because of the personal toll it continued to take.

Even more striking than the ideas offered by interviewees for procedural changes were the repeated references to how daily exposure to significant trauma experienced by BPD personnel may diminish the capacity for compassion in even the most dedicated individuals. As several people noted, whether it be officers, victim service providers, community, or family members, expecting people with unaddressed trauma to effectively intervene in traumatic situations is often a recipe for disaster.

The cultural norms that prop up the image of officers needing to present as invulnerable “warriors” tend to condone that maladaptive reaction to vulnerability. Resistance to adopting new approaches often appears driven by an emotional defense against surrendering comfortable default beliefs about power and control or simply being too overwhelmed to consider other options.

The possibility of alternative models to promote change through healing is often unknown to or dismissed by people who interact with crime victims. “Trauma-informed” has some traction as a concept, but even within BPD and its partners, there is a wide discrepancy in understanding about what “trauma-informed” actually means or how to operationalize it. Stakeholder interviews reflected that few alternatives to arrest and punishment as primary tools for reducing crime and violence are discussed or accepted within BPD.

To support trauma-informed practices, BPD is encouraged to make low-cost structural changes addressed within the recommendations below, such as through the creation of “soft rooms” that may minimize trauma during interview and family meeting processes. Efforts can also be extended to complete policy review with a focused lens on minimizing/mitigating trauma during arrest, interview

practices, case update expectations, property return practices, and clear expectations for all agency personnel related to professional conduct within assigned duties and roles. Specialized agency-wide training can support trauma-informed practices, but more important is consistent oversight and review of personnel interactions according to established standards.

BPD is also missing opportunities to better tell the story of the safety and wellness efforts they are engaging in, to offer and prioritize these resources to their professional staff along with sworn members of the agency, and to create safety around normalizing and accepting these resources.

Recommendations

As demonstrated by the extensive findings throughout this report, facing the uphill work ahead will take a great deal of courage. But also clear throughout the assessment is if grounded in partnership, empathy, and evidence, success in advancing this work is fully possible. All the recommendations below are designed to include concrete action steps with the power to change culture and improve outcomes, both for people impacted by violence and those working to address it throughout Baltimore, including BPD. Though varying in complexity of substance and process, many are changes that could be made swiftly, without the need for a single grant dollar or personnel change.

Trust and relationship building with partners and the broader community can be abstract work that is difficult to measure, and the exact type of work at risk of being de-prioritized when capacity is low and pressures (such as those surrounding current national trends in gun violence) are high. However, these are essential elements; intentionally listed first as both a critical takeaway and dominant narrative of this entire assessment, and a lens through which all subsequent recommendations should be viewed.

1. Prioritize trust- and relationship-building with the community to a much greater extent, especially as it relates directly to violent crime.

- a. In addition to the many strategies to grow understanding of the impacts of trauma described below, identify strategies to specifically cultivate empathy and a direct connection to the community and individuals served by BPD. It is recommended that BPD personnel review resources developed through the Enhancing Law Enforcement Response to Victims (ELERV) Program (see Appendix D).
- b. Review hiring practices and requirements of both sworn and professional staff, and longevity of assignments, to reduce geographic and other forms of disconnection. For example, examine the barriers to hiring those with past justice system involvement and other forms of lived experience directly related to empathy and understanding of those served.
- c. Within consent decree implementation activities and beyond, prioritize not just feedback opportunities, but efforts at meaningful two-way dialogue with those most impacted by violence and the people serving them every day. These efforts should proactively include opportunities for dialogue with those least likely to have the capacity, existing level of confidence in BPD, or sense of safety to typically accept these invitations. Skilled facilitators with unique qualifications to overcome these barriers should lead these

conversations, such as those trained through the rigorous process offered by the Baltimore Community Mediation Center.

- d. Similarly, specifically skilled facilitators such as those who assisted BPD in the aftermath of the death of Freddie Gray should be engaged to create safe pathways for those within BPD and across ranks to authentically express their concerns and views. Strategies should go beyond anonymous surveys, which have had limited engagement in the past.
2. **To adhere to the BPD Mission Statement of upholding the Constitution and valuing the sanctity of human life, and to align with the principles of Procedural Justice that include 1) fairness in processes, 2) transparency in actions, 3) opportunities for voice, and impartiality in decision making,²⁷ implement trauma-informed protocols related to the following practices immediately:**
- a. **Minimize or eliminate the confiscation of crime victims' property.** Any property confiscation must be justified in relation to updated BPD policy and the Fourth, Fifth, and Fourteenth Amendments of the United States Constitution.
 - b. **Avoid restraint of victims in hospital beds, and support visitation for people in life-threatening status and recovering from serious injuries.**
 - c. **Develop concrete behavioral standards and protocols to assure the treatment of all victims in ways that consciously honor and preserve their dignity, as well as emotional and physical safety,** directly addressing attitudes and practices that condone or support unfair or dehumanizing treatment historically experienced by communities of color and victims of gun violence that is different from the treatment of other victims of crime. Concrete metrics must support the requisite behavior changes and enhanced level of accountability in achieving a more equitable and dignified response to all victims of crime, which does not vary based on victimization type, zip code, race, gender, ethnicity, sexual orientation, disability, or other factors.
 - d. **Require honesty and transparency in all interactions related to participation of victims in investigations.** Coercive or deceitful practices sometimes used to elicit information from witnesses should be specifically prohibited. An explanation of the long-term negative consequences of dishonesty should be included in the description of the policies outlining what is acceptable in an investigation and other aspects of the criminal justice process. These practices are exacerbating trauma and survivor safety concerns, and further eroding trust between the community and BPD.
3. **Engage in a systematic review of all Victims' Rights and applicable BPD policies,** including but not limited to the following topics: privacy, confidentiality, privilege, access to records across BPD and SAO, documentation practices, safety planning, and confiscation/return of property.
- a. [Victims' Rights Jurisdiction Profile](#) for Maryland developed through OVC-funded Law Enforcement-Based Victim Services (LEV) program, resources from the [Maryland Crime](#)

²⁷ Office of Community Oriented Policing Services. "Procedural Justice." <https://cops.usdoj.gov/procdceduraljustice>

[Victims Resource Center](#) and *Law Enforcement Associated Victim Advocates and Brady Disclosures: Legal Background and Considerations* (see Appendix E) can be used to guide and inform this review.

- b. Stakeholder meetings with key partners in violence reduction and with specialized knowledge and roles in the enforcement of these rights (e.g., HVIP Program Administrators, ROAR) should also guide and inform this review.
 - c. **Hold Victim’s Rights Summit** between BPD, SAO, ROAR, and other relevant partners to identify goals and increase awareness; highlight barriers to access and potential solutions; establish meaningful protocols to streamline procedures. Utilize PSP support and convening power to coordinate this event.
4. **Engage in a guided application of the LEV Technical Assistance Program Key Considerations Checklist**, co-facilitated by PSP, SME(s), and BPD Victim Services Personnel, to inform the CID, GVRS, and other departmental restructuring currently in progress. This process will identify ways to effectively leverage resources, enhance collaboration, and implement protocols that elevate the stature of professional staff and value their unique contributions and assets. It also may be used to frame the FY2022 LEV Funding application and enhancements to the BPD Strategic Plan. Currently there is a lack of knowledge about where existing funds come from and how they are maintained, even from people directly involved in this work. Strategic planning around sustained programmatic support will be even more relevant in the face of substantial cuts to victim services funding nationally due to challenges with the Victims of Crime Act, and new opportunities created with American Rescue Plan funds.
- a. **Address substantial missed opportunities for prevention of future victimizations through scaling the BPD victim services program to reach victims of nonfatal shootings, cold cases, and victims across all geographies of the city.** Currently there is little to no non-investigative response to the nearly 700 nonfatal shooting victims annually, with rare exception, for example, when homicide advocates conduct outreach to additional victims whose information is already in their case management system and who did not die. This will take substantial planning including defining the BPD advocacy scope, needed partnerships and MOUs, and/or redistribution of resources, given both the volume of nonfatal gun violence incidents and potential conflicts of interest. These cases may also involve a potentially more expansive intake process, which may be necessary to assess and respond to a broad range of needs.
 - b. **Establish consistency in core services and responses provided by all BPD victim services personnel.** Currently multiple victim services personnel within BPD report to different supervisors and have varying core job responsibilities, which results in inconsistent and ineffective services being received by the community. This variation can also impact career health and growth opportunities for victim services personnel. It is recommended that all BPD victim services personnel and their respective supervisors collectively participate in training and review of resources developed through the LEV Program (see Appendix F).

- c. **Explore realignment of personnel model for all BPD victim services personnel.** The successful integration of victim services into law enforcement agencies requires the identification of appropriate direct supervision, placement in the organizational chart that conveys the value of services provided, and provides a pathway for ethical and equitable services and comprehensive oversight. It is recommended that BPD explore personnel models that will most effectively align with goals of scaling the BPD victim services program and enhancements to the BPD strategic plan (see Appendix G).
5. **Establish consistent communication, protocols, and expectations among survivors, victim advocates, and the BPD Homicide section. Specifically outline the potential benefits of these protocols and the reasoning behind them to other relevant BPD and SAO divisions, i.e., the Gun Violence Enforcement Division and the Special Victims Unit.** Currently siloed relationships should be expanded with a stated goal of enhancing response to victims in recognition of their trauma, benefiting case outcomes, and improving the working conditions at BPD. This includes establishing standards for clear delineation of roles and expectations across sworn and professional staff, routine communication intervals for initial and subsequent communications, tiered communication options and modalities (self/BPD-initiated, phone/text/email/in-person), and internal referral and practice structure, and all other relevant areas of defined expectations and points of collaboration. None of the duties falling within the purview of the victim advocates replace the need for trauma-informed practices and communication required of all detectives and other sworn personnel.
 - a. **With the assistance of PSP, bring in training for all relevant personnel on how to conduct trauma-informed death notifications as soon as possible.** Adopt a team approach to notifications involving detectives and victim advocates as standard operating procedure to ensure a collaborative approach to investigative practices and response to the needs of those impacted by criminal incidents.
 - b. **Enhance crime scene response to reflect trauma-informed practices, including designating specific officers or professional staff with responsibilities related to acknowledging and responding to victim/witness, bystander, and other community needs.** Identify and adopt specific trauma-informed practices as standard operating procedures to enhance crime-scene response to assure the emotional and physical safety and the dignity of all parties impacted by the violence. Develop a process to measure success of implementation and to identify barriers and potentials for improvement. Because crime scene response and death notifications are closely linked, this may be best accomplished through a team approach involving detectives and victim advocates.
 - c. **Redesign and/or rearrange physical space to be more conducive to effective victim response, encouraging enhanced collaboration among relevant personnel, and ensuring the availability of trauma-informed interview rooms and space for unrecorded conversations and support.**
 - d. **Efforts should also extend to a complete policy review with a focused lens on minimizing/mitigating trauma** during arrest processes, interviewing, case update

expectations, property return practices, and clear expectations for all agency personnel related to professional conduct within assigned duties and roles. Specialized agency-wide training can support trauma-informed practices, but more important is consistent oversight and review of personnel interactions according to established standards.

6. **Implement tangible mechanisms through CID Stat or otherwise to measure success and personnel performance based on defined principles and expectations** related to level of collaboration and respectful communication with internal and external partners, dignified and compassionate treatment and interaction, allowing personnel to measure their own strengths and areas needing improvement, and encouraging accountability (professional staff included) in a supportive, productive, and non-shaming way.
7. **Develop a communications plan addressing available BPD victim services and raising awareness among key partners and the community about the existence of these services.** Develop a website highlighting internal services and partnerships, which along with other information-sharing strategies encompassed within the plan will help to change the narrative about BPD's current level of commitment to responding to the needs of victims of crime. This may be accomplished through ride-alongs with patrol, roll-call trainings, and information sessions to specialized units.
8. **Enhance safety and relocation procedures, eligibility, and resources for victims/witnesses, beginning with an urgent evaluation of the structure and capacity of the BPD Witness Relocation Unit, current "Safe Houses," and BPD Policy 805.**
 - a. In collaboration with the Housing Department, SAO, and USAO, conduct an analysis of current practice, gaps, and needs, considering the safety and wellbeing of victims/witnesses, partners, and staff.
 - b. Secure additional professional staff personnel (possibly case managers, analysts) to staff and support this unit's administrative process and survivor resources/support.
 - c. Secure additional emergency housing options (including options with kitchens), and related transportation, food, and other resources people impacted by life-threatening violence need to accompany this process in order to support them in a more realistic, holistic, trauma-informed way.
 - d. Consider changing the name of the Witness Relocation Unit given the challenges it creates in managing survivor expectations of available supports.
 - e. Update relevant metric(s) used for assessing the Unit's activities and staffing needs beyond completed relocations (e.g., paperwork and information-gathering, providing transportation, completing safety/housing checks, securing resources to help meet basic needs) in order to capture the essential scope of this work more fully.
9. **Launch a Working Group in partnership with SAO, USAO, and other relevant partners to address issues surrounding witness intimidation, bounties on survivors, and related serious safety concerns,** such as needed data-sharing agreements/MOUs, threat assessors, and challenges with discovery. This work should begin with newly appointed designees conducting

a review of the **Combating Witness Intimidation Initiative Final Report**. Through this recent initiative, Baltimore stakeholders SAO, BPD, Maryland Department of Public Safety and Corrections, Court Security, Baltimore Mayor’s Office, Housing Authority, and House of Ruth sought to identify challenges related to witness intimidation across all crimes, adopt strategies to address these challenges, and create methods to evaluate the impact of those approaches. These stakeholders outlined specific outcomes and a comprehensive set of strategies to meet them, yet were ultimately stifled by staff turnover and other obstacles.

10. **Identify benefits and potential barriers to addressing substantial gaps in the referral and collaboration process between SAO and BPD victim advocacy units, for all crime types before and after arrests are made.** Clearly establishing timelines for personnel assignments is critical to collaboration efforts (e.g., prosecutors, detectives, victim/witness personnel, and BPD advocates).
11. **Initiate Citywide Service/Resource Mapping co-facilitated by MONSE, SAO, Baltimore Health Department, BPD, and community-based providers and stakeholders and led by an established body that will stay in place long enough to see this work through.** Conduct as an integrated or complementary effort to activities occurring under MONSE and the Mayor’s Comprehensive Violence Prevention Plan to identify all current service providers working across the community, hospital, justice-, and other government-based systems, their populations served, services provided and parameters, current eligibility, funding sources, and opportunities for greater collaboration and filling identified gaps.

Prioritized items:

- a. **Review the strengths and limitations of existing MOUs and execute needed additional MOUs with key victim advocacy-related partners,** including the Pro Bono Counseling Project. Utilize information obtained in the citywide service mapping to support the process of “vetting” appropriate agencies and referral partners as has been a struggle for BPD in the past.
- b. **Establish collaborative meetings or enhance existing multidisciplinary meetings to ensure best practices and continue to inform ideal participants and structures based on the information identified through citywide service mapping.** Identify the specific barriers and stumbling blocks to effective communication and collaboration that limit the value of current multidisciplinary meetings. Expand participation among diverse stakeholders not traditionally seen as partners, as identified in the new Violence Prevention Plan critical to citywide efforts to address and reduce violent crime. Ensure full engagement of BPD victim services personnel and other professional staff.
- c. **Advance efforts to develop a citywide data-sharing agreement and set of individual MOUs** that put timely legal analysis, strategic thinking, and other thoughtful planning into working out meaningful and ethical mechanisms for sharing quantitative and qualitative information among partners based on the evidence of what we know about those impacted by violence. ([Partnership Agreement Framework and Sample Language.pdf \(theiacp.org\)](#))

- d. **Advance goals surrounding the need for the development of wraparound service models working at the intersection of multiple forms of violent victimization, and intergenerational, full family needs.**
12. **Develop a BPD-wide comprehensive plan laying out a cohesive and trauma-informed approach to gun violence across all relevant divisions and personnel, which respects the dignity and safety of all persons impacted, internal to BPD and throughout the community.** This plan should include operational guidelines, articulated benefits, and methods for reducing barriers for each BPD division to include reentry, relocation, victim services, and crime analysts. The intentional creation of safe internal pathways for dialogue and feedback is essential to a comprehensive plan.
13. **Provide Letters of Support for community- and hospital-based organization funding applications.** Relationships with community partners can easily be supported through the completion of these letters for funding applications that result in a shared benefit of enhanced services for those impacted in the community. For example, learning about and encouraging efforts of local partners in applying for funding opportunities such as:
 - a. [OVC FY 2021 Advancing Hospital-Based Victim Services | Office for Victims of Crime \(ojp.gov\)](#)
 - b. [FY 2021 Connect and Protect: Law Enforcement Behavioral Health Responses | Bureau of Justice Assistance \(ojp.gov\)](#)
 - c. [OVC FY 2021 Fostering Resilience and Hope: Bridging the Gap Between Law Enforcement and the Community | Office for Victims of Crime \(ojp.gov\)](#)
 - d. [FY 2021 Edward Byrne Memorial Justice Assistance Grant \(JAG\) Program - Local Solicitation | Bureau of Justice Assistance \(ojp.gov\)](#)
14. **Language Matters: consider transitioning the following terminology within BPD policy and programming:**
 - a. Replace “civilian” with “professional staff” to elevate the stature of these critical roles.
 - b. Replace “victim cooperation” with “participation.”
 - c. Replace “survivor advocate” with another title to mitigate confusion that this is meant to signal that staff have also personally experienced homicide of a loved one or other serious victimization.
 - d. Avoid militarized language and concepts to discuss community concerns and approaches (e.g., warzone, warriors entering identified zones, civilian complaint review, etc.)
 - e. Advance “Person-first language” to humanize and honor the complexity of individuals, and to avoid limiting labels that define people by a single experience or behavior (e.g., a person who was shot; an individual who witnessed a crime; the partner of someone who was killed; a person with a felony record).

f. Avoid paternalistic terminology when referring to people impacted by crime (e.g., “save trafficking victims”).

15. **Advertise the availability of BPD training resources and proactively invite and include advocates and other professional staff currently not benefitting from these efforts.** This includes training mandated under the consent decree and other opportunities relevant or essential to their work. Where possible enhance needed wellness benefits for all personnel.
16. **Reassess the Department-Wide 3 Year Training Plan with the following gaps, goals, and priorities in mind.** Including whether there are opportunities to integrate more of the below topics or principles into trainings already planned or in process (e.g., Community Policing, Procedural Justice, Sexual Assault Investigations, Fair and Impartial Policing, Misconduct and discipline, Interacting with Youth, Supervisor Training), and making stronger and wider connections to the “why” behind the consent decree. Where possible this should maximize opportunities to cross-train with partners and community residents in order to build empathy and awareness across perspectives and to strengthen working relationships. Building off of the Community Planning and Implementation Committee model instituted under the consent decree, this should further grow the diversity of community, behavioral health, and other stakeholders with specialized knowledge and experience on the impact of complex and intergenerational trauma in Baltimore. These efforts must compensate community members for their expertise and time. These efforts should seek to diversify community participation as widely as possible, recognizing that “community” is not a monolithic group.

Develop and implement the following:

- a. **Antiracism Training that includes education and exploration of the history of policing, and allows interactive opportunity for participants to reflect on what comes up for them in a safe space;** ideally this content would be developed and delivered in connection with the training academy and provide refresher trainings for seasoned sworn and professional staff. [*All personnel; in partnership with community partners, <https://www.resmaa.com>*]
- b. **Baltimore History and Geography Training;** deepening understanding of the “Black Butterfly and the White L” and the impact of redlining; cultivating empathy and knowledge of the resources residents need to be safe and to thrive. [*Multiple levels of personnel; in partnership with community partners*]
- c. **Poverty Simulation Training;** interactive immersion experience which sensitizes participants to the realities of poverty. [*Multiple levels of BPD personnel; in partnership with SAO and other community and system partners, <https://www.southern.edu/news/01-01-2019-poverty-simulation.html>*]
- d. **Vicarious Trauma;** deepening understanding of the risk of having traumatized personnel respond to trauma-based situations – to staff and community; help in assessing organizational capacity to address employees’ work-related exposure to trauma and prioritize organizational needs. [*Multiple levels of personnel; in partnership with community organizations, <https://ovc.ojp.gov/program/vtt/what-is-the-vt-org>*]

- e. **Trauma-Informed Death Notification** (see above rec).
- f. **Trauma-Informed Practice for Law Enforcement;** deepening understanding of trauma, its effects, and practical application of knowledge to daily responsibilities. [*BPD Homicide Unit, led by Steve Hess/USAO*]
- g. **Victim/Witness Interviewing;** specific trauma-informed, cognitive interview approaches for victims/witnesses; advocates may benefit from participation with a clear understanding of role limitations. [*BPD detectives and advocates*]
- h. **Mental Health Response,** including behavioral health, danger to self/others, duty to warn; understanding that mental health response does not equate to VS response; expand community resources outside of business hour response; shifting perception of “what is safety?” and shared responsibility; bolstering understanding that currently BPD is often the most constant presence and must be equipped to identify and provide appropriate referrals. [*Multiple levels of BPD personnel and professional staff including advocates, <https://www.mentalhealthfirstaid.org/>*]
- i. **Victim Services,** including training on resources and issues related to victim services located within the agency (DV/SA, human trafficking, homicide) and partnerships within systems and community (e.g., role clarification, services available). Consider reintroducing opportunities for partners such as Roberta’s House and other community-based organizations to present at roll call or otherwise to ensure updated content and awareness, reflective of the importance of these topics to all public safety work. [*Multiple layers within BPD, particularly as part of the victim services reorganization underway*]

17. **Hold administrator-level meetings with all Baltimore Hospital-based Violence Intervention Programs to build trust and establish specific MOUs and practices necessary for productive and respectful working relationships, which protect the dignity and wellbeing of victims, and honor the tremendous potential of these programs to support healing and reduce repeat victimization and retaliation.** Establish parameters to communication and information-sharing, and reconfigure all necessary policies and protocols related to the treatment of gun violence victims and others impacted by violence in the hospital setting. Avoid coercive, trauma-inducing, trust-reducing practices that may undermine collective interests of public safety and BPD’s current and future investigative interests, such as unnecessary confiscation of property, restraining victims to beds, refusing visitors, and violating victims on parole or probation for minor infractions or for being shot. Engage in review and necessary training to eradicate any unconstitutional practices (e.g., handling of property as dictated by **Policies 703 and 1401**).

18. **Greatly enhance the understanding of the purpose and impact of Community Violence Intervention Programs and factors required for successful implementation. This includes education surrounding the unique role and value of credible messengers and other violence intervention specialists in advancing the shared citywide public safety mission.**

- a. Address inconsistencies in working relationships and improve thoughtful and mutually respectful collaboration between BPD and various Safe Streets sites. Strategies include:

- i. Enhance knowledge of intervention and prevention model(s), including highlighting benefits to shared community safety. BPD personnel should understand that Safe Streets staff aim for the same end goal of safe and healthy communities and reductions in gun violence, but through a different, sometimes complementary, approach.
 - ii. Develop and make widely available collaborative trainings with the goals and structure identified in the Report Findings section. Engage BPD recruits in a training program with Safe Streets, conducting neighborhood canvassing without uniforms or guns. Stress the importance of learning to be in communities without a gun in order to build the skills, relationships, and demeanor to be there safely with a gun.
 - iii. Elevate stature of these organizations and their professional staff as vested partners in co-produced, co-owned community safety approaches.
 - iv. Ensure clarity around information-sharing practices attached to ROCA and the Safe Streets model and other collaborating community organizations, and the need for a one-way flow of information in many circumstances to advance the public safety and community healing goals of all.
 - v. BPD personnel may have a prior contentious relationship with a credible messenger before they were employed to do violence intervention. BPD sworn personnel should not define these individuals from the previous relationship.
 - vi. Wherever possible BPD personnel can give CVI staff space to resolve brewing conflicts before they escalate in the neighborhoods with highest risks for gun violence.
- b. Reinforce BPD's interests (through agency and municipal financial investment and otherwise, including via newly available American Recovery Plan funds) in fully functioning CVI support services in neighborhoods throughout the city, prioritizing those in the top 25% most violent neighborhoods. Ensure that fully functioning is defined to include culturally appropriate and meaningful trauma-informed behavioral health and other supports for service providers and other personnel involved in violence reduction work.
 - c. Review relevant policies influencing the level of coordination and communication across CVI entities, BPD, and partners in adult and juvenile corrections, surrounding ensuring the prevention of retaliatory homicides through appropriate timing and circumstances of release of high-risk individuals from custody and ensuring appropriate resources are in place.

19. Become a partner in equity and access to compensation for victims, including through:

The creation of an in-house victims' compensation liaison within BPD Victim Services. This liaison can address BPD's role in enhancements to the quality of information and timeliness of the "Contributory Conduct Form." Foster relationships

between BPD and CICB to clarify processes, case information, and ability to use discretion in support of meeting applicants' needs.

- a. Provide training on program qualifications, parameters, and trauma-informed processes (including the reasoning behind why it is problematic to withhold full transparency or further a perception of financial incentives to victims/survivors for participation in the criminal justice process).
- b. Collect data on timeline and process points within BPD to better understand the current state of this process and direct needed improvements. This is critical given the important and often gatekeeping role played by BPD in victim access to CICB.
- c. Assist through convening power or otherwise additional enhancements to collaboration surrounding this program and related process as described in the Report Findings section (including the identification of collective recommendations for needed legislative change).

20. Strengthen partnerships across organizational ranks with critical partners to include:

- a. **Baltimore Health Department**
- b. **Baltimore Housing Department**
- c. **Criminal Injuries Compensation Board**
- d. **Department of Juvenile Services**
- e. **Employment and Workforce Development Services**
- f. **Faith Community**, including BPD Chaplaincy Program
- g. **Hospital-Based Violence Intervention Programs**
- h. **Mental Health Services**, i.e. Baltimore Crisis Response, Pro Bono Counseling Project
- i. **Reentry Services**, within and external to BPD
- j. **State's Attorney's Office**
- k. **Victim Service Providers**, based in diverse communities and university programs
- l. **Violence Interruption Programs**, including Safe Streets and ROCA

21. In partnership with the above entities, and others critical to this work in Baltimore not directly participating in this assessment, integrate strategies for change and opportunities to fill gaps in trauma-informed services as detailed in the Report Findings sections, and in particular those detailed on pages 42 – 45.

Conclusion

Any one recommendation above has the power for substantial positive change in the response to those impacted by violence. The very process of this assessment—during which participants repeatedly noted

how much they valued this rare opportunity to reflect and share their perspective—has furthered the hunger for positive change in the lives of those impacted by violence in Baltimore City.

This report highlights the necessity for investment into creating infrastructure to enhance victim services that will give providers a mandate to work under and a community of care to connect to. Investment in this infrastructure, first and foremost the human capital that already exists in neighborhoods throughout Baltimore, will improve collaboration across partners, including and within BPD. The assessment revealed ways in which efforts to improve collaboration have stalled in the past, demonstrating the ways in which buy-in to the creation of new infrastructure and return on investment of collaboration across those who work with survivors of violence is vital.

While these goals are critical, it will also remain necessary to assess whose survivorship is valued more than others and why. In an ideal world, we understand the layers in victimization, and that the intersection between those who have been harmed and who cause harm is endemic to the human experience. Exploring and working to dismantle the biases nearly all personnel bring to this work has tremendous value as an ongoing goal, including for both sworn and professional staff of BPD.

Stakeholder feedback consistently emphasized the momentum in this historic moment in Baltimore and beyond for transformative shifts in victim services. From developing shared language across providers for referring to survivors, to expanding the tent, and addressing vicarious trauma among law enforcement and professional staff as a fundamental pillar of this work. As outlined in this report as well as the Mayor's Plan, a large diversity of stakeholders have come together to build a roadmap for how this new paradigm of healing and safety dignity can be built, each hard but necessary step at a time. Notwithstanding the deep and sometimes overwhelming nature of the challenges, the tone of this assessment was not pessimistic. The people who have dedicated their lives to this work in Baltimore are in it for the long haul; many so clearly viewing change and dignity for those impacted by violence as not only achievable but necessary, regardless of leadership at BPD or City Hall.

Still, underlying all findings is the reality that without a sustained commitment at all levels to shifts in culture and a more nuanced understanding of survivors and their needs, changes in policies and procedures will have little effect. Only if members of BPD from top to bottom can muster the courage to embrace the wisdom offered by so many participants of this assessment will a new vision of shared safety and collaboration be possible. One capable of not just moving but transcending current statistics, measurable in healing in the lives of those touched by violent crime.

Appendix A: Assessment Team

Heather Warnken, J.D., LL.M. served for five years as a Visiting Fellow at the U.S. Department of Justice, co-affiliated with the Office for Victims of Crime and Bureau of Justice Statistics in the first-ever position dedicated to bridging the gap between research, policy, and practice for the victim assistance field. Through this role she helped launch the first-ever national Victim Services Statistical Research Program, and served as a key subject matter expert in designing and implementing multiple national initiatives, including the National Resource Center for Reaching Victims, the Center for Victim Research, the Estimating the Financial Costs of Victimization Study, and the Collective Healing National Demonstration Initiative (working with five cities throughout the U.S. in promoting trauma informed-responses, increased service access, and healing between community and police).

Before joining DOJ, she spent five years as Legal Policy Associate at the Warren Institute on Law & Social Policy at the University of California, Berkeley School of Law. While there, she led multidisciplinary policy reform projects in criminal and juvenile justice, including two statewide needs assessments on how to improve access to services and compensation for underserved victims of crime. Ms. Warnken also worked as Mitigating the Effects of Poverty Program Director for the national project Partners for Each and Every Child, advancing recommendations of the congressionally chartered Commission on Education Equity and Excellence, and as research partner to Californians for Safety and Justice. She served as a Law Clerk on the Court of Appeals of Maryland and has provided pro bono legal services in domestic violence and child welfare matters.

She holds an LL.M. from UC Berkeley School of Law, a J.D., cum laude with pro bono distinction, from Suffolk University Law School, and a B.A., with honors, from Johns Hopkins University. While at UC Berkeley, she was awarded the Fahey Award, presented annually to a Berkeley graduate student with a deep commitment to ending violence against women. She was a 2015 Women's Foundation of California Criminal Justice Fellow, a 2014 New Leaders Council Fellow, and was profiled in Refinery29's Month of Visionaries series for her innovative work improving responses to crime victims.

Peter Pollard has worked for the last 30 years as a violence prevention and intervention specialist, most recently as a Visiting Fellow at the Office for Victims of Crime (OVC), U.S. DOJ, and previously for 15 years as a state, child protection social worker; Director of Public Education at Stop It Now!, a national sexual abuse prevention organization; Training and Communications Director for 1in6, Inc., a national organization serving men who have unwanted or abusive sexual experiences; and as a group facilitator for males participating in an intimate partner abuse prevention program. From 2003 to 2019, he served as the Western MA coordinator for SNAP (Survivors Network of those Abused by Priests). He has extensive training and experience in conflict resolution including mediation, restorative practices, and Motivational Interviewing. He has written and presented extensively about how males respond to trauma, vulnerability, and shame and about overcoming barriers to engaging males who have experienced trauma in healing services.

Kenton Kirby completed a master's degree in social work from New York University. With up to 20 years of experience in the field, Mr. Kirby has worked in a number of positions in child welfare as well as a Forensic Social worker throughout the New York State court system. Kenton has worked as an

adjunct lecturer at the graduate and undergraduate level in New York City and has a wide array of experience providing individual and group therapy to those with complex mental health needs in sex-offender, parenting, and drug treatment programs. Kenton also facilitates weekends of recovery for male-identified survivors of sex assault.

In his current role as the Director of Practice at the Center for Court Innovation, Kenton is responsible for spearheading direct practice values and vision for one of the largest agencies in New York City. Kenton was also one of the founders in developing the [Make it Happen](#) program at the Center for Court Innovation. Make it Happen is a revolutionary and nationally recognized program model that provides mentoring, intensive case management, clinical interventions, and supportive workshops to young men of color ages 16–24 who have been impacted by violence. Through a trauma-informed and culturally competent approach participants are challenged to think about how their definition of manhood is intertwined in trauma and the implications it has on stereotypical gender roles. Mr. Kirby has presented at a number of local, national, and international conferences on the success of Make It Happen and the program's approach to trauma, healing, and advocacy for victims. Through an expansion, Make it Happen is now participating in a number of interagency collaborations to integrate this model into other parts of New York City and across the country utilizing the program's trauma toolkit [Responding to Trauma Among Young Men of Color: Adapting the Crown Heights Approach for Your Community](#). Kenton was awarded the 2016 Emerging Leader Award by the [National Association of Social Workers](#), New York City Chapter (NASW-NYC). He was the recipient of the Community Impact Award from the [Urban Justice Center](#) in 2017. Kenton was also a recipient of the 2019 Advocates Award from the NYC Mayor's Office to End Gender-Based Violence (ENDGBV). Kenton is a former college basketball player and a big fan of all NY sports teams.

Amy Durall founded Integrity Institute LLC to advance prioritized focus on the rights, responses, and resources for individuals impacted by crime and crisis circumstances. This is best realized when professionals are fully prepared to embrace their roles and responsibilities.

In addition to consulting, Amy is currently a Project Manager for the International Association of Chiefs of Police and her portfolio includes contributions to multiple projects including the Sexual Assault Kit Initiative, Enhancing Law Enforcement Response to Victims, Law Enforcement-Based Victim Services, Documenting and Advancing Promising Practices in Law Enforcement Victim Support, and Research and Evaluation of Victims of Crime.

Prior to joining the IACP, Amy served as victim services director for two separate law enforcement agencies with both agencies receiving national recognition for victim services during her tenure. This direct practice has been augmented through service on local and national committees focused on multidisciplinary and collaborative response to those impacted by crime and crisis circumstances. Amy routinely leverages these experiences as a consultant on projects aimed at criminal justice system intersections and enhanced victim response.

Amy has over 30 years of social service experience with multiple populations to include: youths and adults with developmental, emotional, and cognitive disorders, adults with mental health disorders, incarcerated adults, protective services for children and adults, and those who have experienced physical violence, sexual violence, criminal victimization, and crisis circumstances.

Amy holds a master's degree in Psychology and was accepted into the Psi Chi Honor Society. She has received specialized certification in the instruction of Victimology, Grantsmanship Essentials, and Crisis Intervention Training and routinely provides consultation and training to law enforcement agencies, community service organizations, and allied professionals.

Appendix B: Semi-Structured Interview Questions

Baltimore Police Department – Victim Services Assessment Semi-Structured Interview Questions

Interviewer Introductions

Review – background/purpose, recording process, time frames [interview – 1.5 hours, final report – 4 months]

Interview Overview – sample language:

Several assessments have focused on policies and practices of systems in place to make Baltimore safer. Noted through many of these assessments are communication challenges, both within those systems and between the systems and the communities they serve. A contributing factor is the need to address high crime rates through balanced resources/strategies to prevent violence from occurring and improve response to crimes after they have been committed.

Personnel from multiple agencies have been identified to discuss the intersections of the Baltimore Police Department, those impacted by violence, and victim services. We are hoping to get a complete and accurate picture that will help us form recommendations—we would like your help in identifying positive suggestions for the shared goal of a safer, more trauma-responsive Baltimore. There are no right or wrong answers and it's perfectly okay if you don't know some of the information we're asking about. We'll be recording the conversation today to help us with notetaking, but the recording won't be shared with anyone outside of the Assessment Team. Information may be used to satisfy goals of the assessment but won't be attributed to specific people/organizations and will only be shared with expressed permission.

Don't hesitate to ask us any questions that come up.

1. Tell us a little about you and why you have chosen to do the work you do.
2. Healing historically strained relationships has been identified as a priority by the Baltimore Police Department and many citizens of Baltimore. The death of Freddie Gray in April 2015 and aftermath emphasized the importance of addressing that priority.
 - a. From your perspective of serving those impacted by violence, what steps could Baltimore Police Department take to help heal the historic racial tension and inequity in the city?
 - b. What steps could Baltimore Police Department take to enhance trust with communities of color?
3. In addition to historical tension and inequity, describe some reasons you think that those impacted by violence may fall through the cracks or disengage from the criminal justice process.
4. Describe a success story for effective engagement with Baltimore Police Department by an individual impacted by violence.
 - a. What helped this effort succeed?
 - b. How were barriers addressed?

5. Describe a situation where an attempt by Baltimore Police Department to engage with an individual impacted by violence went awry even if there may have been good intentions.
 - a. What do you think contributed to this?
 - b. How do you think the crime victim/individual impacted by violence would describe what happened?
6. Given your experience, what practical suggestions do you have to improve the overall collaborative response and services to those impacted by violence?

Additional Information:

Post-Interview Themes and Recommendations:

Themes:

Recommendations:

Appendix C: Victim Services Assessment Survey

Victim Services Assessment - Survey

This electronic survey is being administered as part of the DOJ-funded Public Safety Partnership Program. For any questions about this survey, please contact the Victim Services Assessment Team:

victimservicesassessment@gmail.com

Thank you for contributing your thoughts and input to this important issue. We are committed to gathering confidential and individualized information related to the needs of those impacted by violence—specifically with a focus on boys and men of color and those impacted by gun violence. Please do not include any personally identifying information in your responses.

Several assessments have focused on policies and practices of systems in place to make Baltimore safer. Noted through many of these assessments are communication challenges, both within those systems and between the systems and the communities they serve. A contributing factor is the need to address high crime rates through balanced resources/strategies to prevent violence from occurring and improve the response to crimes after they have been committed.

While participation in this survey is voluntary, we encourage you to complete as many questions as possible. We anticipate the survey will take approximately 30 minutes to complete. We would like your help in identifying suggestions for the shared goal of a safer, more trauma-responsive Baltimore. Your input may be used to satisfy goals of the assessment but will not be attributed to specific people/organizations and will only be shared with expressed permission.

Identify your role in connection to those impacted by violence:

Please describe your understanding of the mandates and priorities of the Baltimore Police Department:

How much do you believe the mandates and priorities of the Baltimore Police Department complicate or help effective engagement with those impacted by violence?

Describe how:

Describe differences in how you believe the mandates and priorities are carried out across ranks and disciplines within the Baltimore Police Department:

How do you think those impacted by violence would describe challenges to effective engagement with the Baltimore Police Department?

Describe your understanding of the mandates and priorities of different program personnel (community-based victim services, hospital-based, violence intervention programs) each playing a role in responding to those impacted by violence:

How much do you believe the mandates and priorities of program personnel (community-based victim services, hospital-based, violence intervention) complicate or help effective trust-building between those impacted by violence and the Baltimore Police?

Describe how:

How do you think the Baltimore Police Department would describe the influence of programs external to Baltimore Police Department and State's Attorney's Office (community-based victim services, hospital-based, violence intervention) on effective healing and trust-building with those impacted by violence?

Describe your understanding of safety/survival strategies for people in neighborhoods with high rates of violent crime:

How do you think Baltimore Police Department personnel would describe the impact of safety/survival strategies for people in neighborhoods with high rates of violent crimes on effective engagement?

Healing historically strained relationships has been identified as a priority by the Baltimore Police Department and many citizens of Baltimore. Recent events such as the death of Freddie Gray in April 2015 and aftermath emphasized the importance of addressing that priority.

From your perspective of serving those impacted by violence, what steps could Baltimore Police Department take to help heal racial tension and inequity in the city?

What steps could Baltimore Police Department take to enhance trust with communities of color impacted by violence?

Rank the importance of the following factors for Baltimore Police Department to help create a safe community - 1 (most important) to 5 (least important) :

	1	2	3	4	5
Arrest of individuals who commit violent crimes	<input type="radio"/>				
Validating/acknowledging the impact of violence on victims and witnesses	<input type="radio"/>				
Connecting those impacted by violence with resources beyond the criminal justice system to address needs, heal, and/or prevent future violence	<input type="radio"/>				
Establishing trusting relationships with community members who have been impacted by violence	<input type="radio"/>				
Effectively identifying those impacted by violence beyond the statutory definition of victim, or those whose cases proceed in the criminal justice system	<input type="radio"/>				

Describe any factor that was left out:

Which of the following do you believe are the top 5 factors/challenges Baltimore Police Department personnel face in effective engagement with those impacted by violence?

	1	2	3	4	5
High workload (e.g., number of reports/cases)	<input type="radio"/>				
Inadequate staff (e.g., turnover, specialized skills)	<input type="radio"/>				
Inadequate training (e.g., funds, capacity, approach)	<input type="radio"/>				
Diminished morale of Baltimore Police Department personnel	<input type="radio"/>				
Historic and present experiences of racism, abuse of power, or other mistreatment of those impacted by violence by Baltimore Police Department personnel and/or processes	<input type="radio"/>				
Lack of trust by those impacted by violence in Baltimore Police Department personnel and/or processes	<input type="radio"/>				
Hesitancy or aversion of those impacted by violence to participate in the criminal justice system, due to fear of retaliation/intimidation, lack of trust in the system's ability to produce just/meaningful outcomes, etc.	<input type="radio"/>				
Inadequate services for those impacted by violence in the community (e.g., access, quality, quantity, appropriateness)	<input type="radio"/>				

Describe any factor that was left out, including any communication or process issues within Baltimore Police Department and/or with partners in the State's Attorney's Office, Courts, or Community:

How might Baltimore Police Department personnel improve their response to those impacted by violence?

Which of the following do you believe are the top 5 factors/challenges program personnel (community-based victim services, hospital-based, violence intervention) face in providing effective services to those impacted by violence?

	1	2	3	4	5
High workload (e.g., number of referrals/clients)	<input type="radio"/>				
Inadequate staff (e.g., turnover, specialized skills)	<input type="radio"/>				
Inadequate training (e.g., funds, capacity, approach)	<input type="radio"/>				
Diminished morale of service providers	<input type="radio"/>				
Historic and present experiences of racism, abuse of power, or other mistreatment of those impacted by program personnel and/or processes	<input type="radio"/>				
Lack of trust by those impacted by violence in service organization personnel and/or processes	<input type="radio"/>				
Hesitancy or aversion of those impacted by violence to participate in services due to retaliation/intimidation, lack of trust in the organization's ability to produce just/meaningful outcomes, etc.	<input type="radio"/>				
Inadequate services for those impacted by violence in the community (e.g., access, quality, quantity, appropriateness)	<input type="radio"/>				

Describe any factor that was left out, including any communication or process issues within community organizations and/or with other service providers, Baltimore Police Department, State's Attorney's Office, and Courts:

How might program personnel (community-based victim services, hospital-based, violence intervention) play a more direct or supportive role in the ability of Baltimore Police Department personnel to effectively engage with those impacted by violence?

Is there anything else you think we should know about services for those impacted by violence in Baltimore?

These additional questions are optional and your continued input is valued.

What suggestions do you have for how to improve a collaborative response (*Baltimore Police Department, criminal justice professionals, system-based victim services, community-based victim services, hospital-based programs, violence intervention programs*) to each of the following potential needs of those impacted by violence:

SAFETY - physical, emotional, and psychological safety of self and others

SUPPORT- presence of support persons chosen by those impacted by violence and connection to services

INFORMATION - understanding rights, resources, and future points of contact

ACCESS - ability of those impacted by violence to fully participate in processes and services, including the criminal justice system if they so choose

CONTINUITY - consistent information, updates, and support

VOICE - opportunities to ask questions and be heard

JUSTICE - fair treatment and opportunities to provide input on decisions and outcomes impacting their own lives

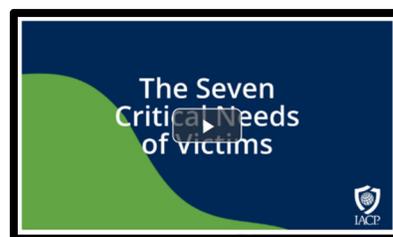
Submit

Appendix D: IACP Enhancing Law Enforcement Response to Victims (ELERV)

Resources

The *Enhancing Law Enforcement Response to Victims (ELERV) Strategy* introduces law enforcement leaders to the concepts and benefits of enhancing their response to victims of all crimes. It also illustrates how every person in a law enforcement agency has a role in effective victim response. Implementing the ELERV Strategy can lead to broader community-wide trust and confidence in the police, foster the healing process for victims, increase victim participation, and produce stronger, more comprehensive cases to hold offenders accountable.

Comprehensive and customizable resources are available: [Enhancing Law Enforcement Response to Victims \(ELERV\) | International Association of Chiefs of Police \(theiacp.org\)](https://www.theiacp.org/enhancing-law-enforcement-response-to-victims-elerv)



Appendix E: Law Enforcement-Associated Victim Advocates and Brady Disclosures: Legal Background and Considerations

PROTECTING, ENFORCING, & ADVANCING VICTIMS' RIGHTS



NATIONAL CRIME VICTIM LAW INSTITUTE

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LAW ENFORCEMENT-ASSOCIATED VICTIM ADVOCATES AND *BRADY* DISCLOSURES: LEGAL BACKGROUND AND CONSIDERATIONS

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This resource was developed by the National Crime Victim Law Institute (NCVLI) under 2018-V3-GX-K049, awarded to the International Association of Chiefs of Police (IACP) by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this draft publication are those of the contributors and do not necessarily represent the official position of the U.S. Department of Justice.

The Legal Background for Brady Disclosures

The United States Constitution requires the prosecution to disclose certain information in its possession to the criminal defendant when that information could be beneficial to the defense. The United States Supreme Court articulated this rule in a case called *Brady v. Maryland*, in which it held that prosecutors are constitutionally obligated to disclose “evidence favorable to an accused . . . [that] is material either to guilt or to punishment.”¹ This rule became known as the *Brady* rule, and it imposes an affirmative duty on prosecutors “to disclose such evidence . . . even [when] there has been no request [for the evidence] by the accused, and . . . the duty encompasses impeachment evidence as well as exculpatory evidence.”² This duty extends to exculpatory and impeachment evidence in the possession of the prosecutor and “others acting on the government’s behalf in th[e] case, including the police.”³ Put more simply, the *Brady* rule obligates prosecutors to automatically disclose information in its possession to criminal defendants when that information could be helpful in defending against the criminal charges because it is relevant to the determination of guilt or to the credibility of witnesses.

Disclosures made pursuant to the *Brady* rule are part of the general “discovery” obligations that govern the exchange of information between the “parties” in a criminal case; the parties are the prosecutor and defendant. Sometimes the term “discovery” is used to describe the parties’ requests for information and records from nonparties, including victims, but this is an imprecise use of the word. The decision in the *Brady* case did not create a broad constitutional right to discovery, meaning that defendants have no general right to obtain information that a nonparty possesses.⁴

Even though the *Brady* rule requires that prosecutors automatically disclose certain information to defendants, it does not require the prosecution to adopt an “open file” policy or “deliver [their] entire

file to defense counsel”; rather, it imposes a constitutional duty to disclose only favorable evidence “that, if suppressed, would deprive the defendant of a fair trial.”⁵ Some prosecutors’ offices may choose to adopt a liberal disclosure policy, while others may adopt a policy of only disclosing exactly what is required by the *Brady* rule or by other, related disclosure rules.⁶

Under the *Brady* rule, the duty to disclose this information to defendants includes information possessed by others acting on behalf of the prosecution in connection with the criminal case.⁷ A number of federal and state courts have addressed whether information possessed by advocates is subject to the rule and have generally concluded that prosecution-based advocates are part of the prosecution team for purposes of the *Brady* rule and its required disclosures.⁸ When it comes to information in the possession of law enforcement, prosecutors’ *Brady* disclosure obligations apply to information in the possession of members of law enforcement who are assisting with the investigation of the case.⁹ This is required because the United States Supreme Court has clarified that an “individual prosecutor has a duty to learn of any favorable evidence known to the others acting on the government’s behalf in the case, including the police” and has observed that “procedures and regulations can be established . . . to insure communication on each case” to the prosecution.¹⁰

Outside the clear context that information known to law enforcement is considered to be known to the prosecution and therefore subject to the *Brady* disclosure obligation, a case-by-case analysis guides the determination of whether another entity or individual is considered to be a part of the prosecution team or acting on behalf of the prosecution for *Brady* disclosure purposes.¹¹ Factors considered by courts include: whether the prosecution has control over the entity with the information;¹² whether the individual or entity has assumed any of the roles or duties of the prosecution or is merely cooperating with the prosecution;¹³ whether the prosecutor has a right to access the entity’s or individual’s files;¹⁴ the level of involvement with the prosecution team and whether there was a joint investigation involving another government agency;¹⁵ and whether the individual or entity qualifies as an “agent” under agency theory.¹⁶

In summary, the prosecution is constitutionally required to disclose information to the defense if it is known by the prosecution or if it is in its possession or control—either directly or through law enforcement or another entity working on behalf of the prosecution, as determined on a case-by-case basis—and if the information is relevant to the determination of guilt or to the credibility of witnesses.

Considerations for Assessing Law Enforcement-Associated Victim Advocates’ Brady Disclosures

When structuring and operating programs where victim advocates are associated with law enforcement agencies, it is important to analyze factors that can help determine whether advocates may possess information subject to *Brady* disclosure obligations. In some jurisdictions, law enforcement agencies directly hire victim advocacy personnel; in others, law enforcement agencies refer victims to outside providers without providing any in-house advocacy; and in others, victim advocacy services are provided in a hybrid model that combines the efforts of law enforcement agencies and outside entities. Agencies who provide services using a hybrid model may have victim advocates physically co-located with law enforcement, or they may be housed externally. Law enforcement-associated victim advocates should understand their own privacy obligations, as well as other advocacy providers’ ability to protect victims’ communications from disclosure so that they can explain these to victims at the earliest moments and provide appropriate referrals.

A non-exhaustive list of considerations to assess *Brady* and other disclosure obligations follows. While no one consideration may be dispositive, affirmative answers to the any one of these may each make it more likely that *Brady* disclosure obligations will apply. A legal analysis of the specific advocacy structure used in a jurisdiction is recommended.

- Is the advocate an employee of the law enforcement agency?
- Is the advocate subject to supervision by a member of law enforcement?
- Does the law enforcement agency contribute funding for the advocate's position?
- Does the advocate have any investigatory responsibilities or participate in investigatory or prosecution team meetings?
- Is the advocate physically located on the same premises as law enforcement?
- Are any office resources (printer, fax machine, email server, etc.) shared by the advocate and members of law enforcement or the prosecutor's office?
- Is information held by the advocate readily accessible by others?
 - Can the prosecution compel production of advocate files without issuing a subpoena?
 - Can individuals from law enforcement or the prosecution readily access the area (physically or technologically) where victim information is stored?
 - Can individuals besides the advocate readily access the area where the advocate meets with victims of crime during the time of the meeting?
- Is the advocate required to collect or report any information to law enforcement or to the prosecutor's office? If so, is that information identifiable to a specific victim?
- Is the advocate solely or partially responsible for carrying out duties assigned to law enforcement or to the prosecutor's office by law? Such as:
 - Providing victims with information about their rights
 - Notifying victims of upcoming criminal justice proceedings
 - Providing survivors with information about state compensation programs

Once advocates' disclosure obligations are determined, policies and procedures—including training—should be developed and deployed. In addition, agencies should consider:

- A written Memorandum of Understanding between law enforcement and any outside advocacy entity documenting the division of duties, responsibilities, supervision structures and access to information.
- Written policies and procedures governing:
 - Interactions between the advocate and members of law enforcement and the prosecutor's office
 - The privacy of the advocate's files and communications with victims
- Joint training of advocates, law enforcement (including records personnel) and prosecutors on *Brady* disclosure obligations and the advocate's role.

In most jurisdictions, *Brady* disclosures obligations are not the only laws relevant to privacy. Other legal considerations that may impact the privacy of the advocate's files and communications with victims may vary across jurisdictions, but all relevant privacy-related laws should be analyzed and may include the following:

- Privilege protections
- Confidentiality obligations

- Requirements regarding releases of information
- Address confidentiality programs
- Identity protection programs
- Exemptions from public records disclosure requirements

¹ 373 U.S. 83, 87 (1963).

² *Strickler v. Greene*, 527 U.S. 263, 280 (1999).

³ *Id.* at 280-81 (quoting *Kyles v. Whitley*, 514 U.S. 419, 437 (1995)).

⁴ *See, e.g., Weatherford v. Bursey*, 429 U.S. 545, 559 (1977) (observing that “[t]here is no general constitutional right to discovery in a criminal case, and *Brady* did not create one”).

⁵ *Bagley* 473 U.S. at 675; *see also United States v. Ruiz*, 536 U.S. 622, 629 (2002) (observing that *Brady* does not require prosecutors to “share all useful information with the defendant”).

⁶ Beyond that material to which a defendant is constitutionally entitled under *Brady*, state statutes or procedural rules may entitle a criminal defendant to additional discovery materials. It is important to identify and know these local rules and how they function, as they may require the disclosure of certain information in the possession of law enforcement.

⁷ *See, e.g., United States v. Cano*, 934 F.3d 1002, 1023 (9th Cir. 2019) (observing that the prosecution “has no obligation to produce information which it does not possess or of which it is unaware,” but noting that its obligation does extend to information held by other government agencies if the prosecutor can be deemed to have possession or control over those records) (quoting *Sanchez v. United States*, 50 F.3d 1448, 1453 (9th Cir. 1995)); *United States v. Graham*, 484 F.3d 413, 417 (6th Cir. 2007) (“*Brady* clearly does not impose an affirmative duty upon the government to discover information which it does not possess.”) (quoting *United States v. Beaver*, 524 F.2d 963, 966 (5th Cir. 1975)).

⁸ *See, e.g., Eakes v. Sexton*, 592 F. App’x 422, 429 (6th Cir. 2014) (finding that a prosecution-based victim advocate’s report fell within the scope of the state prosecutor’s *Brady* obligations even though the advocate was “located ‘in a separate part of the District Attorney’s office’”); *United States v. Drayer*, 499 F. App’x 120, 123 (2d Cir. 2012) (assuming, without discussion, that a document in the file of a victim coordinator working for the United States Attorney’s Office implicates *Brady* disclosure obligations); *Commonwealth v. Liang*, 747 N.E.2d 112, 116 (Mass. 2001) (concluding that “the work of [prosecution-based] advocates is subject to the same legal discovery obligations as that of prosecutors and their notes are subject to the same discovery rules”); *Commonwealth v. Kozakiewicz*, 107 N.E.3d 1255, at *4 (Mass. App. Ct. 2018) (unpublished) (stating that the “prosecution team includes victim-witness advocates”); *State ex rel. Brandenburg v. Blackmer*, 110 P.3d 66, 71 (N.M. 2005) (concluding that “victim advocates are part of the prosecution team” where they are employed by the district attorney’s office and “perform many tasks similar to those of other members of the prosecution team”); *State v. Lynch*, 885 N.W.2d 89, 108-109 (Wis. 2016) (plurality opinion) (distinguishing circumstances where *Brady* obligations are implicated, such as with the records of prosecution-based advocates in *Liang*, from records held by private mental health facilities, where *Brady* obligations do not apply; and stating that “a defendant has a constitutional right, under *Brady*, to material information but only when that information is held by the prosecutor, including others acting on the prosecutor’s behalf”); *State v. Blonda*, 899 N.W.2d 737, at *7 (Wis. Ct. App. 2017) (unpublished) (finding that defendant was entitled to a new trial where the prosecution conceded a *Brady* violation in connection with its failure to timely disclose both a statement made by the victim to a victim advocate from the district attorney’s office and a written victim impact statement, both of which were exculpatory); *cf. State v. Young*, No. 1 CA-CR 17-0413, 2018 WL 6241449, at *2-4 (Ariz. Ct. App. Nov. 29, 2018) (unpublished) (holding, in a case where the facts were unclear regarding whether the advocate was a system-based or community-based advocate, that Arizona’s crime victim advocate privilege is constitutional and observing that “[c]ommunications between the victim and victim’s advocate may not be in the State’s possession [where the privilege statute provides that] the State can only access those communications with the victim’s consent”). Law enforcement-based victim advocacy is a relatively new profession, and courts do not yet appear to have considered whether advocates employed by law enforcement agencies are part of the prosecution team for purposes of *Brady* disclosures. The analysis employed in the cases addressing prosecution-based advocates suggests that law enforcement-based advocates, much like other members of the police force, will be considered part of the prosecution team and the information they hold potentially subject to disclosure under *Brady*.

⁹ *Cf., Walker v. City of New York*, 974 F.2d 293, 299 (2d Cir. 1992) (observing, in the context of a § 1983 lawsuit, that “the police satisfy their obligations under *Brady* when they turn exculpatory evidence over to the prosecutors” and collecting cases).

¹⁰ *Kyles*, 514 U.S. at 437-38 (quoting *Giglio v. United States*, 405 U.S. 150, 154 (1972)); *see also Youngblood v. West Virginia*, 547 U.S. 867, 869-70 (2006) (per curiam) (reiterating that “*Brady* suppression occurs when the government fails to turn over even evidence that is ‘known only to police investigators and not to the prosecutor’”) (quoting *Kyles*, 514 U.S. at 438)); *United States v. Payne*, 63 F.3d 1200, 1208 (2d Cir. 1995) (“The individual prosecutor is presumed to have knowledge of all information gathered in connection with the government’s investigation.”). This may extend beyond law enforcement information to information held by other government agencies, in some circumstances. The Ninth Circuit, in the context of a federal criminal prosecution, has held that “[t]he prosecutor will be deemed to have knowledge of and

access to anything in the possession, custody or control of any federal agency participating in the same investigation of the defendant.” *Cano*, 934 F.3d at 1025 (quoting *United States v. Bryan*, 868 F.2d 1032, 1033 (9th Cir. 1989)).

¹¹ See, e.g., *United States v. Meregildo*, 920 F. Supp. 2d 434, 440-44 (S.D.N.Y. 2013) (observing that “[c]ourts disagree about when an individual’s knowledge should be imputed to the prosecutor,” as “[t]here is no clear test to determine when an individual is a member of the prosecution team” and collecting cases).

¹² See, e.g., *Moon v. Head*, 285 F.3d 1301, 1309 (11th Cir. 2002) (recognizing prior case law defining the “prosecution team” as “the prosecutor or anyone over whom he has authority”).

¹³ See, e.g., *Pitonyak v. Stephens*, 732 F.3d 525, 531-33 (5th Cir. 2013) (affirming as reasonable, in the context of a federal habeas petition, the state court’s conclusion that a counselor at the jail who heard defendant confess while in custody was not a member of the prosecution team or a member of the law enforcement investigatory team, where the counselor was “not involved in investigating or preparing the case against [defendant],” where jail mental health professionals did not communicate “to police any information learned within the scope of mental health services,” and where the counselor’s file notation referenced potentially communicating with defense counsel – not the prosecutor – regarding self-incriminating statements made by defendant); *Avila v. Quarterman*, 560 F.3d 299, 309 (5th Cir. 2009) (refusing to impute information in the possession of a pathologist to the prosecution because the court was “not persuaded that [the pathologist] became part of the prosecution team”); *United States v. Josleyn*, 206 F.3d 144, 154 (1st Cir. 2000) (“While prosecutors may be held accountable for information known to police investigators . . . we are loath to extend the analogy from police investigators to cooperating private parties who have their own set of interests.”) (citing *Kyles*, 514 U.S. at 437–38); *United States v. Lujan*, 530 F. Supp. 2d 1224, 1231 (D.N.M. 2008) (“[T]here is no affirmative duty to discover information in possession of independent, cooperating witness[es] and not in government’s possession[.]”) (citing *Graham*, 484 F.3d at 415-18).

¹⁴ See, e.g., *Benn v. Lambert*, 283 F.3d 1040, 1061 (9th Cir. 2002) (clarifying that the court held in *United States v. Aichele*, 941 F.2d 761, 764 (9th Cir. 1991), that the United States Attorney did not violate *Brady* when it failed to turn over California State Department of Corrections files that were under the exclusive control of California officials); *State v. Pinder*, 678 So. 2d 410, 414 (Fla. Dist. Ct. App. 1996) (rejecting the application of *Brady* in the context of a defense motion to compel disclosure of privileged communications between the victim and sexual assault counselors under circumstances where “the counselors . . . do not investigate potential criminal conduct” and “[t]here was no showing that they assist the prosecution by providing information or offering suggestions”; and concluding that “[t]he counselors are not agents of the state within the contemplation of *Brady* and that aspect of due process does not compel disclosure of records or information which are shielded from all eyes, state and defense”). ¹⁵ See, e.g., *United States v. Ellison*, --- F. Supp. 3d ---, No. 19-541 (FAB), 2021 WL 1043991, at *4-5 (D.P.R. Mar. 18, 2021) (analyzing whether other government entities were part of the prosecution team for purposes of *Brady* by considering the level of involvement by another government agency and whether a joint investigation occurred— specifically, whether one agency was acting on behalf or under the control of another, the extent to which the entities were working as a team and sharing resources, and whether the agencies had ready access to each other’s files; citing cases; and concluding that members of other government agencies being interviewed by investigators, providing information and advice in interviews, providing documents to investigators, or conducting independent investigations of defendant that are unrelated to the criminal prosecution were insufficient to transform these agencies into members of the prosecution team for purposes of *Brady* disclosure obligations); see also *United States v. Risha*, 445 F.3d 298, 303 (3d Cir. 2006) (reiterating that “prosecutors are not required to undertake a ‘fishing expedition’ in other jurisdictions to discover impeachment evidence” and “are not obligated to learn of all information ‘possessed by other government agencies that have no involvement in the investigation or prosecution at issue’” (quoting *United States v. Merlino*, 349 F.3d 144, 154 (3d Cir. 2003)); *United States v. Collins*, 409 F. Supp. 3d 228, 241-42 (S.D.N.Y. 2019) (finding no joint investigation for purposes of *Brady* where the federal prosecutor and the Securities and Exchange Commission conducted “parallel but separate investigations” and where “personnel, information and documents were not shared in any material way between the USAO and SEC, and each agency made charging decisions independently of each other”).

¹⁶ See, e.g., *Moon*, 285 F.3d at 1310 (refusing to impute the knowledge of an investigator for the Tennessee Bureau of Investigation (“TBI”), who was also the case agent for a separate homicide by defendant, to the Georgia prosecutor because, “the Georgia and Tennessee agencies shared no resources or labor; they did not work together to investigate the separate murders. Nor is there evidence that anyone at the TBI was acting as an agent of the Georgia prosecutor. The Tennessee investigator was not under the direction or supervision of the Georgia officials, and, had he chosen to do so, could have refused to share any information with the Georgia prosecutor. At most, the Georgia prosecutor utilized the Tennessee investigator as a witness to provide background information to the Georgia courts. This is insufficient to establish him as part of the Georgia ‘prosecution team.’”).

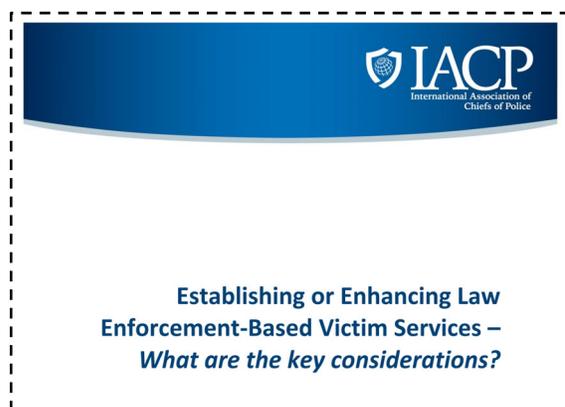
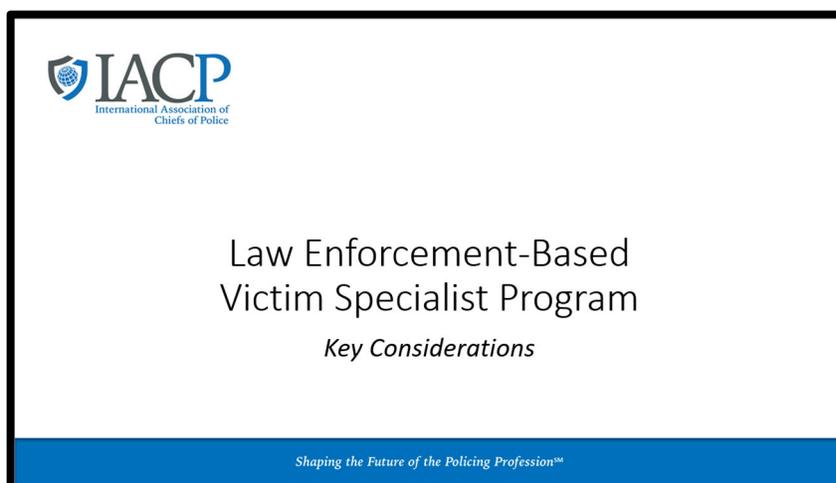
This resource was developed by the National Crime Victim Law Institute (NCVLI) under 2018-V3-GX-K049, awarded to the International Association of Chiefs of Police (IACP) by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this draft publication are those of the contributors and do not necessarily represent the official position of the U.S. Department of Justice.

Appendix F: IACP Law Enforcement-Based Victim Services (LEV) Resources

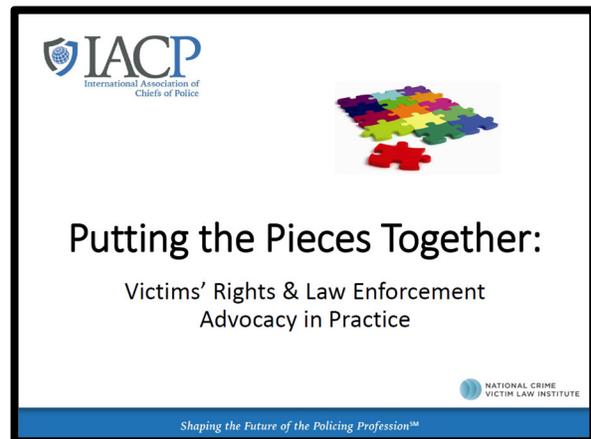
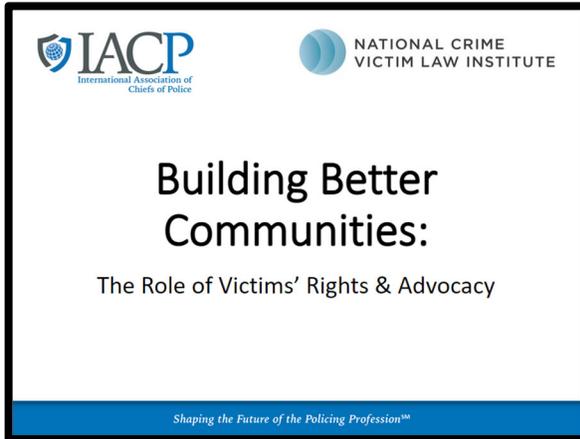
Law enforcement agencies can establish effective and sustainable responses to crime victims through intentional implementation of comprehensive resources developed by the IACP and its partners. Virtual training is best incorporated if attended as a team followed by facilitated discussion of practical application of concepts. Written publications support the full integration of concepts through detailed explanations and field examples.

A pathway to high-quality services is available: [Law Enforcement-Based Victim Services \(LEV\) | International Association of Chiefs of Police \(theiacp.org\)](https://www.theiacp.org)

- ☐ **Virtual Trainings** are conducted in a direct instruction format on foundational topics related to victim services for both program staff and law enforcement leadership.
- **Publications** serve as companion documents to provide guidance on promising practices and topics related to victim services.
- **Template packages** provide practical tools for personnel standards and responsibilities and crime-specific protocols that can be adapted to individual jurisdictions.



Victims' Rights Virtual Trainings guide law enforcement agencies toward effective notification of and assistance for crime victims to exercise their constitutional and statutory rights.



Victims' Rights Jurisdiction Profiles prepared by NCVLI in state-specific formats that review and analyze constitutional provisions, statutes, rules, policies, and case law pertaining to victims' legal rights.





Law Enforcement-Based Direct
Victim Services Program
Advocacy Parameters

Shaping the Future of the Policing Profession™



Law Enforcement-Based Victim Services Program
Documentation Standards

Shaping the Future of the Policing Profession™



**Establishing or Enhancing Law
Enforcement-Based Victim Services –
*Advocacy Parameters &
Documentation***



Law Enforcement-Based Direct
Victim Services Program
Role Clarification and Professional Wellness

Shaping the Future of the Policing Profession™



Practical Ethics when Working
with Victims
Christopher Dubble, MSW
Assistant Director for Training
Temple University, Harrisburg, PA

Shaping the Future of the Policing Profession™



Law Enforcement-Based
Victim Services Program

Building Effective Partnerships

Shaping the Future of the Policing Profession™



Establishing or Enhancing Law
Enforcement-Based Victim Services –
Effective Partnerships



Law Enforcement-Based Direct
Victim Services Program

Effective Supervision

Shaping the Future of the Policing Profession™



Crisis Response Planning:
Integrating Victim Services into Planning,
Preparation, and Response

*Law Enforcement-Based Direct Victim
Services Program (LEV)*

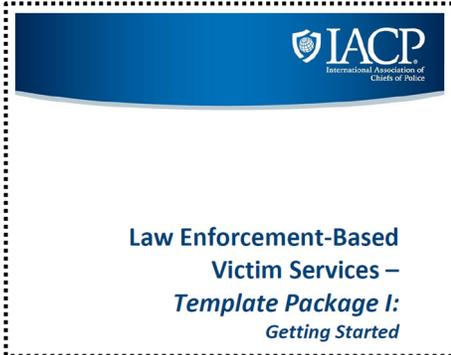
Shaping the Future of the Policing Profession™



Law Enforcement-Based Direct
Victim Services Program

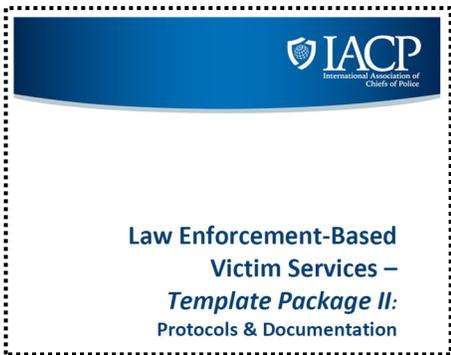
Strategic Planning

Shaping the Future of the Policing Profession™



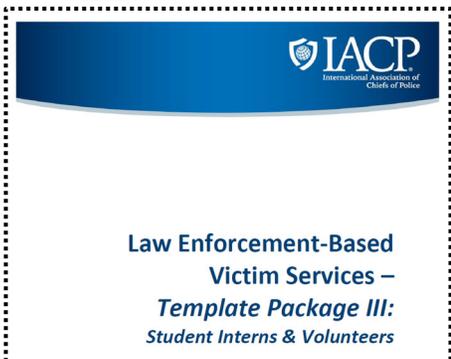
Template Package I: Getting Started

includes job descriptions, interview questions, code of ethics, and foundational policies and protocols



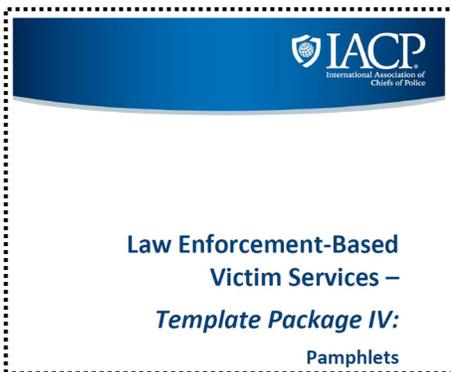
Template Package II: Protocols and Documentation

includes case response protocol templates, scenarios, and documentation samples



Template Package III: Student Interns & Volunteers

includes templates focused on recruiting, screening and selection, training, supervision, and other agency considerations for student interns and volunteers



Template Package IV: Pamphlets

includes pamphlet templates to use as complementary tools to engage victims in conversations about their rights, the criminal justice system, and available resources

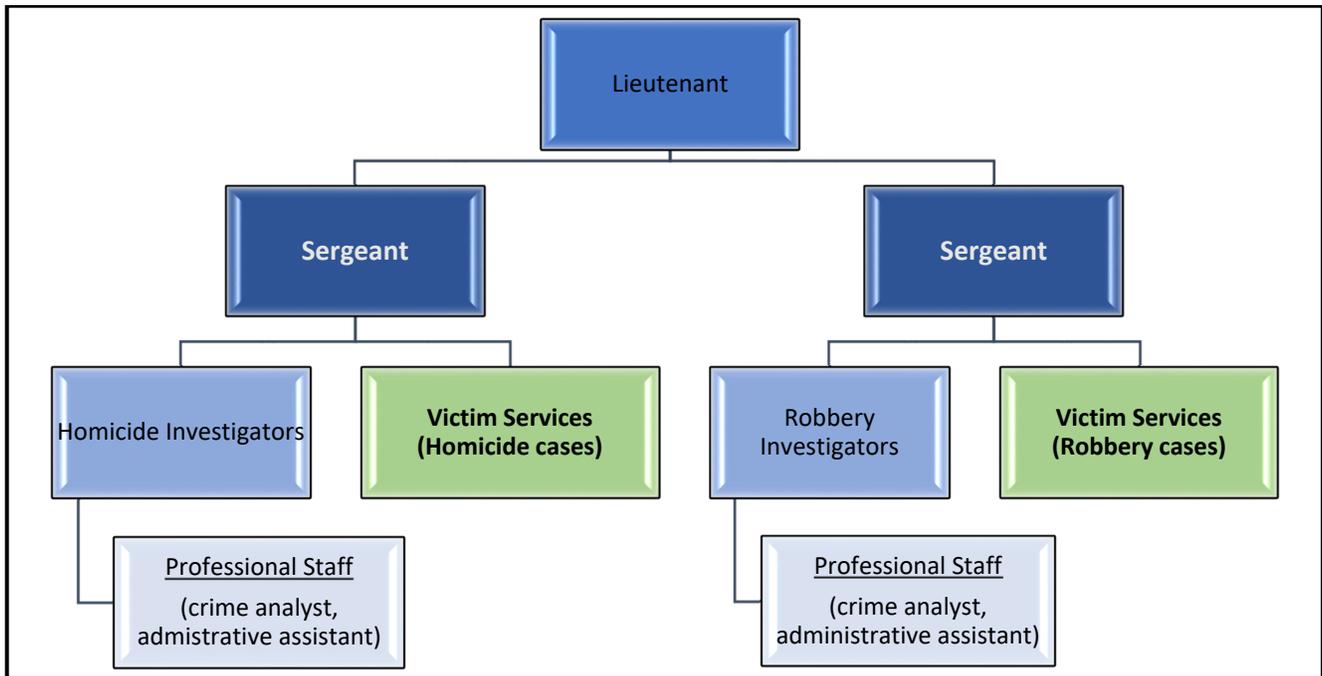
Appendix G: Personnel Models

The successful integration of victim services into law enforcement agencies requires (1) identification of a direct supervisor with the time, skills, and commitment to ensure program and personnel success, (2) placement of victim services personnel in organizational charts that conveys importance and value of services provided, and (3) provides both authority and ability of the supervisor and victim services personnel to make programmatic decisions that support ethical and equitable services and oversight.

Thoughtful implementation of personnel models is critical and the following variations should be considered in program decisions:

- **Centralized Victim Services Model** – a law enforcement-based victim services model in which all victim services personnel report to the same supervisor, regardless of crime type, jurisdiction area, or other assignment (e.g., victim services personnel serving co-victims of homicide and victims of sexual assault all report to the same supervisor)
- **Decentralized Victim Services Model** – a law enforcement-based victim services model in which victim services personnel report to separate supervisors depending on crime type, jurisdiction area, or other assignment (e.g., victim services personnel serving co-victims of homicide report to a different supervisor than those serving victims of sexual assault)
- **Embedded Victim Services Model** – a law enforcement-based victim services model in which victim services personnel are attached to a specialized unit based on crime type or assignment; can be implemented in conjunction with both centralized and decentralized models (e.g., victim services personnel embedded within patrol all responding to one supervisor; victim services personnel embedded with several specialized units, each responding to a separate supervisor)

Personnel Model: Decentralized, Embedded



Strengths:

- Clearly defined caseload responsibilities for victim services personnel
- Potential to form strong team approach due to alignment of assigned responsibilities

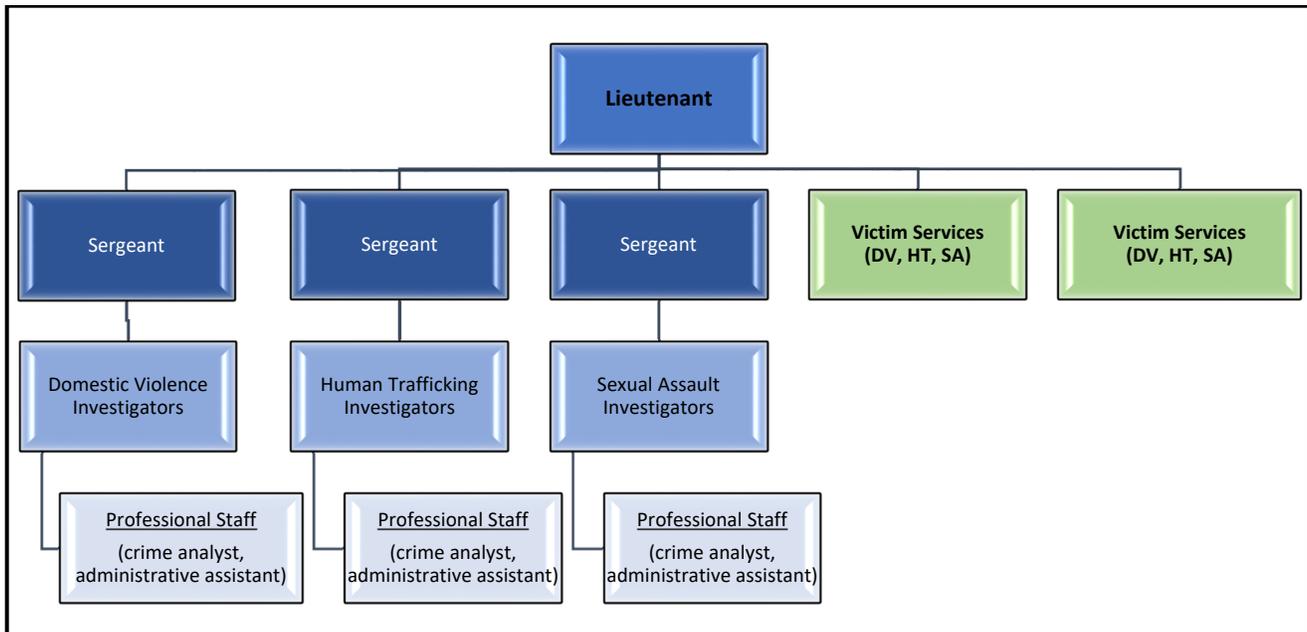
Challenges:

- Sergeants may have minimal experience, training, or interest related to victim services
- Sergeants may provide different instructions for completion of assigned responsibilities (e.g., assignment of cases, documentation, contact expectations, work schedules)
- Lack of team cohesion among all victim services personnel
- Victim services personnel may experience different expectations from the sergeants and investigators and have difficulty navigating requests/expectations that do not match (e.g., Sergeant expects victim services personnel to work on assigned cases only while investigators ask victim services personnel to work on extra cases/tasks)

Adequate and equitable access to supervision:

- Sergeants may prioritize contact with investigators
- Sergeants may unofficially expect investigators to supervise victim services personnel

Personnel Model: Centralized, Embedded



Strengths:

- Potential to form strong team approach if assigned responsibilities for victim services personnel align with investigators
- Ability to ensure consistent training, services due to number of victim services personnel
- Potential for strong cohesion of victim services personnel working as peers

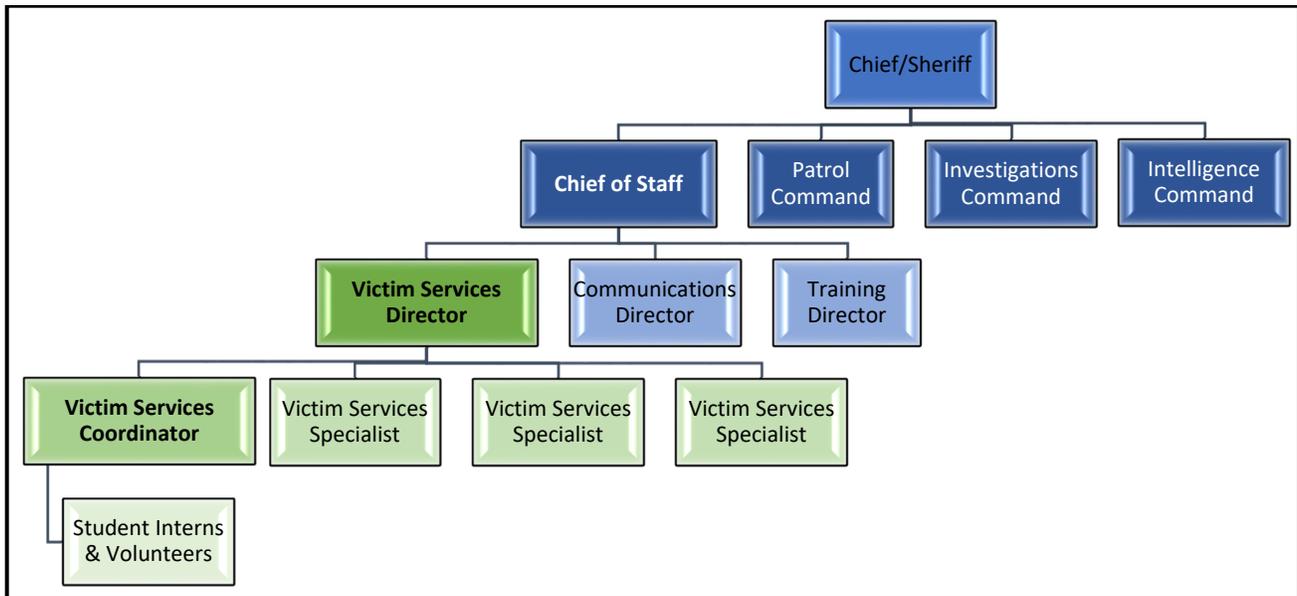
Challenges:

- There may be more cases than can be feasibly addressed by two victim services personnel
- There may be acceptance/credibility challenges to see the victim services personnel as equivalent to sergeants
- Victim services personnel may experience different expectations from the sergeants and investigators and have difficulty navigating requests/expectations that do not match (e.g., Sergeant expects victim services personnel to work on assigned cases only while investigators ask victim services personnel to work on extra cases/tasks)

Adequate and equitable access to supervision:

- Lieutenant may prioritize contact with sergeants and investigators
- Lieutenant may unofficially expect sergeants to supervise victim services personnel

Personnel Model: Centralized, not Embedded



Strengths:

- Reporting structure conveys value of victim services to the agency
- Structure supports ease of future expansion/growth of Victim Services
- Structure supports employee retention due to opportunities for professional growth/promotions
- Structure is suitable to favorable grant funding (use of student interns/volunteers)

Challenges:

- There may be more cases/assigned responsibilities than can be feasibly addressed by existing victim services personnel
- There may be acceptance/credibility challenges to see the Victim Services Director as equivalent to other directors
- Victim Services Director may experience challenges related to lacking a peer equivalent in the agency
- Victim Services Coordinator may experience challenges related to having a different role from peers (supervisory) and lacking a peer equivalent in the unit
- Victim Services Director may unofficially expect Victim Services Coordinator to take on supervision of the Victim Services Specialists

Adequate and equitable access to supervision:

- Multiple layers of supervision within Victim Services
- Chief of Staff may prioritize contact with sworn personnel and functions

Appendix H: Definitions

Accountability – an obligation or willingness to accept responsibility or to account for one’s actions
“Accountability.” *Merriam-Webster.com Dictionary*, Merriam-Webster, <https://www.merriam-webster.com/dictionary/accountability>. Access 27 June 2021.

A key component of the Consent Decree reform process is to strengthen the Department’s accountability mechanisms. Holding the Department to the highest standards of integrity is critical to reestablishing BPD’s relationship with the community it serves. Therefore, BPD is updating the policies of the Public Integrity Bureau (PIB), submitting to audits and inspections, and tracking the outcomes of Consent Decree reforms through assessments performed by the court-appointed Monitoring Team.

Learn more about the BPD’s Accountability measures by clicking on the below links:

- [Audits and Inspections | Baltimore Police Department](#)
- [Misconduct & Discipline | Baltimore Police Department](#)
- [View Administrative Hearing Schedule | Baltimore Police Department](#)
- [Consent Decree Outcome Assessments | Baltimore Police Department](#)

In addition, BPD has added civilian members to the administrative hearing boards that adjudicate allegations of officer misconduct. Anyone interested in serving as an administrative hearing board member, can learn more by visiting [Civilian Hearing Board Member | Baltimore Police Department](#).

[Accountability | Baltimore Police Department](#)

Dehumanizing – depriving someone of human qualities, personality, or dignity; demeaning or damaging to a person’s humanity or individuality

“Dehumanizing.” *Merriam-Webster.com Dictionary*, Merriam-Webster, <https://www.merriam-webster.com/dictionary/dehumanizing>. Accessed 24 June 2021.

Dignity – an irrevocable birthright, guaranteeing all people a sense of inherent human value and self-worth, independent of what a person does. Dignity is different from respect, which must be earned.

“Dignity.” *Adapted from Donna Hicks’s Dignity Model*, <https://www.organizingengagement.org/models/dignity-model/>. Accessed 5 July 2021.

Racism – the systemic oppression of a racial group to the social, economic, and political advantage of another

“Racism.” *Merriam-Webster.com Dictionary*, Merriam-Webster, <https://www.merriam-webster.com/dictionary/racism>. Accessed 24 June 2021.

Structural violence – is almost always invisible, embedded in ubiquitous social structures, normalized by stable institutions and regular experience. Structural violence occurs whenever people are

disadvantaged by political, legal, economic or cultural traditions. Because they are longstanding, structural inequities usually seem ordinary, the way things are and always have been.

Admin. "Recognizing and Addressing Structural Violence." *CU Online*, 29 July 2019, online.campbellsville.edu/social-work/structural-violence.

Transparency – the quality or state of being free from pretense or deceit; characterized by visibility or accessibility of information especially concerning business practices

"Transparency." *Merriam-Webster.com Dictionary*, Merriam-Webster, <https://www.merriam-webster.com/dictionary/transparency>. Accessed 27 June 2021.

BPD is committed to transparency in its operations and administration and seeks opportunities to publicly share its mechanisms for holding officers, supervisors, and commanders accountable for their conduct and performance. Accordingly, we have posted the policies and procedures that guide the conduct of all police personnel, as well as information about officer-involved shootings, uses of force, and citizen complaints.

You will also be introduced to our partnership with the Department of Justice and our shared goal of building a culture of respect and community engagement founded upon constitutional principles and a spirit of selfless service. With the Department of Justice's guidance, BPD will fight crime more effectively as it improves training, recruitment, supervision, the disciplinary process, and relationships with Baltimore's many diverse communities. We hope the information here provides an understanding of the work the department is doing to underscore its commitment to professionally serve and protect Baltimore's residents, workers, and visitors.

[Transparency | Baltimore Police Department](#)

Trauma-informed – an approach involving educating victims, service providers, and the general community about the impact of trauma on the health and well-being of the victim; attending to the victim's emotional and physical safety; and using resources, services, and support to increase the victim's capacity to recover.

National Institute of Justice. [Notifying Sexual Assault Victims After Testing Evidence \(ojp.gov\)](#).

Victim-centered – an approach involving the victim being at the center of all decisions regarding victim recovery and involvement with the criminal justice system. The victim's choice, safety, and well-being are the focus. The needs of the victim are everyone's concern.

National Institute of Justice. [Notifying Sexual Assault Victims After Testing Evidence \(ojp.gov\)](#).