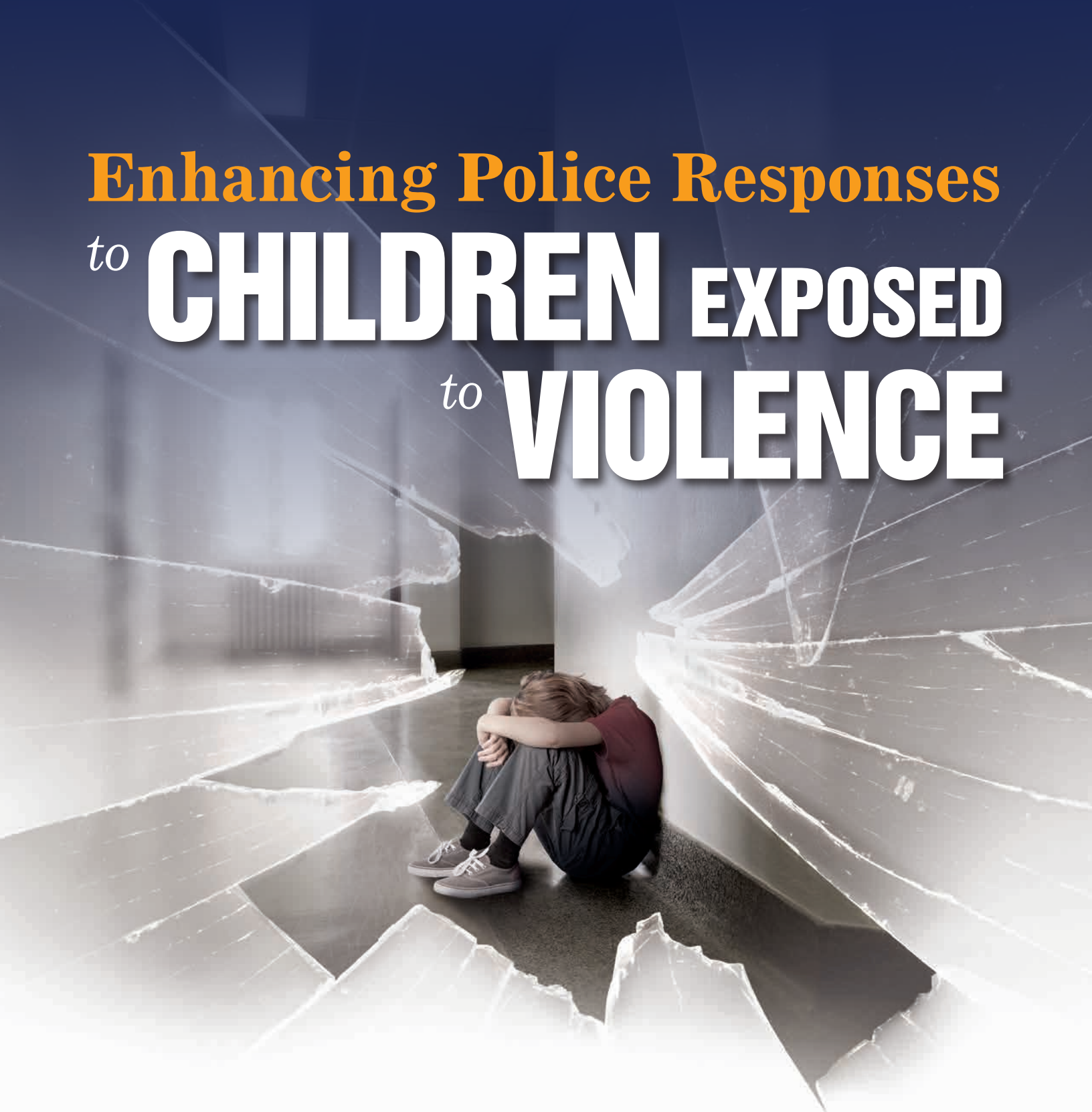
Enhancing Police Responses to CHILDREN EXPOSED to VIOLENCE



A Toolkit for Law Enforcement

INTERNATIONAL ASSOCIATION OF CHIEFS OF POLICE
POLICE
SINCE 1893

Yale Medicine
CHILD STUDY CENTER

OJJDP Office of Juvenile Justice and Delinquency Prevention
Office of Justice Programs ♦ U.S. Department of Justice

Enhancing Police Responses *to* CHILDREN EXPOSED *to* VIOLENCE

This toolkit was prepared under cooperative agreement number 2012-CV-BX-K056 from the Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Justice. OJJDP is a component of the Office of Justice Programs, which also includes the Bureau of Justice Assistance; the Bureau of Justice Statistics; the Community Capacity Development Office; the National Institute of Justice; the Office for Victims of Crime; and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART). Points of view or opinions expressed in this document are those of the authors and do not necessarily represent the official position or policies of OJJDP or the U.S. Department of Justice.

All materials contained in this toolkit are property of the International Association of Chiefs of Police (IACP), the Yale Child Study Center, and the Office of Juvenile Justice and Delinquency Prevention (OJJDP) at the U.S. Department of Justice. Materials contained herein may not be published without explicit written permission from IACP, Yale and OJJDP. Law enforcement professionals may reproduce, distribute, transmit, and share these tools for the purpose of identifying and responding to children exposed to violence.

The article titled, "The Officer's Role in Responding to Traumatized Children" was originally published in the Winter 2015 issue of The Tactical Edge, the official publication of the National Tactical Officer's Association. **www.ntoa.org.**

The tool titled, "Teaching the Tactical Breathing Technique" was adapted for law enforcement from "How to Teach Your Child Calm Breathing" by the Anxiety Disorders Association of British Columbia (AnxietyBC) in 2014 and available at https://www.anxietybc.com/parenting/how-teach-your-child-calm-breathing, accessed February 1, 2017.

Recommended citation: International Association of Chiefs of Police and Yale Child Study Center. 2017. Enhancing Police Responses to Children Exposed to Violence: A Toolkit for Law Enforcement. Washington, DC: Office Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice.

Published February 2017



Yale Medicine
CHILD STUDY CENTER

OJJDP Office of Juvenile Justice and Delinquency Prevention
Office of Justice Programs ♦ U.S. Department of Justice

Acknowledgments

The core content of **Enhancing Police Responses to Children Exposed to Violence: A Toolkit for Law Enforcement** is based on principles, practices and approaches developed at the Childhood Violent Trauma Center at the Yale Child Study Center (Yale) over 25 years, and through implementation of the Child Development-Community Policing (CD-CP) program in New Haven, CT and in Charlotte, NC. Building on the knowledge and expertise gained through the CD-CP program, the Yale Child Study Center and the International Association of Chiefs of Police (IACP), in partnership with the Office of Juvenile Justice and Delinquency Prevention (OJJDP), Office of Justice Programs, U.S. Department of Justice, joined forces to create the **Enhancing Police Responses to Children Exposed to Violence: A Toolkit for Law Enforcement (Toolkit)**. This **Toolkit** is designed to meet the unique needs of today's officers, who may or may not have the opportunity to work in close collaboration with trauma-informed mental health and child welfare professionals.

Primary Authors

Steven Marans, MSW, PhD, *Director, Childhood Violent Trauma Center, Yale Child Study Center, Yale School of Medicine, New Haven, CT*

Hilary Hahn, EdM, MPH, *Project Director, Childhood Violent Trauma Center, Yale Child Study Center, Yale School of Medicine, New Haven, CT*

Editors

IACP Professional Staff, *Alexandria, VA*

Hilary Hahn, EdM, MPH, *Project Director, Childhood Violent Trauma Center, Yale Child Study Center, Yale School of Medicine, New Haven, CT*

Convening both law enforcement and mental health experts, the IACP-Yale team first developed the ***Protecting and Serving: Enhancing Law Enforcement Response to Children Exposed to Violence (Protecting and Serving)***, a classroom training curriculum for frontline police officers which is a companion to this **Toolkit**. Following the development of the curriculum, the tools included in this **Toolkit** were developed. The following individuals made significant contributions to the content and development of the ***Protecting and Serving*** curriculum, as well as to the development of this **Toolkit**.

Contributors

IACP Professional Staff, *Alexandria, VA*

Steven Berkowitz, MD, *Director, Penn Center for Youth and Family Trauma Response and Recovery, University of Pennsylvania, Philadelphia, PA**

Ryan Butler, *Captain, Charlotte-Mecklenburg Police Department, Charlotte, NC***

Stacey Butler, LCSW, *Director, Child Development-Community Policing, Mecklenburg County Public Health, Charlotte, NC*

Luiz Casanova, *Assistant Chief, New Haven Department of Police Service, New Haven, CT*

Renee Dominguez, *Lieutenant, New Haven Department of Police Service, New Haven, CT*

Sarah Greene, LCSW, *Program Administrator, Trauma and Justice Programs, Mecklenburg County Public Health, Charlotte, NC*,***

Jeffrey Hoffman, *Captain (Ret.), New Haven Department of Police Service, New Haven, CT*

Kristen Hammel Kowats, MSW, *Coordinator, Childhood Violent Trauma Center, Yale Child Study Center, Yale School of Medicine, New Haven, CT*

Eddie Levins, *Deputy Chief (Ret.), Charlotte-Mecklenburg Police Department, Charlotte, NC**

In addition, the IACP, Yale and OJJDP created a multidisciplinary Advisory Working Group to provide advice and guidance to inform the development of the training, tools and resources. The IACP and Yale would like to express our gratitude for the vital contributions of the following Advisory Working Group Members who are listed below with affiliations at the time of participation.

Advisory Working Group on Children Exposed to Violence

Toney Armstrong, *Director of Police, Memphis Police Department, Memphis, TN*

Chris Burbank, *Chief of Police, Salt Lake City Police Department, Salt Lake City, UT*

Maggie DeBoard, *Chief, Herndon Police Department, Herndon, VA*

Dean Esserman, JD, *Chief, New Haven Department of Police Service, New Haven, CT*

Mark Lomax, *Executive Director, National Tactical Officers Association*

Susan Manheimer, *Chief, San Mateo Police Department, San Mateo, CA*

Jim McDonnell, *Chief, Long Beach Police Department, Long Beach, CA*

Daniel P. Meloy, CLEE, *Chief of Police, Colerain Police Department, Colerain, OH*

Patrick Melvin, M.Ed., *Chief, Salt River Pima – Maricopa Indian Community Police Department, Scottsdale, AZ*

Gregory Mullen, *Chief, Charleston Police Department, Charleston, SC*

Eric Nation, *Director, Training and Development, National Alliance for Drug Endangered Children*

Eve F. Sheedy, *Deputy City Attorney, Los Angeles City Attorney's Office, Los Angeles, CA*

Jennifer White, *Senior Attorney for Legal Programs, Futures Without Violence*

U.S. Department of Justice:

The IACP and Yale Child Study Center would like to thank the professionals at the U.S. Department of Justice, including former U.S. Attorney General Eric Holder and Assistant Attorney General Karol Mason for their steadfast leadership to address the issue of childhood exposure to violence. In addition, we extend our appreciation for the leadership, assistance and support provided by OJJDP Administrator Bob Listenbee and staff members Carmen Santiago-Roberts, Kristie Brackens, Cynthia Pappas, Robin Delaney-Shabazz, Catherine Pierce and Scott Pestridge.

*contributing author of Protecting and Serving training curriculum

**co-author of National Tactical Officers Association article

Purpose/Introduction

This Toolkit provides practical tools and resources to assist law enforcement agencies in building or enhancing effective operational responses to children exposed to violence (with or without a mental health partner). This toolkit contains tools targeted to police leaders and frontline officers.

Several tools were first developed for the ***Protecting and Serving: Enhancing Law Enforcement Response to Children Exposed to Violence*** training curriculum for frontline police officers, developed and launched by the IACP, Yale and OJJDP.

Instructions

The tools within this toolkit are organized into three types:

Overview:

- Chief's Briefing on Children Exposed to Violence
- The Officer's Role in Responding to Traumatized Children

Operational Protocols:

- On-Scene Acute Protocol for Children Exposed to Violence
- Protocol for Responding to the Needs of Children at Scenes of Domestic Violence
- Principles and Practices of Death Notification to Children

Assessment Tool:

- Organizational Self-Assessment Tool and Action Planning Tool

Operational Tools:

- Reactions that Police May Observe From Children and Youth
- What Traumatic Stress Reactions May Look Like On-Scene
- Effective Police Responses to Traumatic Stress in Children of Different Ages
- Commonly Asked Questions from Children and Example Police Responses
- Common Issues with Caregivers and Police Responses
- What to Do When Your Child is Exposed to Violence – Brochure
- Teaching the Tactical Breathing Technique to Children and Parents

These tools are designed to be practical and useful to law enforcement professionals. There are a number of ways that the tools can be applied in the field. Ideally, an agency would seek to have the ***Protecting and Serving: Enhancing Law Enforcement Response to Children Exposed to Violence*** training curriculum for frontline police officers, then adopt the tools into practical use, including the protocols, and integrate the use of the materials agency-wide.

Another option is for an agency to integrate the protocols and materials into the agency's existing practices and approaches.

A third option is for interested individual officers to incorporate the knowledge and practices encompassed within the tools into their practice and approaches in the field, while keeping with their agency's existing protocols and policies.

TOOLKIT CONTENTS

A Law Enforcement Executive's Brief on Children Exposed to Violence

Organizational Self-Assessment Tool and Action Planning Tool

On-Scene Acute Protocol for Children Exposed to Violence

Protocol for Responding to the Needs of Children at Scenes of Domestic Violence

What Traumatic Stress Reactions May Look Like On-Scene

Reactions that Police May Observe from Children and Youth

Effective Police Responses to Traumatic Stress in Children of Different Ages

Teaching the Tactical Breathing Technique to Children and Parents

Commonly Asked Questions from Children and Example Police Responses

Common Issues for Caregivers and Police Who Respond to Children Exposed to Violence

What To Do When Your Child Is Exposed To Violence – Brochure

Principles and Practices of Death Notification to Children

The Officer's Role in Responding to Traumatized Children



International Association of Chiefs of Police

Serving the Leaders of Today, Developing the Leaders of Tomorrow

The International Association of Chiefs of Police (IACP) is a professional association for law enforcement worldwide. For more than 120 years, the IACP has been launching internationally acclaimed programs, speaking on behalf of law enforcement, conducting groundbreaking research, and providing exemplary programs and services to members across the globe.

Today, the IACP continues to be recognized as a leader in these areas. By maximizing the collective efforts of the membership, IACP actively supports law enforcement through advocacy, outreach, education, and programs.

Through ongoing strategic partnerships across the public safety spectrum, the IACP provides members with resources and support in all aspects of law enforcement policy and operations. These tools help members perform their jobs effectively, efficiently, and safely while also educating the public on the role of law enforcement to help build sustainable community relations.

Yale Medicine
CHILD STUDY CENTER

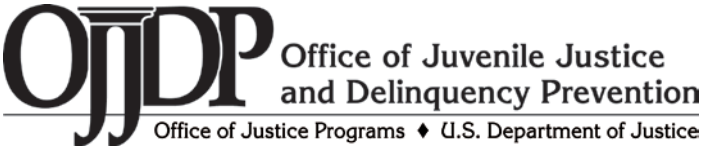
Yale Child Study Center

The mission of the Yale Child Study Center is to improve the mental health of children and families, advance understanding of their psychological and developmental needs, and treat and prevent childhood mental illness through the integration of research, clinical practice, and professional training. For more than 100 years, researchers and practitioners at the Yale Child Study Center have worked to translate clinical observations and research findings into innovative, effective, and accessible models of clinical care, to train succeeding generations of clinicians and researchers and to disseminate knowledge to inform policies and encourage adoption of evidence based practices in the care of children and their families.

Responding to childhood trauma has been a critical aspect of these endeavors. Since 1991, the Childhood Violent Trauma Center (CVTC) at the Yale Child Study Center has been a leader in the field of law enforcement-mental health collaboration and early mental health treatment, developing innovative strategies and approaches to identify and intervene on behalf of children and families who are vulnerable following exposure to violence and trauma. In partnership with the New Haven Department of Police Service, the CVTC developed the Child Development-Community Policing Program (CD-CP) in order to capitalize on the significant role that law enforcement can play in responding to and aiding in the recovery of children and families exposed to violence.

The Childhood Violent Trauma Center has:

- Developed and implemented innovative multi-disciplinary collaborative program models such as the CD-CP program which provide immediate coordinated police, mental health, and social service interventions, in addition to follow-up services and mental health treatment to children and families exposed to violence and trauma;
- Partnered with Charlotte-Mecklenburg Police Department and Mecklenburg County Public Health in Charlotte, NC to train communities in CD-CP.
- Developed the Child and Family Traumatic Stress Intervention (CFTSI), an early brief mental health treatment that has demonstrated effectiveness in reducing children's trauma symptoms in the aftermath of traumatic experiences, and reducing or interrupting PTSD and related disorders in children.
- Provided training, technical assistance and consultation to law enforcement, first responders, and emergency management personnel nationwide;
- Provided nationwide consultation in times of crisis (school and community mass shootings including Sandy Hook, the terrorist attacks of 9/11, and natural disasters such as Hurricanes Katrina and Rita) to communities, law enforcement agencies, mental health providers, schools, media outlets, and local, state, and national government leaders;
- Supported public awareness and policy initiatives relating to childhood exposure to violence; and
- Provided extensive direct clinical services to children and families exposed to violence and other traumatic events.



The Office of Juvenile Justice and Delinquency Prevention

The Office of Juvenile Justice and Delinquency Prevention (OJJDP), a component of the Office of Justice Programs, U.S. Department of Justice, provides national leadership, coordination, and resources to prevent and respond to juvenile delinquency and victimization. OJJDP supports states and communities in their efforts to develop and implement effective and coordinated prevention and intervention programs and to improve the juvenile justice system so that it protects public safety, holds offenders accountable, and provides treatment and rehabilitative services tailored to the needs of juveniles and their families. OJJDP sponsors research, program, and training initiatives; develops priorities and goals and sets policies to guide federal juvenile justice issues; disseminates information about juvenile justice issues; and awards funds to states to support local programming.

Vision Statement

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) envisions a nation where our children are healthy, educated, and free from violence. If they come into contact with the juvenile justice system, the contact should be rare, fair, and beneficial to them.

Enhancing Police Responses *to* CHILDREN EXPOSED *to* VIOLENCE

When police are equipped to provide trauma-informed, developmentally-appropriate responses to children exposed to violence:



They can create a safe environment to help children re-establish a sense of security and stability.



They can play an important role in helping children and families begin to heal and thrive.



Childrens' attitudes towards police can be shaped in the moment, or a seed can be planted to reshape attitudes towards police in the future.

Yale Medicine
CHILD STUDY CENTER

OJJDP Office of Juvenile Justice and Delinquency Prevention
Office of Justice Programs ♦ U.S. Department of Justice

A Law Enforcement Executive's Brief on Children Exposed to Violence

The Problem: A Public Health & Safety Crisis

Current levels of children's exposure to violence (CEV) in their homes, schools, and communities, and the traumatic disruption of successful development that so often follows, constitute a public health crisis.

When children are not identified and supported in recovery following exposure to violence, they are at greater risk for:

- School failure
- Mental health disorders such as anxiety, depression, post-traumatic stress disorder (PTSD), and personality disorders
- Substance abuse disorders
- Involvement with the juvenile and criminal justice systems
- Repeated victimization, and perpetration of, sexual and physical violence, and domestic violence
- Perpetration of community violence
- Higher rates of chronic physical illness
- Early death

Why Police Should Be Concerned and Involved in Responding to CEV

When a trauma lens is applied to policing practices, children and families experience law enforcement professionals as strong and powerful partners, allies in their efforts to reclaim their own strength. When seen as allies in recovery from trauma, police agencies throughout the United States may be able to capitalize on powerful strategies that also contribute to the strengthening of relationships with the communities they serve.

Key Messages

- Police are so much more than law enforcers in their community. Police bring order to chaos and can restore a sense of safety and security in the wake of violence.
- Police officers play a major role in the lives of vulnerable children and can be a key protective factor, along with family, schools and the community, all of which can be critical in changing the trajectory towards negative outcomes that are so often associated with trauma and violence.
- Because of their unique role in responding to emergent calls for service, law enforcement professionals are also uniquely positioned to recognize and identify children who may be traumatized by overwhelming events, and to utilize trauma informed practices—both immediately on-scene and beyond the emergency calls for service—that can help to initiate children's recovery.

The Results

When police are equipped to provide trauma-informed, developmentally-appropriate responses to children exposed to violence:

- They can create a safe environment to help the child re-establish a sense of security and stability.
- They can play an important role in helping the child and family begin to heal and thrive.
- A child's attitude towards police can be shaped in the moment, or a seed can be planted to reshape a child's attitude towards police in the future.
- A foundation of trust between the police, youth, families, and the community is developed.
- Officers feel more effective and satisfied in their work.

> Building community trust happens one interaction at a time.

Steps for Leaders

Enhance your agency's response to children and families exposed to violence by:

- **Training** all frontline officers on how to recognize traumatic stress symptoms and how to effectively, interact and support children and their families in regaining stability in the midst of chaos.
- **Implementing** the tools and resources within *Enhancing Police Responses to Children Exposed to Violence: A Toolkit for Law Enforcement.*
- **Knowing** the resources within your community that support children and families exposed to violence.
- **Partnering** with local mental health professionals specializing in childhood trauma.
- **Engaging** your community by raising awareness of the issue of children exposed to violence and the efforts your agency and community partners are taking to help children and families overcome the effects of childhood trauma. Utilize ***Changing Minds*** public awareness resources available at **https://changingmindsnow.org/**.

Key Messages

- Officers trained on biological, neurological, and psychological responses to trauma will be better prepared to recognize and identify these symptoms in their everyday encounters with children and family members and to replace impersonal interactions with up-close, personal and meaningful policing responses to calls for service involving violence and other catastrophic events.
- When law enforcement agencies embrace their critical role in the healing process, they not only advance the recovery of individual children and families, but they strengthen relationships and advance healing between law enforcement professionals and the community itself.

This resource is part of the *Enhancing Police Responses to Children Exposed to Violence: A Toolkit for Law Enforcement*. Visit: **www.theIACP.org/Children-Exposed-to-Violence**

This toolkit was prepared under cooperative agreement number 2012-CV-BX-K056 from the Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Justice. OJJDP is a component of the Office of Justice Programs, which also includes the Bureau of Justice Assistance; the Bureau of Justice Statistics; the Community Capacity Development Office; the National Institute of Justice; the Office for Victims of Crime; and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART). Points of view or opinions expressed in this document are those of the authors and do not necessarily represent the official position or policies of OJJDP or the U.S. Department of Justice.

AN ORGANIZATIONAL SELF-ASSESSMENT AND ACTION PLANNING TOOL

for Law Enforcement Agencies to Enhance Capacity to Respond to Children Exposed to Violence

Why Complete This Tool?

Communities should support a culture and practice of policing that reflects the values of protection and promotion of the dignity of all—especially the most vulnerable, such as children and youth most at risk for crime or violence.[1]

Final Report
The President's Task Force for 21st Century Policing

Law enforcement officers are the most prominent first responders to violence that affects children's lives, and officers are uniquely positioned both to recognize and to intervene on behalf of children and families who are at their most vulnerable following exposure to violence. Police officers can play a central role in reestablishing order, increasing public safety, and aiding recovery in the wake of overwhelming violent and traumatic events that occur every day in neighborhoods, schools, and homes. Early identification, re-establishing order and safety, and increasing opportunities for recovery from violent trauma are interventions police officers can make, interventions which can meaningfully interrupt the repetition of violence, criminality and victimization to which children are too often exposed.

1 President's Task Force on 21st Century Policing. 2015. Final Report of the President's Task Force on 21st Century Policing. Washington, DC: Office of Community Oriented Policing Services, U.S. Department of Justice.

Despite the essential role of law enforcement in the lives of children exposed to violence, for many law enforcement professionals, this has not yet become a central part of the mission to serve and protect. Every law enforcement agency can benefit from a closer look at its practices and policies for responding to children exposed to violence. This tool is designed to identify current strengths, as well as areas for improving your agency's response to children exposed to violence. Some agencies will discover opportunities to put new strategies into place, while other agencies will identify areas that can be fine-tuned.

What is the Purpose of this Tool?

This tool is intended to be completed by law enforcement agencies interested in assessing and enhancing their agency's capacity (whether working in collaboration with mental health partners or not) to respond effectively to children exposed to violence. Part A is an assessment of current activities in your department related to children exposed to violence. Part B is an Action Planning Tool that will utilize responses from Part A to identify possible strategies and approaches to enhance your agency's response to children exposed to violence. Part C offers tools and resources, including those tools that comprise the ***Enhancing Police Responses to Children Exposed to Violence: A Toolkit for Law Enforcement ("Toolkit")*** to support your agency in these efforts.

This tool is an opportunity to take a close look at what is currently in place and consider what more may be needed in order to best equip officers to respond to scenes where children and families are impacted by violence. This tool is intended to help agencies identify areas of current strength as well as challenges in addressing the needs of children and families exposed to violence, as well as those of officers responding to them. The assessment is followed by an Action Planning Tool that can be informed by your responses to the assessment questions. In Part C, there is also information on the tools and resources available in the ***Toolkit*** that will enable your agency to implement your Action Plan.

What is Meant by "Children Exposed to Violence?"

Law enforcement engages with children exposed to violence and potentially traumatic events every day, responding to calls for service where children are in danger or perceive that their safety or wellbeing is at risk. Here are some examples of children exposed to violence typically encountered by law enforcement:

- *A child who was standing immediately adjacent to a person who was assaulted.*
- *A 16-year-old girl believed to be a sex trafficking victim.*
- *A child who lives in a home with chronic domestic violence—officers have been to calls at that address numerous times.*
- *A child who was watching TV when an assault took place in another room of the home.*
- *A teen who was robbed at knife point.*
- *A pre-teen who was out playing in the neighborhood and witnessed a gang shooting.*
- *Children at home when bullets were shot through windows.*
- *A 16-year-old gay male who reports being harassed and then beaten by neighborhood peers.*
- *Children involved in traumatic accidents.*
- *An 11-year-old boy alleges severe and chronic beatings by his father after serious bruising was reported by the school.*
- *A 14-year-old girl, picked up by police as a runaway, alleges that her mother's boyfriend has been raping her over the course of the past year.*

For over two decades, the leading figures in child mental health, policing, and violence intervention have worked closely with the United States Department of Justice to increase our understanding of the scope and impact of childhood exposure to violence, with the aim of increasing the role of police in addressing what constitutes a major public health crisis facing the United States. We now know that the problem of childhood exposure to violence has reached epidemic proportions. The National Survey on Children's Exposure to Violence (NatSCEV), the most comprehensive nationwide survey of the incidence and prevalence of children's exposure to violence to date, tells us exactly what kind of a problem we are facing:[2]

- More than 1/3 of children were physically assaulted within the previous year (37 percent) and approximately 7 in 10 youth (69.7 percent) had been assaulted during their lifetimes.
- Approximately 2 in 5 children and youth surveyed (41.2 percent) were victims of at least one assault in the past year, and approximately 1 in 10 (10.1 percent) were injured in an assault.
- 1in 4 study participants witnessed a violent act in the past year (22.4 percent), and approximately 1 in 12 witnessed family violence in the past year (8.2 percent).
- In the past year, 15 percent suffered some form of maltreatment and 5 percent reported being sexually victimized (8 percent over their lifetime).

What Does This Mean For Law Enforcement?

We can stem this epidemic if we commit to a strong national response. The long-term negative outcomes of exposure to violence can be prevented, and children exposed to violence can be helped to recover. Children exposed to violence can heal if we identify them early and give them specialized services, evidence-based treatment, and proper care and support. We have the power to end the damage to children from violence and abuse in our country; it does not need to be inevitable.[3]

Executive Summary
Report of the Attorney General's National Task Force on Children Exposed to Violence

2 Finkelhor, D., Turner, H., Shattuck, A., Hamby, S., & Kracke, K. (2015). Children's Exposure to Violence, Crime, and Abuse: An Update. *Juvenile Justice Bulletin – NCJ 248547*. Washington, DC: U.S. Government Printing Office.

3 Attorney General's National Task Force on Children Exposed to Violence. 2012. Report of the Attorney General's National Task Force on Children's Exposure to Violence. Washington, D.C: U.S. Department of Justice.

Why be Concerned about Children Exposed to Violence?

Because this exposure has the potential to cause trauma, and unrecognized, unaddressed trauma can have dramatic negative consequences in both the short and long-term. Children's exposure to violence, whether as victims or witnesses, is often associated with long-term physical, psychological, and emotional harm. Children exposed to violence are also at a higher risk of engaging in criminal behavior and/or being victimized later in life, thus becoming part of an ongoing cycle of violence. This is something officers know very well from their own experience. There is increasing scientific evidence demonstrating that:

- Children are more likely to be exposed to violence and crime than adults.[4]
- A child's exposure to one type of violence increases the likelihood that the child will be exposed to other types of violence and be exposed multiple times.[5]
- Children exposed to violence are more likely to suffer from depression, anxiety, and post-traumatic disorders; fail or have difficulty in school; and become delinquent and engage in criminal behavior.[6]
- Children exposed to violence are more likely to engage in risky behaviors during childhood and adolescence including early initiation of smoking, sexual activity, and illicit drug use[7]

Why Should My Agency Utilize This Tool?

Representatives of law enforcement agencies interested in taking a closer look at their agency's capacity to respond effectively to children exposed to violence (with or without mental health partners) should utilize this tool. This is not a survey. It is a tool for you to assess your agency's current policies and practices as well as an action planning tool to help your agency improve operations related to identifying and responding to children exposed to violence.

4 Finkelhor, D., Turner, H., Ormrod, R., Hamby, S., and Kracke, K. 2009. Children's Exposure to Violence: A Comprehensive National Survey. Bulletin. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

5 Ibid.

6 Ibid.

7 Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., . . . Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventative Medicine, 14(4)*, 245-258.

How Should My Agency Utilize This Tool?

To be most effective, this effort should be led by a member of Command Staff within the agency but incorporate three operational viewpoints. This "champion" is in a position to engage and set priorities for the department related to the issue of children exposure to violence. While this leader champions this process, the tool itself is best completed by operational staff (not policy, planning or evaluation personnel). This ensures the best view of the current state of practice from those officers policing within the community.

1. **Identify a team of three (3) operational personnel:**
   a. Leader (Command staff, captain or above)
   b. Supervisor (1st line or mid-level, up to lieutenant)
   c. Patrol officer
2. **Provide the Assessment Tool and Action Planning Tool to each of the three team members and instruct them to answer the questions in Part A according to how things CURRENTLY OPERATE in your department (rather than how they think they should be) so that they can be prepared to meet and discuss together.**
3. **Each team member completes the Assessment Tool (Part A) in advance and reviews the Action Planning Tool (Part B) to prepare to meet together to discuss.**
4. **Team members meet together to discuss the Assessment Tool and complete the Action Planning Tool together.**

The completed tool is also meant to serve as an Action Plan that your agency can utilize to implement to enhance your agency's capacity to identify and respond to children exposed to violence. You will note that several questions have a long list of choices. These long lists were created purposefully. No agency is expected to be able to check every option. These choices are an opportunity to consider areas of improvement and specific strategies that could be employed to move your agency ahead.

After the questions, you will find an Action Plan Tool on page 16 to fill out based on your responses to the questions. The answer choices are specific actions you may consider for your Action Plan.

Part A:
ASSESSMENT TOOL
Enhancing Your Agency's Capacity to Respond to Children Exposed to Violence: An Assessment Tool

Current Practice

For the following series of questions (Questions 1–5), indicate what actions would typically be taken by officers in your agency. For each question, check all that apply.	**Who answers this question?**
1. Officers respond to a domestic violence (DV) situation and see a 10-year-old child standing next to a parent who has visible signs of injury. ☐ Assess and take steps to enhance the child and parent's immediate physical and psychological sense of safety ☐ Note the presence of children in the report ☐ Contact a DV advocate for the victim (e.g. victim services officer in the department, court based DV advocate, DV advocate in the community, etc.) ☐ Contact a child trauma clinician ☐ Contact other mental health provider/partner ☐ Contact another family member or alternate caregiver for the child, depending on the severity of the parent's injury and whether medical attention is required ☐ Other: *specify*_____ ☐ None of the above	*Command* *Supervisors* *Patrol Officers*
2. Officers respond to a shooting call in the parking lot of a housing complex. A victim is located on the ground with a gunshot wound and several adults and children can be observed walking nearby. ☐ Note the presence of children on scene in the report ☐ Conduct a community canvass to learn who else may have been impacted by the event ☐ Contact a child trauma clinician ☐ Contact other mental health provider/partner ☐ Other: *specify*_____ ☐ None of the above	*Command* *Supervisors* *Patrol Officers*

	Who answers this question?
3. A 15-year-old boy is the victim of an armed robbery. ☐ Contact victim's parents/caregivers ☐ Contact victim advocate for family, with parent/caregiver permission ☐ Call child trauma clinician ☐ Contact other mental health provider/partner ☐ Other: *specify*_____ ☐ None of the above	*Command* *Supervisors* *Patrol Officers*
4. A citizen goes to a friend's house and locates the two adult occupants inside suffering from apparent gunshot wounds; three children ages two, nine and 13 are located inside the house. ☐ Note the presence of children in the report ☐ Attempt to locate parent or other caregiver ☐ Communicate directly with children about what is happening now and what will happen next ☐ Notify municipal child protection/child welfare agency ☐ Call child trauma clinician ☐ Contact other mental health provider/partner ☐ Contact child advocate (courts or other state entity) ☐ Other: *specify*_____ ☐ None of the above	*Command* *Supervisors* *Patrol Officers*
5. While on scene at a call for service, officers in my agency routinely inquire whether: ☐ The victim to whom you are responding has children ☐ Children were physically present as victims, witnesses or suspects ☐ Children live in the home where the incident occurred ☐ Children live with the victim, witness or suspect ☐ None of the above	*Command* *Supervisors* *Patrol Officers*

Training

For the next series of questions (questions 6–10), indicate the training opportunities available to your agency. Check all that apply.	Who answers this question?
6. Officers at my agency are trained to implement a standard operating procedure or general order specifically related to a child exposed to violence identified on scene. ☐ Yes ☐ No	*Command* *Supervisors* *Patrol Officers*
7. Training and professional development is made available to officers in my agency, related to the following topics: **Child development** ☐ None ☐ less than 1 hour ☐ 1–3 hours ☐ more than 3 hours **Impact of trauma** ☐ None ☐ less than 1 hour ☐ 1–3 hours ☐ more than 3 hours **Child abuse & neglect** ☐ None ☐ less than 1 hour ☐ 1–3 hours ☐ more than 3 hours **Trauma-informed responses to children and families impacted by violence and other catastrophic events** ☐ None ☐ less than 1 hour ☐ 1–3 hours ☐ more than 3 hours **Domestic violence training specifically focused on the impact and challenges of domestic violence faced by non-offending parents and their children** ☐ None ☐ less than 1 hour ☐ 1–3 hours ☐ more than 3 hours	*Command*

	Who answers this question?
8. Patrol officers at my agency participated in the following types of training last year, and for the indicated length of time: **Child development** ☐ None ☐ less than 1 hour ☐ 1–3 hours ☐ more than 3 hours **Impact of trauma** ☐ None ☐ less than 1 hour ☐ 1–3 hours ☐ more than 3 hours **Child abuse & neglect** ☐ None ☐ less than 1 hour ☐ 1–3 hours ☐ more than 3 hours **Trauma-informed responses to children and families impacted by violence and other catastrophic events** ☐ None ☐ less than 1 hour ☐ 1–3 hours ☐ more than 3 hours **Domestic violence training specifically on the impact and challenges of domestic violence faced by non-offending parents and their children** ☐ None ☐ less than 1 hour ☐ 1–3 hours ☐ more than 3 hours	*Patrol Officers*

	Who answers this question?
9. Supervisors at my agency participated in the following types of training last year, and for the indicated length of time: **Child development** ☐ None ☐ less than 1 hour ☐ 1–3 hours ☐ more than 3 hours **Impact of trauma** ☐ None ☐ less than 1 hour ☐ 1–3 hours ☐ more than 3 hours **Child abuse & neglect** ☐ None ☐ less than 1 hour ☐ 1–3 hours ☐ more than 3 hours **Trauma-informed responses to children and families impacted by violence and other catastrophic events** ☐ None ☐ less than 1 hour ☐ 1–3 hours ☐ more than 3 hours **Domestic violence training specifically focused on the impact and challenges of domestic violence faced by non-offending parents and their children** ☐ None ☐ less than 1 hour ☐ 1–3 hours ☐ more than 3 hours	*Supervisors*

	Who answers this question?
10. Executives/Leaders at my agency participated in the following types of training last year, and for the indicated length of time: **Child development** ☐ None ☐ less than 1 hour ☐ 1–3 hours ☐ more than 3 hours **Impact of trauma** ☐ None ☐ less than 1 hour ☐ 1–3 hours ☐ more than 3 hours **Child abuse & neglect** ☐ None ☐ less than 1 hour ☐ 1–3 hours ☐ more than 3 hours **Trauma-informed responses to children and families impacted by violence and other catastrophic events** ☐ None ☐ less than 1 hour ☐ 1–3 hours ☐ more than 3 hours **Domestic Violence training specifically focused on the impact and challenges of domestic violence faced by non-offending parents and their children** ☐ None ☐ less than 1 hour ☐ 1–3 hours ☐ more than 3 hours	*Command* *Supervisors* *Patrol Officers*

Policies and Procedures

For the next series of questions (Questions 11–19), indicate what policies and procedures are currently in place within your agency. For each question, check all that apply.	**Who answers this question?**
11. My agency has policies and procedures in place that outline how to respond to children exposed to violence. ☐ Yes ☐ No *(if yes, check all that apply)* ○ Responding to children exposed to violence is included in the strategic plan ○ There are General Orders or SOPs relating to responding to children exposed to violence ○ Children exposed to violence are indicated on incident report ○ Responding to children exposed to violence is mentioned during roll call or daily briefing ○ We have signed MOUs with agencies related to responding to children exposed to violence ○ There are executive level meetings with partners focused on responding to children exposed to violence ○ Children exposed to violence is brought up during CompStat, Executive Staff meetings/briefings ○ Some policies exist e.g. Domestic Violence, Sexual Assault, Child Abuse, Response to Child Victims ○ We have a pilot project related to children exposed to violence ○ Other: *specify*_____	*Command* *Supervisors* *Patrol Officers*

	Who answers this question?
12. Supervisors in my agency: ☐ Mention responding to children exposed to violence in roll call or daily briefings ☐ While on scene, ask officers whether children were exposed to violence and what actions were taken to respond to their needs ☐ Routinely review reports to ensure that children exposed to violence are identified ☐ Attend regularly scheduled meetings to review cases where children exposed to violence were identified ☐ Attend intermittently scheduled meetings to review cases where children exposed to violence were identified ☐ Attend training with professionals from other agencies, including mental health and municipal child protection/child welfare agency ☐ Lead seminars or teach other professionals about how officers in our agency respond to children exposed to violence ☐ Work on building partnerships to provide positive social support for children exposed to violence e.g. mentoring, athletics, etc. targeted to youth at-risk following exposure to violence ☐ Develop specific activities to enhance how our agency responds to children exposed to violence ☐ None of the above	*Patrol Officers*
13. Supervisors in my agency reinforce policies and procedures around responding to children exposed to violence among officers. *Choose one:* ☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree ☐ We don't currently have specific policies and procedures in place	*Patrol Officers*
14. My agency offers an award or commendation specifically for excellence in the area of responding to children exposed to violence ☐ Yes ☐ No ☐ I don't know	*Command* *Supervisors* *Patrol Officers*

	Who answers this question?
15. When dealing with children exposed to violence my agency responds—on scene—with the following mental health providers: ☐ City/County Mental Health ☐ Emergency Psychiatric Mobile Crisis Teams (could be contracted with County, a hospital, or a local non-profit) ☐ Non-profit mental health agency ☐ Private mental health provider ☐ Other: *specify*_____ ☐ None of the above **Officers have a mental health professional to contact and consult with about responding to children exposed to violence.** *Select one:* ☐ On-scene, 24/7/365 ☐ On-scene, in some cases; by phone at other times ☐ Monday–Friday during business hours ☐ My agency does not have a mental health partner to assist in responding to children exposed to violence ☐ Other: *specify*_____	*Command* *Supervisors* *Patrol Officers*
16. These activities are typical practice in my agency ☐ Officers attend regularly scheduled meetings to review cases where children exposed to violence were identified and plan responses to these cases ☐ Mental health providers are non-sworn members of the police department ☐ Mental health providers have ID cards / access cards ☐ Mental health providers have access to police reports ☐ Mental health providers have assigned workspace in station or substation ☐ Other: *specify*_____ ☐ None of the above	*Command* *Supervisors* *Patrol Officers*
17. These activities are typical practice in my agency. ☐ Officers notify mental health partners of children exposed to violence while on scene ☐ Officers refer children exposed to violence to the mental health partner as part of the on-scene response ☐ Officers and mental health partners plan together on how to follow up ☐ Officers and mental health partners conduct joint in-person case follow-up with active cases ☐ Officers and mental health partners conduct community canvassing after incidents of violence ☐ Other: *specify*_____ ☐ None of the above	*Command* *Supervisors* *Patrol Officers*

	Who answers this question?
18. Expectations for how officers collaborate with mental health partners to respond to children exposed to violence are clearly communicated through: ☐ Officers' job descriptions ☐ Other written documents ☐ Annual evaluations ☐ Departmental awards ☐ Other: *specify*_____ ☐ None of the above **The following activities take place in my agency:** ☐ Cross-training with partners who also respond to children exposed to violence ☐ Roll-call training on approaches to responding to children exposed to violence ☐ Officers participate in follow up with mental health partners to families where children exposed to violence have been identified ☐ Multi-disciplinary team meetings ☐ Clinicians do ride-alongs ☐ Clinicians are familiarized with standard police practice e.g. hostage negotiations and graduated use of force ☐ Officers receive introductory training on child development, including the impact of trauma on children at different ages ☐ Other: *specify*_____	*Command* *Supervisors* *Patrol Officers*
19. Officers are evaluated on the basis of the following in their performance evaluations ☐ Regular referrals of appropriate cases of children exposed to violence ☐ Collaborative follow-up ☐ Officer-initiated follow-up (where officers follow up on their own cases) ☐ Participation in case conferences ☐ Feedback from citizens/families about officer's activities ☐ Feedback from mental health partners about officer's activities ☐ Other: *specify*_____ ☐ None of the above	*Command* *Supervisors* *Patrol Officers*

Collaboration

For the next series of questions (questions 20–26), indicate how your agency works with partners. Check all that apply.	Who answers this question?
20. Domestic Violence (DV) Services Provider ☐ Our agency does not work directly with a DV shelter or DV advocacy organization ☐ Officers provide families with referral information to a DV shelter or DV advocacy organization ☐ Officers make referrals to DV shelters or DV advocacy organization ☐ Officers meet with DV shelter staff or with DV advocates to discuss cases together ☐ Police conduct joint follow-up visit with DV Services Providers ☐ Other: *specify*:_____	*Command* *Supervisors* *Patrol Officers*
21. Local government child protection/child welfare agency ☐ Child welfare agency staff respond jointly with officers on scenes involving children exposed to violence ☐ Officers make referrals to child protection/child welfare agency ☐ Officers meet with child protection/child welfare agency to discuss cases together ☐ Police conduct joint follow-up visits with the child protection/child welfare agency ☐ Other: *specify*: _____	*Command* *Supervisors* *Patrol Officers*
22. Mental Health Provider ☐ Mental health providers respond jointly with officers on scenes involving children exposed to violence ☐ Officers provide families with referral information to a mental health provider ☐ Our department has an established relationship with a mental health agency and officers can alert the mental health agency when they are concerned about children exposed to violence ☐ Officers meet with mental health providers to discuss follow up with children exposed to violence ☐ Police conduct joint follow-up visits with a mental health provider ☐ Our agency has a mental health provider on staff to work with children and families exposed to violence ☐ Our agency does not work directly with a mental health provider to address the needs of children exposed to violence ☐ Other: *specify*:_____	*Command* *Supervisors* *Patrol Officers*

	Who answers this question?
23. Victim Service Provider (intra-agency, external, governmental or non-profit) ☐ Officers provide families with referral information to victim service provider or victim/witness advocate ☐ Police make the referral to victim service provider ☐ Police meet with victim service provider to discuss cases ☐ Police conduct joint follow-up with victim service provider ☐ Our agency does not work directly with a victim service provider ☐ Other: *specify*_____	*Command* *Supervisors* *Patrol Officers*
24. School Staff ☐ Police coordinate with school staff to support children exposed to violence ☐ Police meet with school staff to discuss how to support children exposed to violence ☐ Police conduct joint follow-up with the local school system to address the needs of children exposed to violence ☐ Our agency does not work directly with the local school staff to identify and address the needs of children exposed to violence ☐ Other: *specify*_____	*Command* *Supervisors* *Patrol Officers*
25. Faith Communities ☐ Police connect families with faith communities ☐ Police make the referral to faith communities ☐ Police meet with faith communities to discuss how to support children exposed to violence ☐ Police and faith communities conduct joint follow-up in the community ☐ Our agency does not work directly with faith communities to identify and address the needs of children exposed to violence ☐ Other: *specify*_____	*Command* *Supervisors* *Patrol Officers*
26. Officers at my agency have the opportunity to discuss cases of children exposed to violence with partners in order to facilitate follow-up and be advised of status: ☐ Weekly ☐ On a regular basis, but less often than weekly (bi-weekly, monthly, etc.) ☐ As needed ☐ No formal case conference is held, but officers and partners discuss cases as needed ☐ My agency identifies and responds to children exposed to violence without a specific community partner ☐ My agency identifies and responds to children exposed to violence in partnership with mental health professionals on staff within the police agency ☐ Other: *specify*_____ ☐ None of the above	*Command* *Supervisors* *Patrol Officers*

Part B:
ACTION PLANNING TOOL

After completing the questions, if your agency is interested in moving forward in further developing your response to children exposed to violence (CEV), this Action Planning Tool can be used to help you lay out the steps to take to shape your agency's response to children exposed to violence.

As you completed Questions 1–26 above, you probably noticed that the answer choices were quite detailed. Those answer choices provide strategies and approaches that can be considered as possible actions your Department might take.

Assessment Areas:

- *Current Practice*
- *Training*
- *Collaboration*
- *Policies & Procedures*
- *Existing Mental Health Partnerships*

Example:
Training & Mental Health Partnerships

Current Practice

What's working now?

Example:
Have Crisis Intervention Team (CIT) but only working with mental health partners on CIT.

Needed Changes

What is not working? Which strategies listed in the Assessment Tool Responses would you wish to incorporate?

Examples:

Children Exposed to Violence are not being identified or responded to at all.

Cross-training with partners who also respond to children exposed to violence.

Tools & Actions

What is needed to move forward (support, advice, resources, partners, training)?

Examples:

Get the Chief on board.

Identify a mental health partner that provides child trauma treatment.

- Search NCTSN.org to search for a possible local National Childhood Traumatic Stress Network member

Request **Enhancing Police Responses to Children Exposed to Violence: A Toolkit for Law Enforcement**

Obstacles & Solutions

What may stand in the way? And how might it be overcome?

Examples:

Understaffed so it's difficult to take officers off the road – but could possibly stagger training across 3 months.

By When?

Example:

Six (6) months

What will success look like?

Examples:

# of officers trained

# of children referred for treatment to partner

# of officers with an increase in job satisfaction

Part C:
TOOLS AND RESOURCES

The Enhancing Police Responses to Children Exposed to Violence: A Toolkit for Law Enforcement was developed by the International Association of Chiefs of Police and the Childhood Violent Trauma Center at Yale University School of Medicine's Child Study Center, in collaboration with the New Haven Department of Police Services, Charlotte-Mecklenburg Police Department and Mecklenburg County Health Department's Trauma and Justice Partnerships, and in partnership with the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, United States Department of Justice. Contents include:

1. *A Law Enforcement Executive's Brief on Children Exposed to Violence*
2. *Organizational Self-assessment Tool and Action Planning Tool*
3. *On-Scene Acute Protocol for Children Exposed to Violence*
4. *Protocol for Responding to the Needs of Children at Scenes of Domestic Violence*
5. *What Traumatic Stress Reactions May Look Like On-scene*
6. *Reactions that Police May Observe from Children and Youth*
7. *Effective Police Responses to Traumatic Stress in Children of Different Ages*
8. *Teaching the Tactical Breathing Technique to Children and Parents*
9. *Commonly Asked Questions from Children and Example Police Responses*
10. *Common Issues for Caregivers and Police Who Respond to Children Exposed to Violence*
11. *What To Do When Your Child Is Exposed To Violence – Brochure*
12. *Principles and Practices of Death Notification to Children*
13. *The Officer's Role in Responding to Traumatized Children*

Would Your Agency Benefit From?

- Adopting policies and procedures designed to enhance response to children exposed to violence (CEV)?
- Training on protocols for all officers responding to scenes involving CEV?
- Implementing training and protocols developed to address the needs of CEV?
- Consulting with police colleagues about collaborative partnerships to address CEV in your community?

Learn More about Law Enforcement/Mental Health Collaborative Response to Children Exposed to Violence:

- **Yale Child Study Center and New Haven Department of Police Services**
  medicine.yale.edu/childstudycenter/cvtc/programs/lawenforcement.aspx
- **Charlotte-Mecklenburg Police Department and Mecklenburg County Health Department's Trauma and Justice Partnerships**
  charmeck.org/mecklenburg/county/HealthDepartment/CommunityHealthServices/TJP/Pages/CD-CP.aspx
- **International Association of Chiefs of Police**
  http://www.theiacp.org/children-exposed-to-violence

Consult with Domestic Violence Training and Technical Assistance Provider:

- **Futures Without Violence**
  www.futureswithoutviolence.org/

Find a Child Trauma Mental Health Specialist in Your Community:

- **National Childhood Traumatic Stress Network**
  www.nctsn.org/about-us/network-members

Obtain Public Awareness Tools and Resources:

- **Changing Minds Campaign**
  changingmindsnow.org

This resource is part of the *Enhancing Police Responses to Children Exposed to Violence: A Toolkit for Law Enforcement*. Visit: **www.theIACP.org/Children-Exposed-to-Violence**

This toolkit was prepared under cooperative agreement number 2012-CV-BX-K056 from the Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Justice. OJJDP is a component of the Office of Justice Programs, which also includes the Bureau of Justice Assistance; the Bureau of Justice Statistics; the Community Capacity Development Office; the National Institute of Justice; the Office for Victims of Crime; and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART). Points of view or opinions expressed in this document are those of the authors and do not necessarily represent the official position or policies of OJJDP or the U.S. Department of Justice.

Yale Medicine CHILD STUDY CENTER

OJJDP Office of Juvenile Justice and Delinquency Prevention
Office of Justice Programs ♦ U.S. Department of Justice

ON-SCENE/ACUTE PROTOCOL
for Children Exposed to Violence

The following on-scene protocol is to be used in addition to carrying out your agency's standard response regarding how to secure a scene; identify those in need of emergency medical attention; and identify perpetrators, victims, and witnesses relevant to the investigation. To respond most meaningfully to children and families who have been exposed to violence and overwhelming events, officers should take the following trauma-focused steps:

☐ **1. Identify who has been exposed to violence and trauma based on proximity.**

- Consider who may be at greatest risk because of exposure to violence as a victim or a witness.
- There are two types of proximity to the event that are critical for officers to consider:
  - Physical proximity: anyone who saw or heard the event or was exposed to the aftermath of the event. (For the purposes of identifying who may have been exposed to violence, the definition of "witness" is more broad than it typically would be in police investigation.)
  - Emotional proximity: anyone who's loved one may have been involved in the event (as victim, witness, or perpetrator).

☐ **2. Seek and locate a parent or adult caregiver who can assume responsibility for the immediate care of the children.**

- If a parent or caregiver is not present, identify an appropriate caregiver who, optimally, is close to the family and close to the children.
- The parent, caregiver, or known adult will be the point of contact for the responding officer as they work together to assess and meet the needs of the children.

☐ **3. Determine if child protective services should be contacted, per your agency's policy.**

☐ **4. Prepare for possible questions from children by learning as much as you can about the status of the incident prior to talking with children. For example:**

- Confirm arrest/custodial status of perpetrators.
- Confirm medical status of, and medical plans for, victims and/or perpetrators.
- When information is not yet known, communicate that to children and caregivers. It is okay to say *"We don't know that information yet."*

Prepare in advance for the likelihood that children will have concerns about very specific issues, and will turn to officers for answers. For example:

- Why the police are there and what actions the police took while there.
- Whether anyone was arrested and where that person(s) was taken.
- The medical condition of victims (and perpetrator, if known to the child).
- What is happening next, for example:
  - Where the child is going to stay tonight.

- What is going to happen to the victim/perpetrator/witnesses.
- What is likely to happen after the police have left, including how further questions and concerns will be addressed.

5. Provide information to parents or caregivers and then children.

If the parent or caregiver has been identified, you should first communicate information to the parent or caregiver (if he or she does not already have the information) and then provide the information to the children together with the parent or caregiver, when possible.

When there is no parent or caregiver available, it is incumbent on the police officer to communicate directly with the children.

When communicating with children:

- Be at the child's eye level.
- Introduce yourself by name.
- Ask the child's name.

Following that:

- Explain in simple, direct terms why the police are there.
- Explain what is happening now.
- Explain what will happen next.
- Ask the child what questions or concerns she or he has.

Children are reassured when officers talk to them in a calm and comfortable manner. However, while demonstrating ease and concern is helpful, your job is not to "cheer up" a child who may have legitimate reasons to be upset.

6. Respond to questions in a straightforward and concise manner. Use simple and plain language.

Questions such as the following can be expected from children:

- *Why are the police here?*
- *What's happening to my mommy/daddy/brother?*
- *Why did the ambulance come?*
- *Is my mommy/daddy/sister okay?*
- *Where are you taking my mommy/daddy/brother?*
- *Where are you taking the bad guy?*
- *Is my mommy/daddy/grandma coming back?*
- *Is the bad guy coming back?*
- *What's going to happen to me?*
- *Will this happen again?*

Anticipate that the information you provide may need to be repeated. For sample responses, see the accompanying tool, *Commonly Asked Questions from Children and Example Police Responses*.[1]

7. Assess for ongoing threats to safety.

Identify any threats to the child and family. Consider completing the following steps and utilizing the following sources of information:

- Criminal history check.
- Address history check.
- Existence of restraining and protective orders.

1 This resource is part of the *Enhancing Police Responses* to *Children Exposed to Violence: A Toolkit for Law Enforcement*. See **www.theIACP.org/Children-Exposed-to-Violence**

- Safety check of the immediate environment (e.g., the home, vehicle).
- Officer knowledge and experience of the child and family.
- Current information about criminal activity in the neighborhood (e.g., drug activity, gang activity, gun violence).

Think critically about other things that could contribute to the family's sense of safety.

Sometimes children ask police officers to take small steps to help make them feel safe. Children may express a wish to have you look under the bed or in the closet, which can easily be done and will contribute substantially to the child's sense of safety. This kind of request is also another opportunity to recognize that the event that has initiated the police response has made the child anxious. It is also an opportunity to communicate with the child about the realities of the current situation and steps that are being taken to ensure safety. **The simple fact that the officer pays attention to the child is often the most powerful proof that the child has a new ally, a new protector, a new friend.**

> In addition to ensuring physical safety, when officers recognize and address families' emotional responses, police play a critical role in establishing psychological safety for children following their exposure to violent or overwhelming events.

8. Take steps to increase the physical safety of the children in the home.

In order to address the concerns that the police, families, or both have about repeated threats to safety (e.g., return of perpetrator, risk of retaliation, or generalized fearfulness that often follows traumatic events), the following steps can be taken:

- Inquire about specific concerns family members may have about safety issues.
- Inform the family of immediate next steps to be taken by the police and offer to respond to follow up questions and concerns about safety, status of the investigation, arrest, and subsequent status of alleged offender.
- Inquire about temporary alternative lodging and provide information about local shelters, if necessary.
- Provide information regarding restraining/protective orders (what they are and how to obtain them), when appropriate.
- Connect the family to available resources for children and families in crisis (and when indicated, coordinate with child protective services—see Step 3 above).
- Determine if/when follow-up visits from officers would be helpful as a demonstration of continued attention to the family's well-being.

It is important for officers to remember and to communicate to caregivers that it is not uncommon for everyone to feel generalized fearfulness even after the reality or threat of danger is no longer present. Therefore, in addition to the steps listed above, it can be helpful to give a brief description of what children and adults may experience in the aftermath of violent or overwhelming events.

9. Offer to review with parents or caregivers the *What To Do When Your Child Sees Violence*[2] brochure that outlines common reactions caregivers may observe in their children following traumatic events, including, for example, changes in:

- Mood (e.g., fearfulness, irritability, sadness, excitability).
- Behavior (e.g., problems with sleep and eating, defiance, demanding or seeking attention).
- Concentration and focus (e.g, at home and at school).
- Social interaction (e.g., withdrawal, arguing and fighting, risk-taking).

Officers can help parents or caregivers understand potential connections between the event and behaviors they may observe in their children following the event, which may be traumatic stress reactions.

2 This resource is another tool in the *Enhancing Police Responses* to *Children Exposed to Violence: A Toolkit for Law Enforcement*. See **www.theIACP.org/Children-Exposed-to-Violence**

Officers can also remind impacted parents or caregivers that:

- Parents or caregivers, too, may be vulnerable to similar reactions.
- The more that parents or caregivers are aware of their own reactions, the better they will be able to address their own needs and those of their children.

10. Develop a plan for follow-up.

For many families, the continued attention of a uniformed law enforcement officer is essential in re-establishing a sense of safety and moving in the direction of recovery.

In addition to the importance of police presence in terms of re-establishing psychological safety while on-scene, when police officers follow up with families in the days and weeks following an event, it can make a significant difference to children and families. Even when brief, a follow-up by police officers to children and families impacted by violence and trauma sends a powerful message of concern and appreciation while confirming officers' role in the community as sources of protection, safety, and service.

A follow-up visit by the police provides an opportunity:

- For children to see police when there is not a crisis—no one is going to the hospital or to jail—and everyone may be calmer.
- To review the status of family concerns.
- To identify and recommend additional services that may support the family's recovery.
- To solidify a personal connection with a police officer who demonstrates continued commitment as an ally in the family's recovery.
- For children, families, and communities to develop and strengthen positive expectations of relationships with police.

Follow-up steps by officers:

- Visit the family, in the course of a shift, when possible.
  - Call to arrange a visit in advance, as appropriate.
  - Even very brief visits (five minutes) can be powerful components to children and families' efforts to regain a sense of security and well-being.
- Review the status of any existing restraining or protective orders.
- Discuss the usefulness of having a school resource officer reach out directly to affected children at school, where available.

If your department has access to resources or partners that can offer support for children and families during their recovery from traumatic events, these can inform discussions with the caregiver about possible follow-up intervention strategies. Valuable resources could include:

- Medical/behavioral health assistance.
- Housing assistance.
- Domestic violence advocacy.
- Food assistance.
- Legal assistance.
- Youth programming.

This resource is part of the *Enhancing Police Responses to Children Exposed to Violence: A Toolkit for Law Enforcement*. Visit: **www.theIACP.org/Children-Exposed-to-Violence**

This toolkit was prepared under cooperative agreement number 2012-CV-BX-K056 from the Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Justice. OJJDP is a component of the Office of Justice Programs, which also includes the Bureau of Justice Assistance; the Bureau of Justice Statistics; the Community Capacity Development Office; the National Institute of Justice; the Office for Victims of Crime; and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART). Points of view or opinions expressed in this document are those of the authors and do not necessarily represent the official position or policies of OJJDP or the U.S. Department of Justice.

Protocol for Responding to the Needs of Children at Scenes of Domestic Violence

The following protocol builds on the information provided in the On-Scene Acute Protocol and offers strategies and approaches that officers can take to address the specific and additional burdens borne by children at scenes of domestic violence. This protocol is to be used in conjunction with your agency's standard response regarding securing a scene; identifying those in need of emergency medical attention; and identifying perpetrators, victims and witnesses relevant to the investigation. In addition, this protocol is also to be used in conjunction with your agency's policy for responding to domestic violence.

Domestic violence scenes are by nature often chaotic and upsetting. Once the first policing goals of securing the scene and re-establishing order have been achieved, officers should take the following trauma-focused steps to respond most meaningfully to children who have been exposed to domestic violence.

---

1. Recognize and assess the needs of the parent who is a domestic violence victim.

Paying attention to the traumatic impact of domestic violence on the parent who is a victim is the first step in addressing the needs of children. This interaction begins with the officer directly recognizing and acknowledging the traumatic impact of events on the victim. In order to help victimized parents be attentive to their children's needs, the non-offending parent needs support to regain a sense of safety and control in the aftermath of the traumatic experience of the domestic violence.

Police officers can help to identify and address basic needs for immediate shelter, safety, advocacy and/or services for the victim and the children; officers can also help the victim to identify immediate family members and friends the victim wishes to contact for support.

2. Ask if there are children living in the home and whether or not they were present during the incident leading to police response (if it is not immediately apparent).

In addition to inquiring directly, check for signs that would indicate that children reside in the home (e.g., toys, children's clothing, etc.). If children reside in the home, but are not on scene when officers arrive, officers should inquire whether children were present and determine their specific whereabouts and safety in the home or elsewhere. Officers should not assume that children were not at the scene simply because they are not readily apparent when officers arrive. Moreover, even when children are not direct witnesses to the violence, it does not indicate their lack of awareness of the violence.

3. Document the presence of children of all ages at scenes of domestic violence, whether children were direct witnesses to the event or were elsewhere in the home, and any observable reactions in the children present on scene.

Officers should not assume that children were sleeping (even if it is nighttime) or unaware of domestic violence even if it is reported that they were not witnesses to the incident that occurred.

Children of all ages, including children under the age of three, can be terrified by harsh and threatening tones of voices, as well as other sounds that indicate perpetration of violence and victimization by violence, especially when the violence involves their parents or caregivers. Exposure to domestic violence is harmful to children and the traumatic impact of witnessing domestic violence can negatively influence children's development.

When officers pay attention to the presence of children on scene, they have an opportunity to:

- Ensure that children are not physically injured.
- Document evidence of crimes involving risk of injury to the victim and the children.
- Determine if children are witnesses to a crime.
- Determine if a child's immediate safety and welfare requires involvement of Child Protective Services, in accordance with agency protocols.
- Establish a basis for facilitating access to appropriate services for the victim and children.
- Talk with parents/caregivers about signs and symptoms that are often seen in children's behavior following exposure to domestic violence. This is a way to help parents anticipate a range of normal reactions that can also be indications of the need for additional services and support.

Identification of children can, in fact, lead to greater support for vulnerable victims and child witnesses, particularly when there are advocacy, treatment and other services to which victims and their children can be referred.

4. Avoid interviewing a parent in front of a child, if possible.

Children may have many conflicting feelings about parents who are either the victims or perpetrators of domestic violence. Similarly, children may have conflicting feelings about police officers, regardless of the necessity of officers' responding to the home.

Given the complicated experiences of children exposed to domestic violence, police can avoid adding to children's burdens by, whenever possible, avoiding conducting investigative interviews with parents in the presence of children. If this is not possible, and children are present during the interview of a parent or caregiver, the respect with which officers treat both victim and perpetrator can be extremely important in decreasing the level of distress the child may be experiencing.

5. Avoid using children (including adolescents) as linguistic interpreters.

Officers should refrain from asking children and adolescents to act as interpreters for parents for whom English is not their first language or for parents who are deaf. When a child or adolescent acts as an interpreter, there are some potential difficulties:

- Adults may not give a full/accurate account of what has occurred in order to protect the interpreting child from hearing the details.
- If the adult does give a full account, the children may be exposed to details they should not be.
- The child may have an increased sense of responsibility for the outcome of events.
- The family may blame the child for the outcome of the interpreted interview.
- A child and/or adolescent may not have an accurate vocabulary or understanding to convey the details of the event.

This protocol builds on an excellent resource developed through the National Child Traumatic Stress Network entitled Cops, Kids, and Domestic Violence, available at http://www.nctsn.org/products/cops-kids-and-domestic-violence-law-enforcement-training-dvd-2006

6. Avoid arresting the parent in front of the child, if possible.

Whenever practically and tactically possible, make the arrest, including handcuffing and questioning, in a location away from the children's sight and hearing.

- There are circumstances when an arrest involves verbal and physical struggles between responding officers and adult family members. When the subject of an arrest is combative, the speed and efficiency of arrest may not only minimize dangers to officers and the perpetrator but can also minimize the already high levels of distress experienced by children who are on scene.
- When an arrest in front of children cannot be avoided, the respect that officers are able to demonstrate towards the offending parent can have an enormous impact in decreasing the burden of complicated feelings the child may be having as a result of such an upsetting incident. This is particularly important in response to those families who may typically view the police with suspicion, or worse, fear and resentment.
- Treating adult subjects of arrest with respect can help to calm the behavior of the combatant(s), which in turn, can benefit children.

Complicated Experiences of Children May Include:

- Children may be angry that the police are arresting the offending parent, even if the behavior of that parent was upsetting or scary.
- Children may be saddened to see a parent arrested, even if that parent was behaving in an upsetting or frightening way.
- Children may be scared by the officers' assertion of power and control over the perpetrator, particularly if the perpetrator resists.

On the other hand, children may be comforted by an officer's presence, which brings with it a return to calm and an end to the out-of-control feeling that domestic violence creates.

For children who have repeatedly seen or heard about parents, friends, or family members being arrested and incarcerated, police action may trigger a host of negative memories and feelings.

***For more information, please see IACP's Model Policy on Safeguarding Children of Arrested Parents with accompanying tools and resources available at* http://www.theiacp.org/cap**.

When Children Need to Be Interviewed as Witnesses

In some cases, police will not need to conduct direct interviews with children, because physical evidence and adult statements will be sufficient for the criminal investigation.

If it is necessary to interview a child, keep the following in mind:

- *Children respond to being interviewed by police very differently depending on their age and stage of development.*
- *Young children communicate in a different way from adults and older children and require special interviewing techniques.*
- *Children may find the experience of being interviewed difficult and anxiety provoking, especially if they are being asked to give information about the behavior of parents whom they love, or if they feel they are being asked to choose sides.*
- *Children may be at risk for an offending parents' attempts to influence the child's interview with police (for example, the offending parent may try to justify the abuse to the child on the basis of the victim's bad behavior).*

These conflicts may be especially relevant for children who are aware that their parents do not trust the police and would like their children to have as little contact as possible with officers.

7. Keep children with known, non-offending parents or caregivers, whenever possible.

- Begin by addressing the emotional, behavioral, and/or physical reactions that parents or caregivers (who are victims) may be having. This can have an enormous impact on the ability of the parents or caregivers to better recognize and focus on the emotional needs and wellbeing of their children.
- If a non-offending parent is either seriously injured, or so emotionally distraught that he/she cannot look after the children at the scene, officers can help him/her to identify and find a relative or close friend whom the children know and trust who can come immediately to the scene and assume temporary responsibility. This is also an opportunity for officers to help connect victims to domestic violence advocates in communities where this resource is available.

When officers are attentive to the safety and psychological needs of domestic violence victims, they are not only protecting victims, but supporting parents' strength and ability to care for their children.

Typically, the most effective means of providing safety and security to a child is to support the child's non-offending parent in caring for the child. Officers should talk with the non-offending parent about what he/she thinks he/she needs in order to stay safe, and can direct her/him to available resources in the community.

In general, police officers will be more helpful to children if they see their role as assisting and supporting parents, rather than as providing safety and security to children independent of the parent. When possible, reminding offending parents of the impact their behavior has on their children can be helpful in re-grounding the offending parent in their responsibilities as well.

Whenever possible, officers should avoid separation of young children from non-offending parents. The experience of separation is often more distressing to a child than the event which brought police to the family home.

In many cases, police officers are involved with making decisions about child care. Even in instances where Child Protective Services is called, officers often make interim placement decisions until Child Protective Services arrives.

After initial investigation on scene, and in conjunction with a supervisor, if there is probable cause to arrest both parents, officers should attempt to leave the children with a family member or friend rather than with someone not known to them. In some jurisdictions, it may be possible to use a written summons rather than a custodial arrest for one caregiver and to leave that person home to care for the children. This decision must be determined by local laws and agency policy. Make sure to check with a supervisor.

Guidelines for determining the appropriate interim placement of a child. *These guidelines may not be applicable in all jurisdictions.*

- The child should be placed with the non-offending parent. If the officer has questions concerning the capability or competency of the non-offending parent, protocols for notifying Child Protective Services should be followed. A domestic violence advocate should also be contacted.
- If the primary parent or caregiver is not available due to arrest, the arrested caregiver should be given a reasonable opportunity to select and contact an alternate caregiver unless there is a compelling reason not to do so, or the arrest is for child abuse or neglect.
- When possible, a preliminary NCIC check and check of child protection case files should be conducted on the alternate caregiver chosen by the parent as soon as reasonably possible. In many states, any previous arrest for child abuse, sexual crimes, domestic violence, recent arrests for drug offenses, or other violent felonies shall disqualify the individual from taking custody of the child.
- If the parent is unable or unwilling to identify a caregiver, and other suitable arrangements cannot be secured within a reasonable period of time, typically that the child will be taken into the custody of a child protection agency or another authorized partner organization.

Extracted from IACP's Model Policy on Safeguarding Children of Arrested Parents.

8. Speak to parents about the well-being of the children.

- Ask the parents or caregivers about the wellbeing of their child/children.
- Try not to talk negatively about either parent in front of children.
- Express the concern you share with the parents for well-being of the children.
- Provide parents with information about the potential impact of exposure to domestic violence on children.

Once the scene is secured and some degree of calm has been restored, officers should begin a conversation with parents by asking them about the wellbeing of the child/children. Frequently parents will remark that they believe children are fine and were not affected by the incident; at times parents will go so far as to say that the child was unaware of the event because s/he was in another room, asleep, or watching television. For many parents these statements do not reflect a failure of general concern about their children but rather express a wish that the horrors and helplessness of being victimized are not compounded by the additional sense that the experience has upset or damaged their children.

Officers should not be deterred from this protocol if the parent says the child has not been affected by the events which brought officers to the scene. Officers can express a shared concern for the well-being of the children: *"I know how overwhelming/upsetting this experience is for you and also how worried you must be about how your child is doing after what happened. I am too, and I want to make sure we do everything we can to be of help to you and your child."*

The same strategy of expressing concern for children's wellbeing can be useful as you work to conduct the conversation in a place where the child will not overhear: *"I know you will want to talk about this in a place where your child won't overhear."*

Officers should be prepared to provide caregivers with information regarding safety and legal issues such as protective orders and temporary custody, as well information about domestic violence advocacy and victim services and shelters. Similarly, this is an opportunity to start a conversation using the ***When Your Child is Exposed to Violence***[1] brochure about signs, symptoms and responses to children exposed to violence.

9. Speak to children to explain what has happened and what will happen next

- Introduce yourself and describe your role in simple terms.
- Sit or squat so you are physically at the child's level and able to make eye contact.
- Acknowledge that something upsetting has happened.
- Refrain from asking children about or focusing on details of the incident itself. Instead, officers can be most helpful by giving children factual information as well as being available to address questions and concerns that children may have, while communicating directly to children that the officer realizes how upsetting the events and the circumstances might be.
- Explain to children why any use of force by the police may have been necessary.
- Describe in clear terms about what is going to happen next (e.g., what is going to happen to the parents, what is going to happen to the children, where the children will stay tonight, etc.)
- Be realistic. Do not say "Everything will be okay" or make promises you cannot keep.
- Discuss ways in which children can keep themselves safe.
- Leave a number that children can use to reach police.
- Before you leave, explain what is likely to happen next in terms of children staying safe.

For sample language, please see ***Questions Commonly Asked by Children When Police Are On Scene and Examples of Police Responses****, another tool in IACP's* ***Enhancing Police Responses to Children Exposed to Violence: A Toolkit for Law Enforcement*** *available at* **http://www.theiacp.org/children-exposed-to-violence**.

Helping Children to Make a Safety Plan

Officers can state that the occurrence of the violence is not the child's responsibility, nor is it the child's responsibility to stop the violence. However, it may help to review basic plans about what the child can do if another incident of domestic violence occurs.

For example, officers can ask children who are age 5 and older if they know how to use the phone and if they know what number to call if the violence re-occurs. Officers can ask children if they know how to find someone safe in the building or neighborhood in which they live.

Remind children that the police are there to help. Children should know that if there is violence in the future, they can call the police. When a police officer reiterates this to a child its sends the child the message that the police officer "has the child's back" and helps increase the child's overall sense of psychological safety.

1 This brochure is part of the Enhancing Police Responses to Children Exposed to Violence: A Toolkit for Law Enforcement. See www.theIACP.org/Children-Exposed-to-Violence.

10. Know your resources

It is beneficial to police officers to become familiar with the resources and key stakeholders in their community. Relationships with other professionals can make the officer's job easier and more effective.

- Domestic violence advocates and shelters
- Victim advocacy and victim assistance organizations
- Domestic violence hotlines and crisis lines
- Family Justice Centers
- Child Protective Services
- County or city social services
- Child welfare and child advocacy groups
- Mental health professionals
- Emergency medical services/medical professionals
- State victim compensation programs

11. Follow-up with the child and family, if possible

- Visit the family, in the course of a shift, when possible.
  - Arrange a visit in advance, if possible
  - Even very brief visits (five minutes) can be powerful ways to support children and families' efforts to regain a sense of security and well-being.
- Review the status of any existing restraining or protective orders.
- Discuss the usefulness of having a School Resource Officer reach out directly to affected children at school, where available.

For many families, the continued attention of a uniformed law enforcement officer is essential in re-establishing a sense of safety and moving in the direction of recovery.

In addition to the importance of police presence in re-establishing psychological safety while on scene, when police officers follow up with families in the days and weeks following domestic violence, it can make a significant difference to children and victims. Even when brief, a follow-up by police officers communicates a powerful message of concern for children and families while confirming the officers' role in the community as sources of protection, safety, and service.

A follow-up visit by the police provides an opportunity:

- For children to see police when there is not a crisis—no one is going to the hospital or to jail—and everyone may be calmer.
- To review the status of the family's safety and other concerns.
- To identify and recommend additional services that may support the family's recovery.
- To solidify a personal connection with a police officer who demonstrates continued commitment as an ally in the family's recovery.
- For children, families, and communities to develop and strengthen positive expectations of relationships with police.

Follow-up contact with victims of domestic violence and their children has been demonstrated to decrease the repetitive nature of emergency calls for service and a potential reduction of levels of severity of violence when it does re-occur.

This resource is part of the *Enhancing Police Responses to Children Exposed to Violence: A Toolkit for Law Enforcement*. Visit: **www.theIACP.org/Children-Exposed-to-Violence**

This toolkit was prepared under cooperative agreement number 2012-CV-BX-K056 from the Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Justice. OJJDP is a component of the Office of Justice Programs, which also includes the Bureau of Justice Assistance; the Bureau of Justice Statistics; the Community Capacity Development Office; the National Institute of Justice; the Office for Victims of Crime; and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART). Points of view or opinions expressed in this document are those of the authors and do not necessarily represent the official position or policies of OJJDP or the U.S. Department of Justice.

What Traumatic Stress Reactions May Look Like On-scene

Physical

- Shaking
- Increased heart rate
- Physical complaints (headaches, body aches)
- Hives
- Diarrhea
- Inactivity or slow physical movement
- Physically stuck/slow/nonresponsive (or immobilized)
- Nausea and vomiting

Emotional

- Inconsistent emotions that may seem "all over the map,"
  - Wailing, sobbing
  - Volatile, angry
  - Verbally attacking others
- An apparent absence of feelings
  - "The thousand-yard stare"
- Inappropriate emotions
  - Sudden fits of laughter
  - Giggling

Cognitive

- Confused
- Difficulty making decisions
- Loss of train of thought
- Incoherent thoughts
  - Talking about things that seem random or not connected to what is being asked
- Getting "stuck,"
  - Preoccupation with elements of the event
  - Thoughts dominated by fixed focus on particular elements of the event
  - Pressured demands for more information, regardless of attempts at redirection
  - Repeats concerns or questions in spite of information that has been made available or the fact that more information is not available
- Failure of memory or inconsistent memory about events
- Poor sense of time
- Inability to recall place and identifying information regarding suspects and others involved in the event

Behavioral

- Agitated
  - Pacing
  - Moving hands and arms in a nervous fashion
  - Foot tapping
  - Finger drumming
  - Swiveling head
  - Darting eyes
- Immobilized
  - Inactivity or slow movement
  - Seeming stunned and slow to respond to external cues and stimuli such as questions, attempts to make eye contact, etc.
- Irritable
- Angry
  - Verbal outbursts/yelling
- Withdrawn/isolated
- Fatigued
- Young children may be
  - Clingy
  - Fussy
  - Running around

This resource is part of the *Enhancing Police Responses to Children Exposed to Violence: A Toolkit for Law Enforcement*. Visit: **www.theIACP.org/Children-Exposed-to-Violence**

This toolkit was prepared under cooperative agreement number 2012-CV-BX-K056 from the Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Justice. OJJDP is a component of the Office of Justice Programs, which also includes the Bureau of Justice Assistance; the Bureau of Justice Statistics; the Community Capacity Development Office; the National Institute of Justice; the Office for Victims of Crime; and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART). Points of view or opinions expressed in this document are those of the authors and do not necessarily represent the official position or policies of OJJDP or the U.S. Department of Justice.

REACTIONS THAT POLICE MAY OBSERVE

From Children and Youth

Police may observe the following reactions from children and youth they encounter on the job. These are examples of some common reactions that children and youth have to police; these are not meant to be exhaustive lists of all the different reactions that police officers might encounter. While the reactions officers can expect may be broadly defined by a child's developmental stage, a given child may exhibit one or more of the following reactions, no matter what his or her age.

Young Children (0–5 years old)	School Age Children (6–12 years old)	Teenagers (13+ years old)
■ *Appear a little standoffish* ■ *Appear shy* ■ *Appear scared* ■ *Need reassurance from parents/caregivers when around police* ■ *Depend on their parents or caregivers for safety and security, even around the police*	■ *Appear a little standoffish* ■ *Act very curious* ■ *Have notions of police as good and/or bad* ■ *Are often proud to know an officer* ■ *Have lots of questions about officers' tools (the gun, the car, the siren)* ■ *Want to know how many "bad guys" an officer has arrested or shot*	■ *Are very affected by peers' attitudes of police* ■ *Want to appear brave or standoffish, especially when in a group of peers* ■ *Have trouble dealing with authority* ■ *Conflicted about relationships with authority figures* ■ *May be confrontational or rude* ■ *Capable of being cooperative and friendly*

This resource is part of the *Enhancing Police Responses to Children Exposed to Violence: A Toolkit for Law Enforcement*. Visit: **www.theIACP.org/Children-Exposed-to-Violence**

This toolkit was prepared under cooperative agreement number 2012-CV-BX-K056 from the Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Justice. OJJDP is a component of the Office of Justice Programs, which also includes the Bureau of Justice Assistance; the Bureau of Justice Statistics; the Community Capacity Development Office; the National Institute of Justice; the Office for Victims of Crime; and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART). Points of view or opinions expressed in this document are those of the authors and do not necessarily represent the official position or policies of OJJDP or the U.S. Department of Justice.

Yale Medicine CHILD STUDY CENTER

OJJDP Office of Juvenile Justice and Delinquency Prevention
Office of Justice Programs ♦ U.S. Department of Justice

EFFECTIVE POLICE RESPONSES
to Traumatic Stress in Children of Different Ages

No matter what the child's age police can:

- Ascertain the presence of children on-scene.
- Communicate in an authoritative and respectful way that can help to calm both caregivers and children.
- Support parents or caregivers in recognizing and reducing immediate symptoms of distress in their children.
- Consider phase of development and symptoms of distress when interacting directly with a child.

Infants (0–12 months)

Typical Development

Keep in mind, infants:

- Rely completely on their parents or caregivers
- Center their sense of security on their parents or caregivers
  - The sooner that parents or caregivers are calm and in control, the more that they are able to be responsive to the infant's needs
- Need to be nurtured and cared for in a reliable way that ensures that basic physical and emotional needs are met
  - Separation from a parent or caregiver can be terrifying
  - A child's sense of safety and security can be shattered by witnessing violence

Common Responses to Exposure to Violence

Watch for these symptoms of distress in infants:

- Inconsolable crying
- Flailing
- Extreme body tension or physical rigidity
- Demanding of physical closeness, but not being soothed by it
- Whimpering

More worrisome responses to watch for:

- Calm, quiet, docile, lethargic, glassy-eyed
- Asleep in the midst of chaos

What Police Officers Can Do

What you can do for infants on-scene:

- Recognize that scenes to which police are called are frequently chaotic and that infants are exposed to tremendous stimuli
- Ensure that the infant is in the least chaotic part of the scene to which you have responded
- Show concern for children's safety with your words and actions
- Remind parents or caregivers of how important it is to get as calm as possible in order to support their young children
- Help parents or caregivers decrease their own distress in order to be able to attend to their children
- When parents or caregivers are not able to respond to your attempts to help them calm down and attend to their children, identify alternate caregivers to monitor and attend to infants
- Ensure parents or caregivers have a support system such as family, friends, neighbors, or community services prior to leaving the scene

Toddlers (12–36 months)

Typical Development

Keep in mind, toddlers:

- May be crawling by 8–12 months and walking by 12–18 months
- Speak some words around 12 months and two-word sentences by 24 months
- Have clearly defined relationships with their primary caregiver and heightened vulnerability to separation fears
- Assert their independence – "Terrible Twos"
- Have heightened concerns about physical safety

Common Responses to Exposure to Violence

Watch for these symptoms of distress in toddlers:

- Screaming, crying, clinging, acting "babyish"
- Loud demands for attention
- Whining
- Toileting accidents
- Increased displays of characteristic features of this phase (e.g., separation fears—loud and vocal demands for attention, more and louder demands for uninterrupted physical contact)
- Withdrawn and too quiet

More worrisome responses to watch for:

- Calm, quiet, docile, lethargic
- Asleep in the midst of chaos
- Overly familiar and friendly with unknown adults (including the officer)
- Repeating what they saw and heard and can't be stopped

What Police Officers Can Do

What you can do for toddlers on-scene:

- Ensure that toddlers are physically safe and are being sufficiently monitored
- Help parents or caregivers find a place to sit and address them in a calm and respectful but authoritative manner
- Assist parents or caregivers in decreasing their own distress while reminding them that staying calm is the best way to safeguard the children from distress
- Seek out an alternate caregiver, if necessary

Preschoolers (3–5 years)

Typical Development

Keep in mind, preschoolers:

- Use play to express ideas and feelings
- Have increased cognitive, language, and physical capacities
- Have increased ability to differentiate reality from fantasy, but still often believe in the magical power of their thoughts and feelings
- May believe that they caused a bad thing—an accident, fire, fight, or arrest— to happen
- May also believe that their behavior or wishes are responsible for a parent's or caregiver's arrest or removal
- May see police officers as larger than life, or imagine police officers as action figures who can help, hurt, or take them away

Common Responses to Exposure to Violence

Watch for these symptoms of distress in preschoolers:

- Increased difficulty separating from caregivers
- Increased worries about their bodies
- Difficulty eating, sleeping, toileting
- Increased tantrums, clinginess, baby talk
- Fearful avoidance and phobic reactions
- Withdrawal
- Inattention and inability to follow directions
- Provocative or demanding behavior

What Police Officers Can Do

What you can do for preschoolers on-scene:

- Help caregivers become calm and in control
  - The most important people in young children's worlds are the parents or caregivers and the extent of the parents' or caregivers' distress and anxiety will play a central role in determining the level of both immediate and longer-term impact of events on children
- Seek out an alternate caregiver, if necessary
- Get down on the children's level by kneeling or sitting
- Find out if the children have any questions and what those questions are
- Help children to re-engage the thinking part of the brain through fine-motor activity. Drawing is one activity that enhances children's ability to become more focused and organized in both thoughts and emotions.

School Age Children (6–12 years)

Typical Development

Keep in mind, school-age children:

- Develop intellectual, sensory-motor and social skills
- Develop self-awareness and self-esteem
- Channel impulses into school, sports, friends, etc.
- Demonstrate an increased ability to form relationships outside the home and family with peers and other adults and may be susceptible to their influence
- Can turn to other figures, in addition to parents or caregivers, who can offer reassuring/calming/authoritative presences (e.g., relatives, family friends, teachers, clergy, and police officers)
- Are especially concerned with issues of right and wrong, fairness and justice

Common Responses to Exposure to Violence

Watch for these symptoms of distress in school-age children:

- Frightened
- Challenging authority
- Hyperarousal
- Jittery
- False bravado
- Clinginess
- Apparent excitement about violence and traumatic events or apparent indifference
- Social and emotional withdrawal
- Crying, hyperventilating

What Police Officers Can Do

What you can do for school-age children on-scene:

- Attempt to limit the child's further exposure to out-of-control behavior once you arrive on-scene
- Find out what questions children have and talk to the children about what happened in direct and plain language
- If children are so distressed that they are unable to put their thoughts and questions into words:
  - Teach the Tactical Breathing Technique
  - Help children to re-engage the thinking part of the brain through fine-motor activity. Drawing is one activity that enhances children's ability to become more focused and organized in both thoughts and emotions.
- Emphasize the current plan to keep them safe
- Support caregivers in meeting the children's needs
- Seek out an alternate caregiver, if necessary

Adolescents (13–18)

Typical Development

Keep in mind, adolescents

- Experience physical changes that have an impact on psychological development
- Develop a sense of themselves as individuals who are distinct and independent
- Attempt to distinguish themselves from their parents
- Test limits to secure evidence that they are still connected and protected
  - Teenagers' relationships with authority figures provide opportunities to test limits and independence, and teenagers are very good at drawing police into their struggles about authority
- Focus on appearance, competence, sexual exploration and intimacy
- Experience a greater ability to think abstractly
- Feel that a sense of belonging is incredibly important

Common Responses to Exposure to Violence

Watch for these symptoms of distress in adolescents:

- Rage and anger
- Crying
- Physical dysregulation (e.g., rapid breathing/ hyperventilation, agitation, restlessness, etc.)
- Expressed disinterest (don't know/don't care)
- Anxiety
- Excitement
- Disorganized language/thinking
- Talking obsessively about what happened

What Police Officers Can Do

What you can do for adolescents on-scene:

- Take behaviors of concern or verbalized unsafe thoughts seriously
- Know that adolescents are especially vulnerable to humiliation and help teenagers "save face"
- Offer support and guidance
- Set clear expectations and firm limits
- Be aware that when officers respond to adolescents with respect and genuine engagement, teens can be surprisingly eager and receptive to the calming authority that officers can offer in the aftermath of overwhelming events

This resource is part of the *Enhancing Police Responses to Children Exposed to Violence: A Toolkit for Law Enforcement*. Visit: **www.theIACP.org/Children-Exposed-to-Violence**

This toolkit was prepared under cooperative agreement number 2012-CV-BX-K056 from the Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Justice. OJJDP is a component of the Office of Justice Programs, which also includes the Bureau of Justice Assistance; the Bureau of Justice Statistics; the Community Capacity Development Office; the National Institute of Justice; the Office for Victims of Crime; and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART). Points of view or opinions expressed in this document are those of the authors and do not necessarily represent the official position or policies of OJJDP or the U.S. Department of Justice.

TEACHING THE TACTICAL BREATHING TECHNIQUE

As an officer, you often encounter adults and children in distress following their exposure to violence and overwhelming events. One simple way to help a child or an adult regain focus and a sense of control is to teach them how to take calming and focused breaths, using the ***Tactical Breathing Technique****. Tactical breathing is a tool that is widely deployable and useful in many situations. Mental health professionals often teach this skill, but it is a skill that police officers can easily learn to teach as well.*

It is helpful to teach the tactical breathing technique to the parents or caregivers and children together, if possible, so that the parents or caregivers can support children in using the skill once you leave the scene. Parents or caregivers can also benefit from using the skill themselves.

Why is Tactical Breathing Important?

When children experience or witness violence or traumatic events, they may feel anxious, confused, or overwhelmed. When people have these feelings, they often tend to take short, quick, shallow breaths or even hyperventilate.

- Shallow breaths can actually make the feeling of anxiety worse.
- Tactical breathing can help to lower children's (or adults') anxiety and help them regain a sense of control.
- Tactical breathing increases the supply of oxygen to the brain and helps to counteract immediate traumatic arousal that leads to increased heart rate, respiration, muscle tension, etc.
- Tactical breathing stimulates the parasympathetic nervous system (the part of the involuntary nervous system that serves to slow the heart rate, increase intestinal and glandular activity, and relax the sphincter muscles), thus reducing the immediate intensity of traumatic arousal.
- Tactical breathing can also help to interrupt the distressing and repetitive thoughts and images that often follow traumatic events and that contribute to physical and psychological arousal.
- Tactical breathing is easy to teach children and parents or caregivers, and can be a useful tool for them both immediately, and after you have left the scene.

Teaching the Tactical Breathing Technique

Step 1: Explain tactical breathing to child, together with the parent or caregiver.

When teaching this technique it is helpful for officers to try it with the child and parent or caregiver.

"I think it might be helpful for me to teach you a technique for calm, focused breathing. This will be something you can use right now, and can also use if you are having trouble sleeping, feeling worried, or thinking about what happened and need to re-focus. When you use calm, focused breathing, you take a special kind of slow breaths, and I'm going to show you how to do it."

Step 2: Teach the tactical breathing technique.

- Ask the child to put one hand on his or her chest and the other hand on his or her stomach.
- Ask the child to take a slow breath in through the nose. *(Ask him or her to think of a favorite smell. Sharing a favorite smell of your own can break the ice as you are trying to teach a child this skill.)*
- Let the child know, that as she or he breathes, his or her hand should rise with their stomach, while the other hand (the hand on the chest) should move very little.
- Instruct the child to hold his or her breath for 1 or 2 seconds.
- Instruct the child to exhale as slowly as possible through the mouth. *(You can tell the child to imagine he or she is slowly blowing out several candles on a birthday cake.)* The child can be told that as he or she lets the breath out, the hand on the stomach should go down, while the hand on the chest should move very little.

  Encourage the child after he or she has tried it for the first time:

  "Good job! Now let's try that again. Take a slow, deep breath in, hold it for a second, and then slowly blow out all the air."
- Repeat for at least 3 to 5 breaths.

Helpful Hint:

When using tactical breathing, check to see if the child's upper body area (shoulders and chest) is fairly relaxed and still. Only the belly should be moving.

Tactical breathing is a useful technique, but it is not the only technique that can be employed to help people become calm and feel more in control following violence and overwhelming events. Infants and toddlers will be best served by other more developmentally appropriate techniques for re-regulation, for example, being held, hearing soft reassuring speech, or playing a game of peek-a-boo. These are techniques that caregivers can be encouraged to employ with their own children. Occasionally the officer or other team member will employ these or other techniques with infants and younger child if there is not a caregiver present. Decisions about which technique to employ should be made by officers in consultation with their supervisors on scene.

Note:

This tool was adapted for law enforcement from "How to Teach Your Child Calm Breathing." by the Anxiety Disorders Association of British Columbia (AnxietyBC) and available at **https://www.anxietybc.com/parenting/how-teach-your-child-calm-breathing**.

This resource is part of the *Enhancing Police Responses to Children Exposed to Violence: A Toolkit for Law Enforcement*. Visit: **www.theIACP.org/Children-Exposed-to-Violence**

This toolkit was prepared under cooperative agreement number 2012-CV-BX-K056 from the Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Justice. OJJDP is a component of the Office of Justice Programs, which also includes the Bureau of Justice Assistance; the Bureau of Justice Statistics; the Community Capacity Development Office; the National Institute of Justice; the Office for Victims of Crime; and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART). Points of view or opinions expressed in this document are those of the authors and do not necessarily represent the official position or policies of OJJDP or the U.S. Department of Justice.

QUESTIONS COMMONLY ASKED

by Children When Police Are On-Scene and Examples of Police Responses

Children often have many questions for officers who are responding to calls for service. Officers may feel uncertain about how directly they should answer children's questions or might be concerned that any information they offer may be too much for children to handle.

The reality is that when children are dealing with chaotic and upsetting events, police officers can be the most reliable and critical sources of order, information and adult support available on-scene. The simple acts of listening and responding to questions can be reassuring demonstrations to children that they have not been forgotten and that their concerns matter. Moreover, this kind of police interaction helps to re-establish the very basic sense of predictability, order, and safety that is often lost in the aftermath of violent events and is so essential in initiating a process of recovery. The following questions come up frequently when police officers respond to scenes where there are school-age children. The answers suggested here are not meant to be definitive, but rather to offer some language that officers can adopt and adapt for themselves.

Child: Why are the police here?

Officer: *Because mom/dad/adults got out of control and the police are here to help everyone get back in control. It is not okay for people to hurt each other and that's why we are here. Sometimes even grown-ups need help from us (the police) to stop hurting each other and get things safe again.*

Child: What's happening to my mom/dad?

Officer: *Mom/dad needs help getting back under control. We need to take mom/dad down to the police station.*

Child: Why did the ambulance come?

Officer: *The ambulance needs to take mom/dad to the hospital so that they can be checked out and helped by the doctor. As soon as the doctors know more about how your mom/dad is doing, we will tell you about that.*

Child: Is my mom/dad okay?

Officer: *I know this may feel scary because of what happened to mom/dad. S/he is at the hospital and the doctors are going to be taking care of him/her. We will know more about how your mom/dad is doing when the doctors are finished checking her/him out and seeing what s/he needs. Then we will be able to know more about when s/he is going to come home, and we will tell you when we know.*

Child: Where are you taking my mom/dad?
Why are you taking my mom/dad?

Officer: *When grown-ups get out of control, they are breaking the law. We need to take mom/dad to the police station because that's where s/he needs to be right now to make sure everyone is safe and because they were breaking the law. We are taking mom/dad to jail/ down to the police station. They may need to stay at least overnight. They can get calm, and we can make sure there is a plan for everyone to stay safe. It is our job as police officers to make sure that we help people follow the law, including being able to stop hurting each other.*

Officers responding to an incident of domestic violence can add: *We will talk with mom/dad to make sure s/he feels safe and can keep you safe.*

Child: Is my mom/dad coming back?

Officer:

If disposition is unknown: *Your mom/dad was taken to the police station. I don't know what the plan is right now, but I will let you know when I know. We do know that your mom/dad will be safe.*

If disposition is known: *Mom/dad will not be coming back tonight. In the morning they will need to see the judge. The judge will decide when your mom/dad will be released from jail/allowed to come home. Either way, we will make sure that you know what is happening with mom/dad as soon as we know.*

Child: Does that mean my mom/dad will be in jail?

Officer: Yes, your mom/dad will be in jail tonight. We will have a better idea tomorrow about when they will be coming home.

Child: What's going to happen to me?

Officer: *We will make sure you have a safe place to be tonight. You will be with [specify adult who will be responsible for children, e.g. grandma, aunt]. We will make sure that adult has a telephone number/ information about how to find out what is happening with your mom/dad.* (Officers should identify an appropriate telephone number for caregivers to find out information on loved ones who are injured or arrested such as for the hospital emergency department or the front desk at the police department.)

This resource is part of the *Enhancing Police Responses to Children Exposed to Violence: A Toolkit for Law Enforcement*. Visit: **www.theIACP.org/Children-Exposed-to-Violence**

This toolkit was prepared under cooperative agreement number 2012-CV-BX-K056 from the Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Justice. OJJDP is a component of the Office of Justice Programs, which also includes the Bureau of Justice Assistance; the Bureau of Justice Statistics; the Community Capacity Development Office; the National Institute of Justice; the Office for Victims of Crime; and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART). Points of view or opinions expressed in this document are those of the authors and do not necessarily represent the official position or policies of OJJDP or the U.S. Department of Justice.

Yale Medicine CHILD STUDY CENTER

OJJDP Office of Juvenile Justice and Delinquency Prevention
Office of Justice Programs ♦ U.S. Department of Justice

COMMON ISSUES

for Caregivers and Police Who Respond to Children Exposed to Violence

Parents and caregivers are the most important sources of support for children who have been exposed to violence and overwhelming events. However, in the chaos that frequently follows calls for service, parents and caregivers may be reeling from the same events that impact their children. In those moments, parents and caregivers can benefit from an officer's assistance to help them gain perspective and become refocused on ways in which they can best support their affected children.

The following issues come up frequently when police officers respond to scenes where children have been exposed to violence or overwhelming events. Police officers can play a key role in preparing and assisting parents and caregivers to best support their children in these situations.

MINIMIZING

Frequently, and understandably, caregivers seek to minimize the impact that events may have on their children. However, officers should not be deterred from taking steps to respond to children exposed to violence even if the caregiver says that a child has not been affected.

Officers do not need to create a confrontation with caregivers; instead, they can work to find and highlight shared interests and common goals. For example, it often works well to express a concern for children as a concern that is shared with caregivers. For example, the officer might say: ***"I know that you must be worried about how your child is doing after what happened. I'm worried, too, and I want to make sure we do everything we can."***

REDUCING FURTHER EXPOSURE

As part of the process of protecting and serving the interests of the child, officers will want to limit children's ongoing exposure to overwhelming and upsetting circumstances. Officers should take steps to remove children from scenes where out-of-control behavior is occurring. To the extent possible on-scene, officers should limit adult conversations from being held in children's hearing. Again, the strategy of working with the parent or caregiver for the best interest of the child can be employed, and officers might say: ***"I know you will want to talk about this in a place where your child won't overhear."***

In general, children are more likely to see police officers as helpful if their parents are treated with respect. Officers should try to be neutral in front of children and in front of parents or caregivers, even if those parents or caregivers have broken the law and may be perpetrators.

ADDRESSING SAFETY CONCERNS

Officers should be prepared to provide parents and caregivers with information about safety and legal concerns such as protective orders and temporary custody. Even if the family has been through the process of obtaining a protective order before, it can be helpful for police to take a few moments to explain the process again because it can be difficult for people to process information in the immediate aftermath of frightening or overwhelming events. Explaining the protective order procedure helps the family to predict what will happen next—this is part of the process of regaining control following the loss of control that trauma causes.

If the offender fled the scene or there are other reasons why a protective order cannot immediately be put into place, the children and parents or caregivers might be afraid. It can be helpful to review with the parents or caregivers available options for increasing their immediate sense of safety. For example, the officer can raise questions about alternative places to stay (with family, friends, etc.) as well as offer information about domestic violence service providers and emergency shelters. The officer can also ensure that a contact is made with a domestic violence advocate or victims, services personnel from the police department or community agency. Similarly, the officer should tell the parents or caregivers what the next steps are to secure the arrest of the suspect, with an agreement to inform the family as soon as the suspect has been apprehended. Should the family decide to stay in the home, offering to walk through the home to evaluate security measures (windows, locks, etc.) can be extremely reassuring to family members. Lastly, officers should encourage family members to contact the police immediately should they have any contact (visual, social media, telephone, etc.) with the alleged perpetrator.

This resource is part of the *Enhancing Police Responses to Children Exposed to Violence: A Toolkit for Law Enforcement*. Visit: **www.theIACP.org/Children-Exposed-to-Violence**

This toolkit was prepared under cooperative agreement number 2012-CV-BX-K056 from the Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Justice. OJJDP is a component of the Office of Justice Programs, which also includes the Bureau of Justice Assistance; the Bureau of Justice Statistics; the Community Capacity Development Office; the National Institute of Justice; the Office for Victims of Crime; and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART). Points of view or opinions expressed in this document are those of the authors and do not necessarily represent the official position or policies of OJJDP or the U.S. Department of Justice.

HOW YOU CAN HELP YOUR CHILD

For some children, going over the events with the adults they trust can help them feel less alone. Giving kids time to talk about their questions and concerns can be very helpful.

For other children, talking about what happened may be very hard. They may show their distress in other ways, such as upsetting behaviors.

Recognizing your child's reactions can be an important first step towards helping your child recover.



In case of emergency, DIAL 9-1-1

To reach a police officer who works in your neighborhood when it is not an emergency please contact:

To reach a child trauma specialist, please contact:

This brochure is part of the Enhancing Police Responses to Children Exposed to Violence: A Toolkit for Law Enforcement.
Visit: www.theIACP.org/Children-Exposed-to-Violence

Yale Medicine CHILD STUDY CENTER

OJJDP Office of Juvenile Justice and Delinquency Prevention
Office of Justice Programs ♦ U.S. Department of Justice

What To Do WHEN YOUR CHILD IS EXPOSED TO VIOLENCE



Important Information and Resources for Parents and Caregivers



What Happens When Your Child Is Exposed to Violence?

When children see and hear too much that is frightening, their world feels unsafe and insecure. Experiencing violence and other traumatic events can overwhelm children and teenagers, and lead to problems in their daily lives, including:

- Sadness and nervousness
- Behavior problems
- Trouble concentrating and learning
- Trouble getting along with family, friends, and teachers

What Caregivers Should Watch For

In the days and weeks following an incident of violence, you may notice one or more of these reactions in your child. Some reactions are common for anyone, and some are more likely for children of specific ages.

YOUNG CHILDREN

- Clinginess to mother or caregiver
- Irritability, fussiness, difficulty being soothed
- Bedwetting or problems with toileting
- Frequent nightmares or waking in the night

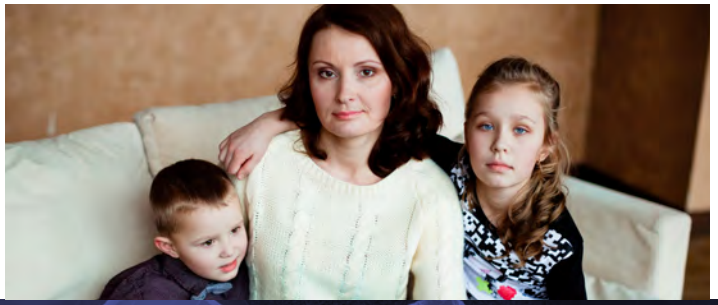
OLDER CHILDREN

- Problems paying attention at school
- Fighting with siblings, peers or adults

ALL AGES

- Being easily startled, jumpy, or uneasy
- Repeating events over and over in play or in conversation
- Being quiet, upset and withdrawn
- Being tearful or sad
- Talking about scary feelings or ideas
- Daydreaming or being easily distracted

Getting help early for your children can start to make things better now, and may prevent long-lasting difficulties.





Too many children in our community are affected by violence. We can work together to make our children feel safe again.

Attach Business Card Here

This brochure is supported by Cooperative Agreement No. 2012-CV-BX-K056 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. Points of view or opinions expressed in this document are those of the authors and do not necessarily represent the official position or policies of OJJDP or the U.S. Department of Justice.

Principles and Practices of Death Notification to Children

Notifying the next of kin that a family member has died is one of the most challenging tasks for law enforcement officers. There are additional challenges that police officers face when children must be notified of the death of a family member or loved one.

In recognition of the difficulties associated with making death notifications and with the goal of conducting them in the best manner possible, the National Law Enforcement Policy Center of the International Association of Chiefs of Police (IACP) drafted a model policy that serves as the foundation for the following notification procedures for death notification to children. This protocol sets out specific procedures for officers to follow as they provide surviving family members with useful information and support in a manner consistent with professionally-accepted crisis intervention techniques. The current protocol builds on the earlier work of the IACP and draws on 25 years of experience in joint police-mental health death notification approaches that have been implemented by the Child Development-Community Policing program at the Yale Childhood Violent Trauma Center. This protocol integrates principles and practices that will support the specific needs of children facing the death of a loved one or family member.

It is optimal in death notification that information about death of a family member be delivered first to the adult next of kin before notification is made to children. Officers can play a critical role in supporting parents or caregivers in delivering the news of a death to their child; occasionally officers are called upon to deliver the news directly to children themselves. This protocol offers supportive information for each scenario.

The following protocol is to be used in addition to carrying out any relevant agency protocols regarding securing a scene; identifying those in need of emergency medical attention; and identifying perpetrators, victims and witnesses relevant to the investigation. To respond most meaningfully to children and families who have been exposed to violence and overwhelming events, officers should take the following trauma-focused steps:

1. Plan Ahead

Prior to making the notification collect essential information:

- Gather details concerning the deceased, to include full name, age, race and home address, as well as details of the death, location of the body and personal effects, and other pertinent information. While it may not be appropriate or necessary to share all known details with surviving family members, being aware of the details may help inform your interaction with surviving family members.
- Confirm the relationship of the person(s) you will be notifying to the deceased.
  - When it is known that children will need to be notified of a death, particular effort should be made to locate the closest relatives, beginning with the parents or caregivers, followed by grandparents, aunts or uncles, then siblings.
- Determine in advance who will be present at the notification, if possible.
  - There is often no way to be certain who will be present upon your arrival; if the death has occurred in a public place large groups may have gathered at the scene. Locating family members and those directly impacted by the death is an important first step in the notification process.

- Officers should also determine if translation services will be required to communicate with family members and should arrange for a translator, if necessary.

At times officers are called upon to make death notifications to individuals whose primary language is not English. It is recommended that wherever possible, the child not be used as a translator.

2. Go in pairs to make the notification

- Work with a partner to make the death notification, whenever possible.
  - Identify who will partner with you to make the notification. This may include police colleagues, clergy or mental health professionals.
  - Working in pairs supports both the officer and the family receiving the notification. In some communities, there is a mental health professional or a clergy partner with whom police can collaborate to make death notifications.
- Create a plan with your partner, to include:
  - Who will actually give the initial information.
  - What information will be provided.
  - Where the notification will take place.

Having a clear understanding of each partner's role and responsibility in advance is helpful in ensuring that the notification goes smoothly and that neither too much nor too little information is given.

Having a plan may help each partner feel more comfortable with the difficult task.

3. Make the notification in person

- Ask permission to enter the residence or workplace.
- Move those who are to be notified to a space that offers the greatest privacy possible.

If the person to be notified is at work, try to find a private space away from colleagues and passersby to ensure privacy. When conducting the notification in the family home, it is optimal for family members to hear the news in private away from others who may have gathered.

At times, the need to restore order may arise while making a death notification. By providing structure and ensuring order, officers can support family members in their acute grieving process. Families often know best how to support one another, but officers can be helpful managing and facilitating the scene so that families can grieve together.

- Request to speak with immediate survivor(s).
- Identify yourself and your partner(s).
- Verify the relationship of the survivor to the deceased.

4. Make the notification in a timely manner

Avoid delays in notifying the next of kin. Timely notification of death is critical, especially in the era of social media.

Wherever reasonably possible, avoid using the name of the deceased over the radio prior to notification of immediate surviving relatives.

5. Make the notification first to parents or caregivers

It is optimal for the death notification to be made to the adult next of kin before officers have any direct contact with children or deliver notification of a death to children.

When adults receive the death notification in advance of their children, they have the opportunity to react to the news and to ask questions of the officers providing the notification. Officers can answer questions and help adults plan for how they will deliver the news to their children.

In some circumstances, family members may have dramatic physical reactions (such as hyperventilating, fainting, or respiratory distress) upon receiving news of a traumatic death and may require medical attention. For this reason, personal effects of the deceased should not be delivered to survivors at the time of death notification as this could further burden or overwhelm the survivor. Should officers and their partners feel concerned about any acute medical distress, call EMS for assistance.

6. Deliver the notification in plain language

- Be straightforward.
- Avoid euphemisms, graphic detail and police jargon.
- Refer to the deceased by first name or by the relationship to the family member(s) receiving the notification.

What is said in every situation needs to be unique. **The simple and straightforward delivery of the facts about a death is the most important and often the most difficult aspect of the notification process.** It is important to remember that the overwhelming nature of the news may make it difficult for the individual to actually take in what they are hearing. Sometimes one may need to repeat the information while stating an appreciation for how hard it is to believe such horrible news. Officers should be aware

that family members may experience a delay in fully understanding the news and that demonstrations of being overwhelmed (e.g., screaming, sobbing, repeated denial or refusal to accept the information, etc.) are common.

In this period of acute upset, it is often difficult for the officer to resist the inclination to say something to try to decrease the family member's pain. **However, the quiet, sympathetic presence of the officer, may be the most reliable and steadfast source of stability available to those hearing tragic news.** This same patient and stable presence also sets the stage for the officer to then address specific questions about the circumstances of the death.

At times, the need to restore order may arise while making a death notification. By providing structure and ensuring order, officers can support family members in the acute grieving process. Families often know best how to support one another, but officers can be helpful managing and facilitating the scene so that families can grieve together.

7. Support the parent to notify the children of the death

It is preferable for a parent or caregiver to make the notification to his/her own child, whenever possible. Officers can play an important role in preparing and supporting caregivers to take on this task.

- **Encourage the family to think about what words they want to use.**
- **Talk with the caregiver in advance about messages that might *not* be helpful, for example, telling the child that the parent is away on a trip or at work in order to avoid telling the child that there has been a death.**

  The officer should talk with the caregiver about the fact that children need to hear the news simply and directly. The statement of fact about death of a loved one can be prefaced with a statement such as "I have some very sad news," but should then be delivered in a candid manner.
- **Offer support to the caregiver if they would like it while they are providing the news, for example, by sitting nearby.**

Overarching Principles of Death Notification:

- Plan Ahead and Prepare
- In Pairs, In Person, In Time, In Plain Language
- With Compassion

- **Ensure the parent or caregiver has a firm understanding of what the plan will be for the children going forward, i.e. where children will stay, with whom, who will take care of funeral arrangements, etc.**

Parents and caregivers often feel an additional burden on top of their own shock and acute grief reactions; that is, they may understandably wish to find a way of minimizing the emotional weight that the news will have on their children. Parents can be reminded that:

- Children are supported when parents can show them that they are listening and paying attention to children's attempts to navigate receiving the terrible news.
- Having support from other family members not only helps parents themselves, but can support parents in their efforts to support their children.
- When children's worlds have been disrupted by the death of a loved one, they may be especially vulnerable and made more anxious by displays of emotional distress in parents and other family members. Parents can be reminded that rather than hiding their feelings from their children, it is far more useful to children when affected adults can put into words how upsetting the news is, and that even though they are very upset, they will be available to continue to look after the child. The person delivering the news may feel a wish to diminish the full impact of the news, but it is important to remember that this is both unrealistic and an unrealistic burden, that only adds to the difficult task of being the messenger of such unwanted information.
- The death of a loved one often raises concerns for children about their own well-being: Who will look after them? Who will take care of their needs? Will they be able to continue doing the things that they are accustomed to doing? It is important to keep this in mind and be able to address these questions and concerns as they arise.

Officers can help parents or caregivers remember that children may have a range of responses to news of death and that children's responses may be different than those of adults. Adult caregivers should be prepared for a range of possible reactions from children:

- Not seeming to hear or understand the message that has been conveyed
  - When this occurs, it can be helpful to repeat the information and add that the news is upsetting and unbelievable and that it is not surprising that it is hard to take in.
- Little overt emotional response
  - Children may respond with blank expressions, confusion, or withdrawal of their attention.
- Fidgety and overactive
- Briskly acknowledge the information and then go off to play or watch television, as if there has been no emotional impact.

Adult caregivers may be distressed by this seeming lack of concern or lack of demonstration of remorse about the loss. Remind adult caregivers that, quite to the contrary, these reactions demonstrate the extent to which the child is overwhelmed and having automatic reactions that reflect an inability to fully digest the enormity of the information right away. This is an important time to remind parents or caregivers not only of the normalcy of this behavior, but also that children will be able to ask questions and express their feelings a little bit at a time.

8. Help parents and caregivers to make the notification to children, if assistance is needed

- **Offer to support parents or caregivers in making the notification.**
- **Make the notification directly to children, if parents or caregivers are unable and/or request assistance.**
- **If officers make the notification directly to children, provide basic facts and then offer an opportunity for children to ask questions.**

There are times when parents and caregivers will be overcome by their own emotional reactions and will request that the officer and partner communicate the information about the death of a loved one to children directly.

The officer should employ the same principles described for the parent or caregiver in delivering the notification. Provide the most basic information about the fact of the death and basic details of what has occurred, then pause to allow children to ask what questions they have. This will allow you to provide information that is most responsive to the child's current concerns. Remember, digesting such disturbing news is an ongoing process. Your role in delivering the news begins but does not complete that process. It is not your job, nor is it possible to protect the child from the pain and upset that the news will bring. Speak directly to children about the fact that this is a lot of information and that there will be time to talk about it in the future, including time to talk about the wish that none of this was real or happening at all.

Where there is an ongoing investigation, those providing the notification can communicate to children and caregivers that they will be in touch to provide additional information if it becomes available. **The person providing the notification can also ask children if they have questions. The adult making the notification should seek to answer the questions that they can (directly and simply) and remind children that all the answers may not be known at present but that adults will communicate additional information as it is known.**

For older children, questions about details of injuries or the length of time that the deceased was alive before dying may emerge. Avoid police jargon, but do not use euphemisms or give misinformation. For example, you might say "your father was shot" or "your father was in a car accident" without going into details unless you are specifically asked. Questions that emerge about details are a way to confirm the unbelievable and may often be a way to confirm the extent of the deceased's suffering. When the information is accurate, being able to state something such as "your father died very quickly," is something to keep in mind.

Many children under the age of 12 do not have a basic understanding of what death means. **Asking children what they understand about death can be an important starting point for describing in simple terms that death refers to the body stopping.**

9. Deliver the notification with compassion

- **Utilize clear, simple language to make the notification.**
- **Demonstrate compassion and empathy through direct and honest communication.** Family members receiving the notification often experience great confusion and overwhelming emotion. While as a police officer you cannot change the reality of the situation, your compassion and empathy can be a significant source of support at this difficult time. Direct and honest communication will be clear demonstrations of your compassion and empathy.
- **Avoid euphemisms which may inadvertently create confusion.** Euphemisms for death (e.g.,

"passed away" or "gone to heaven"), may be easier to deliver at times, but can be harder to understand and should be avoided by officers in their direct delivery of the death notification. Trauma can interfere with a person's ability to think clearly. In addition, the language and culture of the family may affect how any euphemisms are understood or interpreted. Choose words to communicate as clearly and simply as possible, so as not to make the situation more difficult for the family to comprehend.

10. Be Prepared

- **Be prepared for a range of heightened emotional responses and recognize that individuals may need time to formulate questions before proceeding.**
- **Bring a list of community referral agencies** that may be helpful to provide to the survivors such as family crisis services.
- Before leaving, **help the child and caregiver access appropriate support**. It may be helpful to suggest that they call a friend or family member who can lend support. If needed, and if possible in your jurisdiction, arrange to bring the family to an identified source or support.
- **Be aware of confusion on the part of survivors**. Officers should speak slowly and deliberately, and any pertinent information that the survivor may need should be written down. This includes the following:
  - disposition of the body
  - location of personal effects
  - identification requirement/procedures and
  - notifying officers' names, agency and telephone numbers
- **Leave your card and remind them that they can reach you any time.** If feasible, also plan to follow up with the family within a few days. When you do follow up, keep in mind that grief and trauma can cloud memory. Do not be surprised if family members do not remember you. Re-explain how you can be helpful and if the family is not interested, suggest that you might follow up after the funeral.

In the Case of Suicide

No matter what the cause of death, the most painful and challenging elements of acute grief reactions are about the loss itself and the sudden, unanticipated nature of the loss.

When a loved one dies by suicide, the challenges for those providing the notification may feel especially difficult. Loved ones receiving the news of a suicide frequently have multiple questions about the specifics of the death itself. These questions reflect the attempt to digest what feels like unbelievable and shocking news. The need for answers about the "hows and whys" of a death by suicide is, in part, an attempt on the part of grief-stricken loved ones to comprehend the news of the loss.

When those providing the notification are aware of this, they are better prepared to respond factually to specific questions about what is, and is not, known (such as the motivation of the suicide victim) while recognizing and verbalizing how painful and overwhelming the loss is. Often little is immediately known about the specifics regarding the circumstances or motivation. It is precisely this fact that can conveyed in introducing the news or in responding to family members who are already aware of the cause of death.

The person providing the notification can verbalize how painful and troubling the news is, but also that it will take time to better understand why the suicide has taken place.

The most important source of support for a child receiving news of a death are that child's parents or caregivers. In circumstances involving suicide, the same principles for notification apply. Ideally the parent will be notified of the death first and will then be supported in telling the child the news of the death.

When police officers are asked by caregivers to give the news of a death directly to a child, the officer should discuss with the caregiver precisely how she or he will deliver the news to the child. For example, the officer can discuss with the parent that they will be telling the child that the loved one died. If the child asks, "How did my father die?" the officer will tell the child that "your father died by killing himself/ taking his own life."

Whether it is the caregiver or the officer delivering the news to the child, the person delivering the news should be prepared to be direct about the facts, and acknowledge how shocking the information is.

Once the news of a death by suicide has been delivered to a child:

1. **Wait to hear what questions the child has and answer those questions simply and directly.**
2. **Answer only questions that you are asked - remember to take cues from the child regarding the level of detail to provide.**
3. **Remember that giving children false information can create more difficulties as it will be difficult to shield children from what others are talking about.**
4. **Acknowledge that it will take time to understand why this happened.**

Quick Reference Sheet: Death Notification to Children

1. Plan ahead

- Gather essential information concerning the deceased, including full name, age, race and home address, as well as details of the death, location of the body and personal effects, and other pertinent information.
- Confirm the relationship of the person(s) you will be notifying to the deceased.
- As best you can, determine who will be present at the notification.

2. Go in pairs to make the notification

- Work with a partner (may include police colleagues, clergy or mental health professional) to make the death notification whenever possible.
- Create a plan, with your partner(s), which includes:
  - Who will actually give the initial information.
  - What information will be provided.
  - Where the information will be provided.

3. Make the notification in person

- Ask permission to enter residence or workplace.
- Request to speak with immediate survivor(s).
- Identify yourself and your partner(s).
- Move those who are to be notified to a space that offers the greatest privacy possible.
- Verify the relationship of the survivor to the deceased.

4. Make the notification in a timely manner

- Avoid delays in notifying the next of kin. Timely notification of death is critical, especially in the era of social media.
- Wherever reasonably possible, avoid using the name of the deceased over the radio prior to notification of immediate surviving relatives.

5. Make the notification first to parents or caregivers

6. Deliver the notification in plain language

- Be straightforward.
- Avoid euphemisms, graphic detail and police jargon.
- Refer to deceased by first name or by the relationship to the family member(s) receiving the notification.

7. Support the parent to notify the children of the death

- Prior to beginning the death notification, it is preferable to confirm what the plan will be for children going forward i.e., where children will stay, with whom they will stay, who will take care of funeral arrangements.
- Encourage the parent to think about what words they want to use to deliver the news.
- Talk with the parent in advance about messages that might not be helpful, for example, telling the child that the person who has died is away on a trip or at work in order to avoid telling the child that there has been a death.
- Offer support to the caregiver if they would like it while they are providing the news, for example, by sitting nearby.

8. Help parents and caregivers to make the notification to children, if assistance is needed

- Offer to support parents or caregivers in making the notification.
- If parents or caregivers are unable to make the notification and/or request assistance, officers can make the notification.
- If officers make the notification directly to children, provide basic facts and then offer an opportunity for children to ask questions.

9. Deliver the notification with compassion

- Utilize clear, simple language to make the notification.
- Demonstrate compassion and empathy through direct and honest communication.
- Avoid euphemisms for death (e.g., "passed away" or "gone to heaven") which may inadvertently create confusion.

10. Be prepared

- Be prepared for a range of responses and allow ample time for recovery before proceeding.
- Bring a list of community referral agencies that may be helpful to provide to the survivors such as family crisis services.
- Before leaving be sure the child and caregiver have appropriate support. If needed, arrange to bring the family to an identified source or support.
- Be aware of confusion on the part of survivors. Your speech should be slow and deliberate. Any information the survivor needs should be written down, as well as stated. This includes the following:
  - disposition of the body.
  - location of personal effects.
  - identification requirement and procedures.
  - notifying officers' names, agency and telephone numbers.
- Leave your card and remind them that they can reach you any time.
- If feasible, also plan to follow up with the family within a few days.

This resource is part of the *Enhancing Police Responses to Children Exposed to Violence: A Toolkit for Law Enforcement*. Visit: **www.theIACP.org/Children-Exposed-to-Violence**

This toolkit was prepared under cooperative agreement number 2012-CV-BX-K056 from the Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Justice. OJJDP is a component of the Office of Justice Programs, which also includes the Bureau of Justice Assistance; the Bureau of Justice Statistics; the Community Capacity Development Office; the National Institute of Justice; the Office for Victims of Crime; and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART). Points of view or opinions expressed in this document are those of the authors and do not necessarily represent the official position or policies of OJJDP or the U.S. Department of Justice.

THE

Tactical Edge®

The complete professional journal of the law enforcement special operations community

WINTER 2015

This article was originally published in the Winter 2015 issue of The Tactical Edge, the official publication of the National Tactical Officer's Association. www.ntoa.org



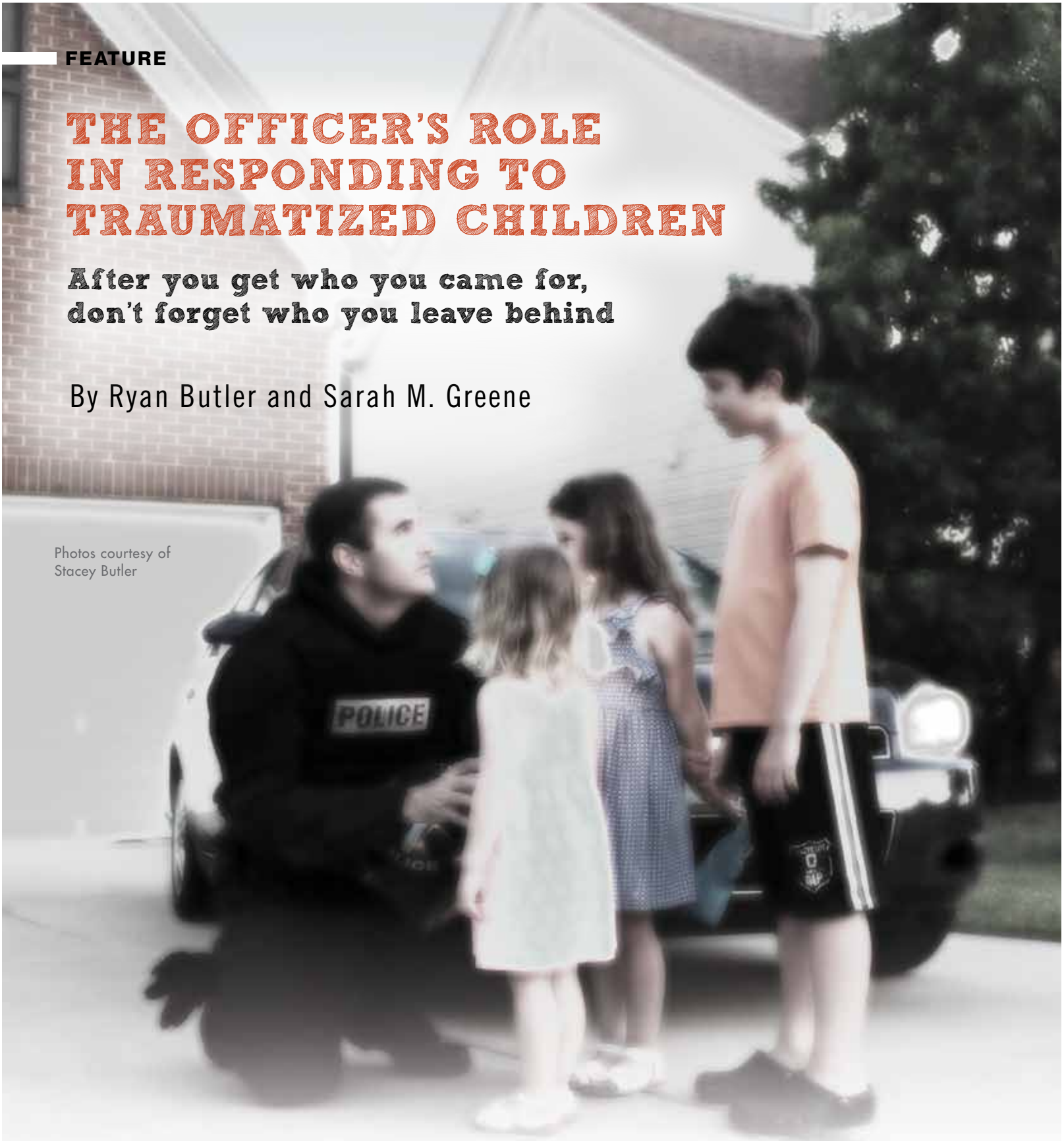
SPECIAL FEATURE

12 **The officer's role in responding to traumatized children**

THE OFFICER'S ROLE IN RESPONDING TO TRAUMATIZED CHILDREN

After you get who you came for, don't forget who you leave behind

By Ryan Butler and Sarah M. Greene



Photos courtesy of Stacey Butler

Empirical and anecdotal evidence continue to demonstrate the powerful impact law enforcement officers have when interacting with children during the course of their work. This is clearly demonstrated through the implementation over the past 20 years of various forms of community policing, neighborhood-based officers, school resource officers and police-sponsored outreach programs. But where does the role of the tactical officer fit within this current push to connect law enforcement officers and children?

Tactical officers fill a variety of roles based on their agency structure and mission, ranging from multi-agency SWAT teams, narcotics or high-risk warrant service squads and street crime interdiction units. With the variety of formats and responsibilities of these units, what should the individual officer or his supervisors expect of tactical operators when responding to situations involving children? The basis of understanding for any officer in regards to responding to children lies in some level of initial training related to the normal development of children from birth through at least adolescence. It is important for officers and deputies to understand healthy developmental progression at various ages so that they are then able to recognize situations in which a child is exhibiting symptoms of current or previous trauma.

It is important for officers and deputies to understand healthy developmental progression at various ages so that they are then able to recognize situations in which a child is exhibiting symptoms of current or previous trauma.

Tactical units, by their very nature, engage in dynamic activities that are detailed, thoroughly pre-planned and involve extensive training prior to their execution. Just as a pre-raid briefing will review the expected layout of the target location, suspects and weapons intelligence indicates may be present, it will also review other household members likely present, including children. The knowledge of children present is not just a tactical consideration from a safety standpoint, but provides a very serious issue for the case officer or tactical officers involved in the operation to consider. Is the child's presence at this location an ongoing safety issue? How will children be addressed while the target location and suspects are being secured and searched?

Just as a tactical team ensures it has the appropriate breaching equipment, they also must plan for after the scene is secured and how they will address children they encounter. The age of the children present certainly plays a factor in how an officer may tailor his response; however, of greater importance during the operational planning is the officer's cognizance of the fact that a dynamic entry of a child's home, the arrest of a parent or family member or the mere presence of several armed law enforcement officers can be a lot for a child to process mentally and physically due to the potential release of stress hormones.

INTERACTING WITH CHILDREN ON SCENE

After the location has been cleared and secured, consider moving the child away from adults being questioned, perhaps to a play area or the child's bedroom where they may feel more comfortable. Removing obscuring garments such as a balaclava or ballistic helmet can humanize the interaction between the child and the officer, of course always deferring to the individual policies and SOPs of your agency. With older children, being able to make a simple statement about why the police need to be there, such as "in order to interrupt illegal activity," can be important. Officers might comment on the fact that there were loud noises and now they are over.

Ask the child generic questions about toys present or items he or she appears interested in, such as sports



teams, video games or other apparent hobbies. This not only refocuses the child from the stress he or she may be feeling from the recent incident, but also aids in restabilizing, both psychologically and physiologically, from an acute stress response. Infants, toddlers and preschoolers require special attention due to their inability to protect themselves or meet their own basic needs.

Children under the age of five often need immediate attention to physical needs, like diaper changes, food or protection from an unsafe environment. School age or adolescent children may be resistant to attempts at communication or rapport-building because of a need to act older or not seem "child-like."

If operational security allows, you may choose to utilize a primary caregiver or family member who is present to provide care for these younger children. If a primary caregiver is not present, or due to security limitations cannot be allowed to provide care, one of the officers should be designated to ensure the child's needs are met.

Afford older children or teenagers an opportunity to speak to you or ask questions. Be frank with them to establish mutual respect while using age-appropriate language during your interaction. If your agency's SOP precludes a tactical officer fulfilling this role, you may need to request assistance from patrol or a youth detective.

Many officers, particularly those without children, feel uncomfortable or marginalized when tasked with "babysitting" a child on scene. This task should not be viewed in a pejorative sense, but rather as an extension of the law enforcement mission of public safety and ensuring that the child sees that the purpose of the officers' presence is to ensure a safe and stable environment.

Officers can work within their own comfort level around children on scene, whether that involves playing with trucks on the floor or simply asking the children about a picture they drew or their favorite football team. Law enforcement officers have a tendency over their careers to become desensitized to the effect that their professional presence can have on people they interact with, particularly children. For many children and adolescents, though the latter may not admit it to their peers, a law enforcement officer still evokes an image of a real-life superhero. This image can be used to the officer's benefit while trying to calm a child during or following a tactical operation.

Law enforcement officers have a tendency over their careers to become desensitized to the effect that their professional presence can have on people they interact with, particularly children.

Officers can conduct a safety check of the child's room, closet and under the bed. An officer can take a few moments to reassure the child that he is there to keep the child safe and will return if something scary happens again.

If the child has a school resource officer, contact that officer and explain the recent incident in which you encountered the child. This provides continued reassurance to the child and demonstrates that law enforcement has an overall concern for the child's welfare. School provides a stabilizing environment for a child and utilizing the school resource officer as a regular partner in your agency's response to children exposed to violence is a force multiplier.

Tactical response situations also provide an excellent opportunity for an officer to identify children who are exhibiting signs of current traumatic distress or perhaps behavior that suggests an extensive trauma history. In both situations, children who do not appear to react or acknowledge the presence of law enforcement during the initial phase of a tactical action are providing a very strong cue to the officer that they are in fact having traumatic reactions. A lack of crying, screaming, visually expressed fear or apprehension does not mean the child is unaffected, but rather has been so affected that the baseline for emotional response has been severely altered by overexposure to negative stimuli.

RESOURCES

While the role of officers in identification and initial response to these children is critical, addressing their behaviors or clinical, emotional and mental health needs is beyond the capacity of a law enforcement officer's training. This is, however, the opportunity for the officer to utilize additional resources to assist with the resolution for the incident scene that includes the best interest of the affected children.

Just as an officer may request a crime scene unit for evidence processing, or

A lack of crying, screaming, visually expressed fear or apprehension does not mean the child is unaffected, but rather has been so affected that the baseline for emotional response has been severely altered by overexposure to negative stimuli.

K9 or aviation units for search and tracking support, there is a need for an officer to have support to deal with children exposed to violence that they encounter while on duty. Depending on your local municipality, state or tribe, there may be previously identified resources such as child protective services, social service agencies or non-profit groups who provide clinical support to children. Identifying these resources prior to the officer needing them while on a scene is critical to law enforcement personnel being able to effectively address the child's needs.

The efficacy of these programs and professional relationships can be enhanced through cross-training of the involved personnel and encouraging ride-alongs by the clinical providers so they are afforded an opportunity to establish a greater understanding of the situations in which officers and deputies are encountering children in their work. Taking the time to identify and develop a professional partner (optimally one who specializes in providing trauma-informed mental health responses) can have immediate on-scene benefits to the officers as well as the children.

If the intelligence briefing for your tactical operation indicates the presence of children, consider contacting one of these providers and have them staged nearby with a patrol officer or at a team office or substation so they are not too far removed from the incident location as to impede a prompt response. A professional provider may be better able to determine if the information being provided by the child is more likely to lack veracity because of the child's developmental stage, which could be of use to the investigation.

At a minimum, the presence of the professional partner allows additional officers to be available for assignment to other on-scene tasks. Having one of the officers present to initiate the clinical response for the children on scene at a traumatic event enhances the safety of the scene and establishes a connection between the child and the officer. This not only provides an immediate psychological and physiological benefit to the child, but does truly establish a greater understanding of law enforcement and the officer's overall mission in that house, apartment complex or community.

Responding to Children Exposed to Violence

The International Association of Chiefs of Police (IACP), in partnership with the Yale Child Study Center (YCSC), supported by the U. S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, has a new toolkit for law enforcement on how to identify and respond to Children Exposed to Violence (CEV). The impact that law enforcement officers can have when interacting with children during the course of their work has been most powerfully demonstrated by the Child Development-Community Policing (CD-CP) program begun in New Haven between the YCSC and the New Haven Department of Police Services and replicated in Charlotte-Mecklenburg, North Carolina, and numerous communities across the country. The toolkit grows out of more than two decades of innovative law enforcement-mental health collaboration with the CD-CP program at the core, and benefits from IACP's deep experience in creating tools needed by the field. Tools include:

- Agency Self-Assessment and Action Planning Tool
- Classroom Training Program for Frontline Officers
- Factsheets and Tipsheets
- Model Protocols for Acute On-Scene Response and Domestic Violence Incidents
- Cross-Platform Mobile App (Pocket Guide)
- Online Training Series
- Model Policy on Safeguarding Children of Arrested Parents
- Library of CEV resources for law enforcement at IACPYouth.org
- Roll Call Training Video

These resources were also developed in collaboration with the New Haven (CT) Department of Police Service, Charlotte-Mecklenburg (NC) Police Department and Mecklenburg County (NC) Trauma & Justice Partnerships.

To obtain resources or for more information, contact CEV@theiacp.org

TRAINING

As with any program or strategy, the key to successful and consistent implementation is the demonstrated support of the command or executive staff of the individual law enforcement agency. Commanders must ensure that all of their officers are exposed to training which focuses on their response to children encountered during their tour, as well as establishes a set of expectations for the officers. We all place emphasis on and devote resources to the things that are most requested of us and that our command places in priority.

Leadership must continue to encourage officers to take an active role in identifying and addressing children present during traumatic events. Contact your local community college, social service provider, professional law enforcement association or even the hospital. They may be able to provide direct training to your officers or refer your agency to curriculum which can be delivered by your agency's training staff.

Seek a resource in your community who may be able to present basic information regarding childhood development which can aid an officer in identifying when a child is in need of additional clinical or medical resources. (See insets.)

Officers should not be expected to be clinical service providers, but they are a very powerful part of addressing something in need of stability, support and safety: the life of a child. ■

Commanders must ensure that all of their officers are exposed to training which focuses on their response to children encountered during their tour, as well as establishes a set of expectations for the officers.

Top 5 Considerations for Tactical Officers When Responding to Children Exposed to Violence

1. Check for signs of children's presence when planning operations.
2. Avoid making an arrest in a child's presence, if at all possible.
3. Consider moving the child away from adults being questioned.
4. Acknowledge that something upsetting happened when talking to children and avoid saying, "Everything is going to be OK."
5. Reassure the children that you are there to keep them safe and can return if something scary happens.

Source: IACP/Yale/DOJ Children Exposed to Violence Initiative

ABOUT THE AUTHORS



Ryan Butler is a captain with the Charlotte-Mecklenburg (NC) Police Department. During his 13-year career he has held assignments in field services, investigations and support services, including being a member and commander of division-level tactical units. Capt. Butler is a CD-CP fellow and is Crisis Intervention Team-certified.



Sarah M. Greene, LCSW, is program administrator of Trauma & Justice Partnerships at Mecklenburg County and has partnered 18 years with Charlotte-Mecklenburg PD serving children exposed to violence (CEV) and coordinating the Crisis Intervention Team (CIT) program. She was trained in replication of the Child Development-Community Policing program at Yale University in 1996, and her continued collaboration with colleagues at the Child Study Center includes consultation with IACP regarding improvement of law enforcement identification of and response to CEV.