Child Development – Community Policing (CD-CP)
CD-CP Facts

- Police-Mental Health Partnership to respond to the needs of acutely traumatized children
- 1996 replication training w/ New Haven PD/Yale Child Studies Center
- Pilot began that year in Metro Division, full CMPD expansion to be completed by 2017
- 204 Referred cases in 2000
- FY 2015 almost 3,400 referred cases totaling over 5,600 referred children
- Discussing future expansion to the six town departments
CD-CP Program Overview

- What is the benefit of CD-CP?
- How are children referred?
  - Any child (birth – 18 years old) who has witnessed or been victim of a traumatizing incident – *Remember: this can be anything a child perceives as threatening.*
What CD-CP Is and Isn’t:

- CD-CP is not a refer and walk away program, it is not a call in an expert program...

- CD-CP is more than a partnership
  - The partnership *IS* the intervention
  - Officers and clinicians together give children what neither alone could give & the result is primary prevention

- Cross-training is key: Officers get child development and child trauma training/clinicians go on ride-alongs and work in LE office
How Does CD-CP Work?

A child witnesses or is involved in a traumatic event (i.e., domestic violence, home invasion, shooting, ETC.).

If an officer suspects abuse or neglect, (s)he is mandated by federal law to make a referral to Child Protective Services (DSS—YFS—CPS) at 704.336.CARE (2273). (This includes witnessing domestic violence.)

If an officer decides an immediate CDCP response is necessary, (s)he consults with the caregivers about the program. Family agrees to services.

Officer provides a brief introduction of the CDCP program to the family, then completes the CD-CP referral template in KBCOPS.

Officer calls the on-call CD-CP clinician at 704.621.1818, who immediately meets an officer at the team office & responds to the scene together.

The next business day, a CD-CP clinician is assigned. An officer & a clinician respond to the home to offer services to the family.

Family accepts services.

Family refuses services. Clinician consults with DSS if applicable. Case is inactivated.

Clinician and officer meet with family to discuss the incident, legal issues, family history, and psychoeducation about trauma and children. Need for community referrals (help with food, clothes, bills) is determined. Clinician consults with DSS if applicable.

Clinician and officer conduct a short-term intervention to address trauma symptoms and police issues.

It is determined that the child is in need of long-term therapy. Appropriate referrals are made. Case is inactivated when services are in place.

Symptoms do not improve or additional issues are identified. Appropriate referrals are made. Case is inactivated when services are in place.

A reduction in symptoms is achieved. Treatment is successful. Case is inactivated.

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Immediate Police Intervention

- What can officers do immediately that is of critical importance?

- No matter what age the child, YOU can:
  - Determine the presence of children on scene
  - Provide calm, authoritative and respectful presence that will reassure children and caregivers
  - Identify ways to support caregivers in providing the best possible care to their children
  - Interact directly with children in ways appropriate to the child’s age
Other Police actions and interventions...

- Talk w/ child & parent tell them that you will remain with them throughout this response, that you are here to help, and what will happen next.
- Remember it is recommended to always have one officer be the “primary officer” for the child(ren).
- Remember to get down to child’s eye level, and use age-appropriate terminology, giving “just enough” information.
- If possible, allow the child to be with a safe, familiar caregiver at all times.
You can also...

- Tell the child they don’t have to talk about what happened/what they saw right away. This is often very comforting.

- Model some slow, deep breathing & encourage the child to follow-along. (If they are confused, ask them to breathe like they do for a doctor, use 5 second breath counts for the child.)

- Ask the child if their heart is beating quickly, and if so, to imagine slowing it down...Talk the child through this. (Or show them with a free phone app!)
Typical Brain Development and Trauma

- **Early experiences shape our brain**
Brain of Severely Neglected Child

3-Year-Old Children

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For God so loved the world that he gave his only begotten Son, that whosoever believeth in him shall not perish but have everlasting life.

John 3:16
Adverse childhood experiences (ACE) Study

ACEs = Adverse Childhood Experiences

The three types of ACEs include:

- **ABUSE**
  - Physical
  - Emotional
  - Sexual

- **NEGLECT**
  - Physical
  - Emotional

- **HOUSEHOLD DYSFUNCTION**
  - Mental Illness
  - Incarcerated Relative
  - Mother treated violently
  - Substance Abuse
  - Divorce

**BEHAVIOR**

- Lack of physical activity
- Smoking
- Alcoholism
- Drug use
- Missed work

**PHYSICAL & MENTAL HEALTH**

- Severe obesity
- Diabetes
- Depression
- Suicide attempts
- STDs
- Heart disease
- Cancer
- Stroke
- COPD
- Broken bones
Why is immediate, on-scene intervention SO important?

- #1 It builds an immediate connection with the child & family.
- #2 It allows the child/family to trust & see first responders as capable of helping them.
- #3 It helps the child begin to calm down/relax/gain more control.
- #4 It is the first line of defense against the possible development of PTSD!

This intervention is the beginning of healing!
Risk factors

Child
- Difficult temperament
- Low self-esteem
- Negative thinking style

Family
- Family disharmony, instability or break up
- Harsh or inconsistent discipline style
- Parent's with mental illness or substance abuse

School
- Peer rejection
- School failure
- Poor connection at school

Life Events
- Difficult school transition
- Death of a family member
- Emotional trauma

Social
- Discrimination
- Isolation
- Socioeconomic disadvantage
- Lack of access to support services

Protective factors

Child
- Easy temperament
- Good social and emotional skills
- Optimistic coping style

Family
- Family harmony and stability
- Supportive parenting
- Strong family values

School
- Positive school climate that enhances belonging and connectedness

Life Events
- Involvement with caring adult
- Support available at critical times

Social
- Participation in community networks
- Access to support services
- Economic security
- Strong cultural identity and pride
Prevention Works

“It has been proven that effective early prevention efforts are less costly to our nation and to individuals than trying to fix the adverse effects of child maltreatment.”

Bryan Samuels, Commissioner at U.S. Department of Health and Human Services.
A COP HAS A CALLING. IT'S NOT ABOUT MAKING MONEY. BEING A COP IS ABOUT MAKING COMMUNITIES SAFE, CARING FOR CHILDREN, AND DOING WHAT IT TAKES TO STOP SOMEONE FROM HURTING ANOTHER PERSON.