AN INSTITUTIONAL ANALYSIS OF THE MINNEAPOLIS POLICE RESPONSE TO DOMESTIC VIOLENCE

EXECUTIVE SUMMARY

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Identifying and Addressing Gaps between Survivor Safety and the Police Response

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MINNEAPOLIS FOUNDATION
EXECUTIVE SUMMARY

“In May [2022], he almost killed me. He put a gun to my head and dragged me with the car. He broke my nose. While running on the street, I called 911 . . . I was waiting at a gas station with people that saw what happened. I had to call back twice to see when police were coming . . . It took an hour and a half for police to come. Meanwhile, he’d taken my car, keys, and clothes . . . I was covered in blood but I think they didn’t think it was serious. He was driving around looking for me. He drove by while police were there, and I pointed him out, but they didn’t do anything.”

Survivor who participated in a focus group, 12/28/22

An assessment of the Minneapolis Police Department’s response to domestic violence identified practices that put survivor safety at risk and did not hold violent offenders accountable.

In 2017, a study by the Police Conduct Oversight Commission on the police response to domestic violence (DV) cases in Minneapolis documented that police officers wrote reports or made arrests in only 20% of DV calls from 2014-2016. During that time, the Minneapolis Police Department (MPD) received over 43,000 DV-related calls. Concern about the findings from the Office of Police Conduct’s review 2017 report led the Office of Police Conduct Review (OPCR) to request that Global Rights for Women (GRW), in coordination with local advocacy agencies, conduct an assessment of MPD’s response to DV cases.

With a length of experience in international work on violence against women as a human rights issue, the GRW team is keenly aware that domestic violence is the most common form of gender-based violence around the world. No country or community is free from this crisis, including Minneapolis.

Globally, an estimated 736 million women - almost one in three - have been subjected to physical and/or sexual intimate partner violence, non-partner sexual violence, or both at least once in their life.¹ A woman or girl is killed every 11 minutes in their home.² An average of 24 people per minute are victims of rape, physical violence or stalking by an intimate partner in the United States - more than 12 million women and men over the course of a

The majority of domestic violence was committed against women by men. Most violence against women is perpetrated by current or former husbands or intimate partners. Much of this violence goes unreported, and when it is reported perpetrators are often not held accountable – resulting in their ability to carry out violence with impunity.

In Minnesota, at least 26 people were killed due to intimate partner homicide in 2021 – intimate partners, children, friends, parents, and neighbors.¹

In Minneapolis, between 01/01/2019 and 12/31/2022, a third of all aggravated assaults were domestic aggravated assaults. According to the Hennepin County Attorney’s Office, felony domestic violence cases from MPD are second in number only to drug cases in the percentage of entire MPD caseload received by the County Attorney’s Office. And in Hennepin County Court, domestic abuse-related family cases were the most frequent type of filing in of all 9 types of family case filings in all 5 years from 2018 – 2022.

Of the 26 women killed in the state of Minnesota in 2021, 45% were separated or trying to leave their intimate partner. We know that these deaths are not solely the result of individual acts of violence, but a culmination of failures across multiple systems².

When OPCR requested that GRW assess MPD’s response to DV cases, GRW agreed to provide project leadership with the support of local DV advocacy and direct service agencies, and successfully secured a grant from the Minneapolis Foundation for this effort.

GRW proposed conducting an Institutional Assessment, a methodology developed by Praxis International, that is used by GRW staff and consultants in their efforts to address intimate partner violence around the world. This approach engages justice system practitioners, DV advocacy providers, and community members affected by the system’s response in the analysis. GRW obtained agreements from relevant agencies involved in DV cases to appoint representatives to serve on a DV Workgroup, which provided a broad, multi-disciplinary view of the processing of these cases and assisted GRW in connecting with survivors for their input. GRW engaged with members of the MPD, the OPCR, and leadership of MPD’s Violent Crimes Investigations Division in a collaborative effort to investigate the gaps between what victims experience and what the system provides, and effectively develop strategies to ensure those gaps are filled.

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Methodology

An Institutional Assessment is a problem-solving tool for communities interested in more effective interventions in gender-based violence. An Institutional Assessment is different from other assessments of organizational functioning in that the key factor evaluated is the institution’s effectiveness in meeting the needs of the people it is intended to serve, not the quantity or efficiency of case processing. Additionally, it seeks to discover if the problems are experienced across the board, or disproportionately impact specific members of the community.

The analysis pays attention to primary methods that institutions use in standardizing actions across disciplines, agencies, levels of government, and jobs: agency mission and purpose, concepts and theories on domestic violence causation and intervention, agency rules and regulations, administrative procedures, linkages among intervening agencies, allocation of resources, training, and accountability mechanisms.

This MPD assessment focused on the following questions:

- How does the initial and subsequent MPD response to DV calls address survivor safety, with particular attention to the experience of marginalized survivors?
- Does the current response increase survivors’ risk of further violence? If so, what could be improved to decrease that risk?

To learn about survivors’ experiences and institutional responses, Global Rights for Women (GRW) and the DV Workgroup conducted the following activities:

- Mapping of MPD’s response to DV cases to identify current case processing procedures.
- Interviews of practitioners involved in DV cases. GRW interviewed 32 practitioners – some two or three times - including responding officers, supervisors, and leaders within MPD; and members of agencies linked to MPD, such as 911, victim advocacy services, prosecution units, community corrections, and the courts.
- Observations of practitioners in their real-time-and-place work settings. Two GRW staff members participated in 15 hours of police ride-a-longs with the MPD during the summer of 2021 and observed officers in the field and while conducting administrative duties. GRW staff also toured the facilities of two community-based victim advocacy programs.
- Survivor interviews and focus group discussions. In total, 24 women who called police in 2018 – 2022 participated in 6 focus groups and 6 individual interviews. 23 of the 24 had called the police multiple times. 3 survivors participated in second in-depth interviews.
- In 2017 and 2020, focus groups were held with community-based victim advocates from Cornerstone, Esperanza United, Phumulani, Sexual Violence Center, and Tubman. In 2021, a focus group was held with DASC advocates from Asian Women United, Division of Indian Work, Domestic Abuse Project, Esperanza United, and Sewa-Aifw.
Text analysis to read and analyze forms, reports, case files, and other documents that organize case processing.

Four types of MPD texts were gathered for review of what shapes officer actions: 1) policies and protocols, 2) training materials, 3) CAD (Computer Aided Dispatch) records of 911 calls, and (4) police reports of DV calls. 100 police reports of DV calls and their accompanying CAD records from 10/15/2018 – 10/27/2020 were randomly selected and analyzed; 32 additional CAD records filed without a police report were also studied.

The resulting information revealed how problems or gaps in service are produced, which pointed to possible solutions and improvements in policy and practice.

**Findings and Recommendations**

The assessment identified the following gaps in service that increase survivors’ risk of further violence and describe how these gaps are produced.

**Gap: When abusers fled the scene before police arrived, officers and follow-up investigators often didn’t attempt to locate them, leaving victims vulnerable to future violence.**

*What is our evidence?*

- Generally, if the suspect was on scene when police arrived, he was arrested; if the suspect was gone on police arrival (GOA), he was not arrested.
- Lack of efforts to locate suspects were not tied to the seriousness of the incident.
- Follow-up investigations did not significantly improve efforts to locate the suspect.
- Most survivors related multiple experiences of officers not pursuing GOA abusers.
- Other system partners who bear some responsibility or oversight over the suspect also did not attempt to locate abusers.
- Advocates confirmed the high level of frustration with the handling of GOA cases.

*How is this a problem of safety and well-being for victims? A problem of offender and systemic accountability?*

- Research shows that DV suspects in GOA cases pose a higher lethality risk to victims and have a higher risk of reoffending.
- The escalating danger posed by the GOA abuser and the continual systemic accountability issues are borne out by survivor experiences documented in this report.
-Victims feel they must defend themselves or their families, heightening lethality risk for themselves and their abusers.
- When GOA suspects remain at large, victims are fearful that calling police will only endanger them further; if suspects remain at large repeatedly, victims may give up entirely.

*How is this gap produced? What contributes to it?*

- Current unwritten policy or practices appear to discourage pursuit of GOA suspects.
• Current unwritten policy appears to discourage use of investigative resources in misdemeanor cases, which can involve serious assaults and repeat offenders.
• When GOA calls are dispatched as “Domestic Abuse Report Only,” further action on the case is less likely.
• Current policy does not explicitly direct officers’ actions in GOA cases.
• Only 3 suspects in the 55 GOA cases were convicted in both felony and misdemeanor DV cases.
• A suspect is more likely to be GOA if there is a delay in officers’ response to the scene and MPD objectives for ideal response times are not being met in many cases.
• Survivors and victim advocates with more recent experiences (2021 and 2022) described long waits for officers of 1 ½ to several hours.

**Recommendations**

• MPD should revise the existing DV policy to add more explicit language on responding to GOAs - such as the policies developed in the *Blueprint for Safety* implemented in St. Paul, MN.\

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• Supervisory actions should be taken to ensure compliance with the new policy.
• Officers should then receive experiential training on the new GOA policy.
• More specialized DV investigator positions would improve prosecution of GOA cases.

**Gap: If abusers who violated no-contact orders weren’t on-scene when victims made such complaints to police, there often was no follow-up action, emboldening abusers to continue violating orders.**

In the police reports, as well as in the survivor stories, many abusers who violated no-contact conditions of court orders were also GOA after doing so. When suspects in court order violation cases weren’t pursued, there were often court order-related reasons given, and survivors had different comments about these situations.

**What is our evidence?**

• As in other GOA cases, if the suspect was on scene when police arrived, he was arrested; but not generally if he was GOA.
• Officers are sometimes unable to find the order in the online system.
• Officers appear to be screening cases based on the perception of likely prosecution rather than probable cause.
• Advocates and officers also indicated discouragement with what they perceived as the lack of prosecution of OFP violation cases, even in cases where there is corroborating evidence such as video or social media.

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How is what we learned a problem of safety and well-being for victims? A problem of offender and systemic accountability?

- Abusers who violate protection orders repeatedly pose a higher risk to victims.
- Victims get mixed messages about OFPs, and abusers get the message that there will be no consequences for violations.

How is this gap produced?

- Lack of feedback on decisions not to prosecute discourages officers and advocates.
- The online OFP system is difficult for officers to use.
- Some officers are confused about the different types of orders which impedes online confirmation on the scene.

Recommendations

- MPD policy should include a specific statement regarding arrests for violations of an OFP – especially when a victim has reported multiple violations - in its domestic abuse policy. Multiple violations of an OFP can be felony-level crimes.
- Police, prosecutors, and advocates should agree on how OFP violation cases will be prioritized given limited resources.
- Supervisory actions should be taken to ensure compliance with new policy.
- Stalking charges should be considered to address repeated violations.
- A card with a chart on the different types of orders should be developed for officers to carry.
- More specialized DV investigator positions would improve prosecution of OFP violations.

GAP: When responding officers communicate with victims or offenders in ways that exhibit explicit or implicit bias related to gender, class, race/ethnicity, disability, or sexual orientation, victims are discouraged from calling police in the future.

This institutional assessment sought to understand where and how and for which victims an institutional practice is a problem. Facilitators and notetakers at focus groups and interviews were asked to stay alert to issues specific to victims of color and other marginalized groups. Survivors were asked follow-up questions related to police response and the impact of race, neighborhood, etc.

What is our evidence?

- Victims described various ways that they felt gender, race, and class negatively influenced the police response.
- Some officers lack understanding of cultural factors which negatively affect investigations.
- Lack of interpreter resources affects the police response when parties speak other languages than English.
- LGBTQ victims are reluctant to contact police due to past negative responses.
- Advocates identified stereotypes of victims or offenders with physical disabilities or mental health issues that negatively influenced police response.
How is what we learned a problem of safety and well-being for victims? A problem of offender and systemic accountability?

- Research shows that the risk of intimate partner homicide is much higher for women of color.
- Longstanding stereotypes about women of color and women with mental health issues negatively affect the police response.
- Survivors do not feel supported by or trust officers who indicate they don’t want to handle DV cases or have an intrusive questioning style.
- LGBTQ victims feel that the violence was minimized.

How is this gap produced?

MPD’s supervisory policies and procedures do not adequately identify disrespectful or unacceptable behavior by officers, provide guidance and training on expected behavior, and apply fair disciplinary measures when necessary. There is general agreement in the community that this problem needs to be addressed. The consent decree between the Minnesota Department of Human Rights and the City of Minneapolis, and the consent decree pending from the Department of Justice will likely require related improvements, which will affect the handling of DV cases.

Recommendations

- Efforts to address explicit and implicit bias must be incorporated into the MPD’s rebuilding plans.
- New risk assessment tools for female same sex relationships and immigrant victims should be considered to improve current procedures.

Gap: Officers often did not interview witnesses to the abuser’s conduct, including children, or document their identity and contact information, lessening the opportunity for prosecution or probation actions that could enhance victim safety.

What is our evidence?

- In most cases where there were witnesses, police did not question witnesses and in many of the cases, documentation of the witnesses’ identities and contact information was missing.
- MPD policy doesn’t clearly direct officers’ actions related to child witnesses.

How is what we learned a problem of safety and well-being for victims? A problem of offender and systemic accountability?

Best practice in law enforcement and prosecution of DV cases is to proceed in the least burdensome way for the victim, which includes documenting and utilizing as much other evidence as possible, such as witness observations, photos, video footage, medical records, etc. Not doing so places the burden of holding the offender accountable on the victim, which endangers her further.

How is this gap produced?

- Officers are confused about the expectations of responding officer vs. investigators regarding interactions with child witnesses.
Some officers believe the use of body cameras requires less documentation and that others in the system are responsible for obtaining witness information given MPD’s staffing issues.

Recommendations
- MPD policy should be revised to direct officer actions regarding child witnesses.
- To improve witness documentation in reports, the regular trainings provided on this subject need to be followed up by supervisory actions that identify incomplete reports and convey expectations for improvements from the officers involved.

Gap: Property crimes accompanying domestic assaults or OFP violations often weren’t documented well or recommended for charging, impacting victims’ physical safety, economic security, and access to restitution.

What is our evidence?
- In DV cases involving theft or damage to the victim’s property, responding officers or investigators rarely documented replacement or repair estimates.
- In cases involving damage to property, responding officers or investigators photographed the damaged property 38% of the time.
- Police documented recommended charges related to the theft or property damage 20% of the time.
- Abusers who stole or damaged victims’ property were rarely prosecuted or convicted of property crimes.

How is what we learned a problem of safety and well-being for victims? A problem of offender and systemic accountability?

Property damage and economic control by abusers erode the victim’s financial resources, lessening her ability to escape the violence.

How is this gap produced?
- MPD policy doesn’t provide clear guidance on how to address property damage related to DV calls.
- The MPD’s severe understaffing greatly reduces the department’s ability for responding officers to more fully document or recommend charges, or investigators to conduct follow-up, on domestic abusers’ theft or damage of their victims’ property.

Recommendations
- Law enforcement can help keep victims economically secure through their regular job duties.
- MPD’s domestic abuse policy should include the expectation that officers document not only crimes of assault, threats, stalking, and violations of orders; but also crimes with economic impact on victims (theft, property damage, etc.).
- Supervisory actions should be taken to ensure compliance with new policy.
• Officers should receive experiential training on the new policy.
• MPD should support partner efforts to develop additional resources for victims.

Gap: Emerging research on traumatic brain injury is being incorporated into the medical response to DV victims, and current DV protocols for patrol officers, investigators, prosecutors, and advocates should be revised to ensure a coordinated and effective response to victims with head trauma.

We include this gap to focus attention on this issue and ensure that subsequent efforts to improve practice incorporate steps to recognize the medical seriousness of head injuries and effectively respond to these victims. Over time, the frequency of concussions and brain injury in professional sports has been acknowledged and steps are being taken to protect players. In the medical field, this recognition has spread to the potential for brain injury in domestic assaults and the need for improved detection and treatment. The assessment did not expect to find specific police actions related to this issue because it is not yet addressed in current policies. However, we strongly urge MPD and all the governmental and social service agencies involved in DV cases to seize the opportunity to update and improve their responses to victims who have suffered head trauma.

What is our evidence?
• Officers regularly obtain medical attention for victims and document injuries in DV cases which allows for opportunity to focus on traumatic brain injury.
• A significant number of DV cases involved blows to the head or head injuries.

How is what we learned a problem of safety and well-being for victims? A problem of offender and systemic accountability?
After conducting research in this area, the Center on Partner-Inflicted Brain Injury listed these lessons learned:
• Almost all DV survivors experience violence that could cause brain injuries and many struggle with mental health.
• While DV victims report extremely high levels of head trauma, brain injury is largely unidentified, rarely addressed, and not well understood by police, advocates, and other responders.
• Brain injury in the context of DV (termed partner inflicted brain injury) is markedly different from other commonly studied brain injuries, including brain injuries caused by accidents, sports, and combat.

Additionally, survivors reported longer-term impacts:
• One woman whose abuser broke her orbital bone lost a job because her eye was so swollen, she couldn’t see out of it for days. Subsequently, she experienced post-concussion symptoms (light and sound sensitivity) that made it difficult for her to work or go anywhere, as she had to be in a darkened room, had to turn off any TV-level noise, etc.
• A woman whose abuser caused a serious and permanent injury to her neck vertebrae said that the injury was so serious, she would face paralysis if she experienced another head or neck injury during an assault. She felt she had to constantly “assess every
situation” and be ready to defend herself - even to the point of sleeping with a knife under her pillow – to ensure she would never be injured that seriously again.

- A woman whose abuser struck her in the face with a baseball bat, breaking her teeth, had just had a baby not long beforehand. This left her in the position of recovering from childbirth, managing numerous dental injuries, not being able to eat, caring for a baby, and not wanting to leave the baby alone with her partner.

Finally, none of the survivors who described the head injuries above felt their abusers were held accountable for this serious level of assault.

How is this gap produced? What contributes to it?

Brain injury is largely unidentified, rarely addressed, and not well understood by most of the governmental agencies and DV programs that respond to victims and offenders. Additionally, victims themselves may fail to identify brain injuries or address them, which heightens the need for intervention. One of the survivors above stated that when her nose was broken, she “couldn’t think – couldn’t think to call my family, or who could do that – couldn’t think of the number,” etc. She didn’t realize she may have had a concussion and was experiencing symptoms. Thus, this gap in victim safety is produced by lack of knowledge, policy/protocol guidance, and training among police and others who directly serve domestic violence victims, as well as victims themselves.

Recommendations

- MPD should partner with HART, local prosecutors, and victim advocates to update current MPD policy on:
  - The patrol response to DV calls when the victim may have a head injury.
  - The investigator follow-up with victims who have been assaulted about the head.
  - Community-based advocacy and victim support staff within police and prosecutor’ officers follow up with victims.
- Supervisory actions should be taken to ensure compliance with new policy.
- MPD should partner with HART to provide training to officers on any new policy or protocol on responding to DV calls involving an assault to the victim’s head.

Gap: Current risk assessment practices do not utilize risk data to prioritize the deployment of criminal justice resources toward the most dangerous offenders.

What is our evidence?

- Though patrol officers carried out risk information-related tasks required by policy most of the time, a high-risk designation does not heighten the collective response, such as prompting patrol to search for a GOA suspect, an investigator to try to contact the suspect, or a prosecution to ensue.
- Survivors are unclear about how the risk information is used and some are uncomfortable with filling out the form as police ask them to.
How is what we learned a problem of safety and well-being for victims? A problem of offender and systemic accountability?
DV cases involving GOAs, repeat assaults, violations of OFPs, brain injury, and extensive property damage and thefts all represent possible high-risk situations, as documented in research studies.

How is this gap produced?
- There is no mechanism currently in place for a certain level of risk to override the impact of the unwritten policy or practices identified in this report.
- The current Domestic Violence Supplement to the police report does not incorporate attention to some of the safety and accountability issues identified in this report and provides limited space for victim’s responses.
- The current practice of having victims fill in the DV Supplement doesn’t elicit the most complete risk information.

Recommendations
- A coordinated, multi-disciplinary effort to update and improve risk assessment procedures and the response to high-risk DV cases across the system is needed to close the gaps identified in this report.
- Supervisory actions should be taken to ensure compliance with new policy.
Conclusion

There are gaps in the Minneapolis police response to domestic violence – gaps that impact victim safety. Victims are vulnerable to repeat violence or no-contact order violations by abusers who have learned if they leave the scene before police arrive, no consequences will result. Victims are discouraged from calling police after receiving responses indicative of impatience, bias, or adherence to negative stereotypes. Victims increasingly bear the burden of holding offenders accountable when witnesses aren’t documented, and property loss isn’t taken into account. Victims and responders are unaware of emerging information on the medical seriousness of assaults to the head, which are common in DV cases. System partners are not utilizing risk assessment’s potential to prioritize scarce resources to the most dangerous offenders.

The Domestic Violence Workgroup and Global Rights for Women (GRW) staff are well aware that the Minneapolis Police Department is currently experiencing a severe shortage of officers – as of the writing of this report, 510 sworn officers are currently on duty, as opposed to the authorized fully-staffed number of 888 officers. Everyone interviewed expressed concern about the shortage, and it was seen as the cause of many of the issues identified in this report. However, our findings also identified historical “We’ve always done it that way” or “We never do that” sorts of issues, lack of clear policy directive for patrol officers, and discouraging messages from other parts of the criminal justice system that de-prioritize domestic violence cases. This points to needed changes in written policies, supervisory practices, linkages among justice system actors, and many multi-disciplinary training needs that can be addressed while the MPD rebuilds. The findings also raise concerns that should be incorporated into restructuring plans.

We enthusiastically agree with the sentiments expressed on several occasions by Minneapolis Public Safety Commissioner, Cedric Alexander, “I know we don’t have enough people. That cannot be the beginning of the conversation.”

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