

Service Systems Brief

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Creating a Trauma-Informed Law Enforcement System

Introduction

In response to the widespread prevalence of violence and its effects in children's lives, many communities have formed partnerships among police departments, mental health, and other child-serving agencies.

For America's children, violence in the home and in the community is not rare. Children and adolescents may be witnesses to, or victims of, violence, as well as its perpetrators. Just a few statistics tell the story:

- In a large survey of children ages 2 to 17, 53% had experienced assault in the study year, and 36% had witnessed or been exposed to the victimization of another person (Finkelhor, Ormrod, Turner, & Hamby, 2005).
- Among 6th-, 8th-, and 10th-grade students in one urban public school system, 41.3% had seen someone shot or stabbed in the previous year (Schwab-Stone, et al., 1995).
- In a nationally representative survey, 27% of youth reported that they had assaulted another person by the age of 17 (Snyder & Sickmund, 2006).
- On average, 35% of homes of intimate partner violence victims had children under 12 living in them. Over 60% of partner violence occurs at home (Catalano, 2007).
- Children exposed to violence may develop child traumatic stress symptoms or posttraumatic stress disorder. They are at increased risk for related mental health and behavior problems, as well as poor academic performance, substance abuse, and juvenile crime (Harris, Putnam, & Fairbank, 2005).

In response to the widespread prevalence of violence and its effects in children's lives, many communities have formed partnerships among police departments, mental health, and other child-serving agencies. This *NCTSN Service Systems Brief* describes how some of these partnerships developed by Network members and police agencies are helping to create a trauma-informed law enforcement system. It then relates, in greater detail, how one Network center adapted an existing program to meet the specific needs of its community.

Service Systems Brief

Police-mental health partnerships have been developed that aim to:

- educate police officers and command staff about trauma
- reduce the traumatic impact of police interventions
- identify children exposed to trauma
- reduce the effects of violence-related trauma
- help families access mental health and other social services; and
- increase public awareness of child traumatic stress through community outreach.

These programs not only educate police about trauma, but give them specific techniques for carrying out their duties when responding to domestic violence calls and other situations that can reduce the traumatic potential of these events for the children who are present. When police officers acquire a trauma perspective and work in concert with mental health providers and the community, families and children see them not simply as forces of order charged with enforcing the law, but as trusted advocates concerned about their safety.

Child Development Community Policing, Child Study Center, Yale School of Medicine

Yale's Child Development Community Policing Program [CDCP] was one of the first collaborations established between law enforcement and mental health professionals. Developed by the Yale Child Study Center and the New Haven Department of Police Services in 1991, CDCP is a comprehensive collaboration that has provided a model replicated in communities across the nation. Its early recognition of the vital role that police can play in the lives of children and families was also influential in the development and growth of other police-mental health partnerships. Through CDCP, clinicians and officers both undergo training focused on child development and trauma. The mental health professionals participating in the program also receive classroom training in police policies and procedures, as well as on-the-ground immersion through ride-alongs with officers. Case review and consultation are conducted jointly, and clinicians also meet separately to cover focused treatment, referral, and planning for each child. Clinicians are on call to their police partners 24 hours a day for consultation and provide immediate intervention when needed.

In addition to these core components, the New Haven CDCP Program includes the Domestic Violence Home Visit Intervention, which provides outreach and advocacy for children and families affected by domestic violence; the Death Notification Protocol, which assists officers in providing support to families following the loss of a loved one;

Service Systems Brief

and the Family Intervention Program, which offers case management and monitoring for youth at risk for involvement in violent and delinquent behavior (Marans, Murphy, Casey, Berkowitz, & Berkman, 2006; Marans & Berkman, 2006; Marans, 1995).

Child Witness to Violence Project, Boston Medical Center

Established in 1992, the Child Witness to Violence Project provides mental health and advocacy services to Boston-area children whose lives have been affected by violence in the home and community. Early on, the project's developers realized that the Boston Police Department could play a crucial role in identifying children who would benefit from the program. The referral relationship with the police has been a cornerstone of the project, as has training of police in principles of child development. The project also encourages police to interact with children in the school and community so that children regard them as figures of safety and trust (Groves, 2002).

Children Who Witness Violence Program of Cuyahoga County, Ohio

A large coalition of government agencies, community-based organizations, university centers, and police departments collaborated to create the Children Who Witness Violence Program of Cuyahoga County in 1999. This program provides mental health services to children exposed to violence and their families; works to enhance community awareness of violence and its impact; and educates mental health providers on the impact of violence. Officers from police departments in seven communities in and around Cleveland receive training on the effects of violence on children so that they may effectively refer children to the program at any time, day or night (Drotar et al., 2003). Program staff provide immediate intervention in the children's homes, and offer services for up to four weeks. Once the initial crisis has resolved, follow-up services with a relevant partner organization can be arranged (MHS website, n.d.).

Violence Intervention Program for Children and Families, Louisiana State University Medical Center

In New Orleans, as in the rest of the nation, youth violence grew in the early 1990s. In recognition of children's increased presence as participants in, and witnesses to violence, the Louisiana State University Health Sciences Center, in partnership with the New Orleans Police Department, established the Violence Intervention Program for Children and Families [VIP] in 1992. The Program features extensive training for police officers on the effects of violence; provides psychological treatment for affected children; and offers referral to other child-serving systems. A Safe Start award from the Department of Justice allowed the program, in conjunction with prosecutors, the Mayor's office, and other community-based and government agencies to develop another collaboration focused on child witnesses to domestic violence (Osofsky, Hammer, Freeman, & Rovaris 2004).

The projects described here reflect an understanding of the vital role of police in the lives of children touched by violence in the home and in the community.

Service Systems Brief

One City's Response: Wilmington Delaware's Child Development Community Policing Initiative

In Wilmington, Delaware in 2005 police officials and public child mental health system leaders were becoming increasingly aware of both national and local data on children's and adolescents' exposures to violence. For example, Wilmington's emergency dispatcher reports for 2004 tallied 4,119 domestic violence calls. In some, there were no children in the household, but many households included more than one child and officials estimated that more than 2,000 children in the community were living with domestic violence.

Working together, the Delaware Division of Child Mental Health Services [DCMHS] and the Wilmington Police Department sought training from the National Center for Children Exposed to Violence—a program of Yale's Child Study Center and a fellow NCTSN grantee—in Child Development Community Policing [CDCP]. The program was implemented in Wilmington in January 2006. During its first 16 months, more than 1,200 children exposed to violence were identified by law enforcement officers and referred for trauma-informed child mental health crisis intervention.

Wilmington Delaware's implementation of Child Development Community Policing includes:

Training

The sense of belonging to a team, developed through cross-training and other shared activities, contributes strongly to the trust and mutual professional respect that help make CDCP successful.

Police officers and leadership screen NCTSN's *Cops, Kids and Domestic Violence: Protecting Our Future*, http://www.nctsn.org/nctsn_assets/acp/dv/NCTSN_DV_rev1.htm, a DVD with ancillary educational materials to help first responders understand the reactions of young children in homes where domestic violence has occurred. It offers practical guidance on helping children on scene, reducing the potential traumatic impact of police actions, and explains the developmental bases of children's reactions to domestic violence.

In turn, the City's Police Department provides training to the Division of Child Mental Health Services crisis intervention therapists, to give them the clear understanding of policies, procedures, and practices essential for their safe and successful work with police officers in the field.

The DCMHS manager and interested crisis intervention therapists also complete a course designed for city residents offered by the Wilmington's Citizens' Police Academy.

Service Systems Brief

CDCP Weekly Meeting & Case Management

Each Wednesday afternoon, the CDCP team meets to review case status and recent activity and to make service plans for the coming week. These meetings are chaired by the City's Director of Public Safety, a mayoral appointee who oversees both the police and fire departments in Wilmington.

Crisis Response and Linkage to Child Mental Health Intervention

The child mental health crisis service provides initial mental health assessment, brief, intensive trauma-informed intervention, and referral to treatment providers when necessary. Children who are Medicaid-enrolled or without insurance and who require more intensive mental health services are linked directly to Delaware's public, accredited children's behavioral healthcare system. There, a comprehensive array of mental health and substance abuse services (including Trauma-Focused Cognitive Behavioral Therapy for children with PTSD resulting from sexual and/or physical abuse or witnessing violence) is available.

Ride-Alongs

The training and procedures for CDCP include "ride-alongs," in which a crisis therapist accompanies a police officer on rounds in the field. The ride-along is an essential part of the initiative, building trust between partners as well as serving as a way to build on their shared knowledge base, as each new situation presents opportunities for additional learning.

Collaboration with Other Child-Serving Agencies

While the primary partners for CDCP are the child mental health and law enforcement agencies, the model benefits from active collaboration with a variety of other child-serving organizations. In Delaware, key participating agencies include child welfare, juvenile justice, and Child Advocacy Centers.

Community Outreach

Community outreach activity can be general in nature, such as the crisis response team's participation in the National Night Out event, community health fairs, or community meetings. Targeted community outreach has also been found to be useful. For example, the crisis response team will canvass a neighborhood in which there has been a particularly violent or highly visible crime. This type of outreach not only increases public awareness of child traumatic stress and trauma-informed services, but also identifies child witnesses. On several occasions, children have confided to canvassers the fact that they witnessed the violent act when they had told no one else.

Service Systems Brief

Expansion of CDCP to Include the Wilmington Fire Department

City firefighters have also been trained as partners in CDCP so that they can identify children traumatized by witnessing or surviving fires. Firefighters then contact the Crisis Response Team to provide services.

Summary

The projects described here reflect an understanding of the vital role of police in the lives of children touched by violence in the home and in the community. Mental health clinicians and researchers, policy makers, community partners, and law enforcement personnel nationwide are working in partnership to create a trauma-informed law enforcement system, thereby helping to raise the standard of care and improve access to services for traumatized children, and their families.

References

Bureau of Justice Statistics. (n.d.) *Intimate Partner Violence in the US: Victim Characteristics: Children Exposed to Intimate Partner Violence*. Accessed January 18, 2008: <http://www.ojp.usdoj.gov/bjs/intimate/victims.htm#age12>.

Catalano, S. (2007) *Intimate Partner Violence in the US: Circumstances: Place*. Bureau of Justice Statistics. Accessed January 18, 2008: <http://www.ojp.usdoj.gov/bjs/intimate/circumstances.htm#place>.

Drotar, D., Flannery, D., Day, E., Friedman, S., Creeden, R, Gartland, H., et al. (2003). Identifying and responding to the mental health service needs of children who have experienced violence: A community-based approach. *Clinical Child Psychology and Psychiatry*, 8, 187-203.

Finklehor, D., Ormrod, R, Turner, H. & Hamby, S. L. (2005). The victimization of children and youth: A comprehensive, national survey. *Child Maltreatment*, 10, 2-25

Groves, B.M. (2002). *Children who see too much: Lessons from the Child Witness to Violence Project*. Boston MA: Beacon Press.

Harris, W.W., Putnam, F.W., & Fairbank, J.A., (2005). Mobilizing trauma resources for children. In A. F. Lieberman & R. DeMartino (Eds.), (pp. 311-339) *Interventions for Children Exposed to Violence*. Johnson & Johnson Pediatric Institute. New Brunswick, NJ. Accessed January 18, 2008: http://www.nctsn.org/nctsn_assets/pdfs/reports/HarrisManuscript.pdf.

Marans, S.R., (Ed.). (1995) *The police-mental health partnership: A community-based response to urban violence*. New Haven, CT: Yale University Press.

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Service Systems Brief

Marans, S. & Berkman, M. (2006). Police-mental health collaboration on behalf of children exposed to violence: the child development-community policing model. In A. Lightburn & P. Sessions (Eds.), (pp. 426-440) *Handbook of Community-Based Clinical Practice*. Oxford University Press. New York.

Marans, S., Murphy, R. A., Casey, R. L., Berkowitz, S. J. & Berkman, M., (2006). Mental health-law enforcement collaborative responses to children's exposure to violence. In A. F. Lieberman & R. DeMartino (Eds.), (pp. 111-134) *Interventions for Children Exposed to Violence*. Johnson & Johnson Pediatric Institute. New Brunswick, NJ.

MHS [Mental Health Services for Homeless Persons] website. Accessed January 21, 2008: <http://www.mhs-inc.org>.

Murphy, R.A., Rosenheck, R.A., Berkowitz, S.J., & Marans, SR. (2005) Acute service delivery in a police-mental health program for children exposed to violence and trauma. *Psychiatric Quarterly*, 76, 107-121.

Osofsky, J.D., Hammer, J.H., Freeman, N., & Rovaris, J.M. (2004). How law enforcement and mental health professionals can partner to help traumatized children. In J.D. Osofsky (ed.), *Young Children and Trauma: Intervention and Treatment* (pp.285-298). New York: Guilford Press.

Schwab-Stone, M.E., Ayers, T.S., Kaspro, W., Voyce, C., Barone, C., Shriver, T., et al. (1995). No safe haven: A study of violence exposure in an urban community. *Journal of the Academy of Child and Adolescent Psychiatry*, 34, 1343-1352

Snyder, H. N., & Sickmund, M. (2006). *Juvenile Offenders and Victims: 2006 National Report*. (p 70). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. Accessed January 18, 2008: <http://ojjdp.ncjrs.gov/ojstatbb/nr2006/downloads/NR2006.pdf>.

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