

Webinar: *The Impact of Trauma on Children and Families: What Law Enforcement Professionals Should Know and Be Able To Do*

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Welcome

William Moore: Good afternoon, everyone, and thank you for joining us for today's Webinar, *The Impact of Trauma on Children and Families: What Law Enforcement Professionals Should Know and Be Able to Do*. This Webinar is brought to you by the International Association of Chiefs of Police.

William Moore: My name is William Moore, and I am with the Office of Juvenile Justice and Delinquency Prevention's National Training and Technical Assistance, or NTTAC. As your technical host, I would like to take a couple of minutes to discuss a few features of the Adobe Connect Webinar platform and provide a few announcements to keep in mind.

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Moderator

William Moore: I will now turn today's Webinar over to our moderator, Tiffany Garner, for today's Webinar. Thank you.

Tiffany Garner: All right. Well, good afternoon, everybody. On behalf of the International Association of Chiefs of Police, or the IACP, in collaboration with the United States Department of Justice, the Office of Juvenile Justice and Delinquency Prevention, and Yale Child Study Center, welcome to today's Webinar entitled *The Impact of Trauma on Children and Families: What Law Enforcement Professionals Should Know and Be Able to Do*.

Presenters

Tiffany Garner: Before we get started today, I would like to introduce our presenters for you today. We have Kristen Hammel, who is a Clinical Coordinator at the Childhood Violent Trauma Center at Yale. We also have Kathryn Guiseppone, who is our Post-Doctoral Fellow at the – sorry, she is a Post-Doctoral Child Trauma Fellow at the Childhood Violent Trauma Center. As well as our last presenter will be Lieutenant Renee Dominguez, from the New Haven Police Department.

Tiffany Garner: I will share a little about their bios. But first I will start with Kristen Hammel. She is the Clinical Coordinator, as I stated before, at the Childhood Violent Trauma Center. Ms. Hammel works closely with the New Haven Department of Police Services to implement the Child Development-

Community Policing program, which is an innovative law enforcement and mental health partnership that has been in operation for more than 25 years. She has extensive experience providing joint responses with law enforcement to children exposed to violence in a community setting, as well as trauma assessment and trauma-focused mental health treatment. Ms. Hammel has developed and provided training for and co-facilitated numerous trainings with law enforcement partners. She received her master's of social work from the New York University, and holds an undergraduate bachelor's degree from the University of Connecticut, with a concentration in psychology and criminal justice.

Tiffany Garner: Our next presenter will be Kathryn, also known by Katie, Guiseppone—I got it right this time. She is a Post-Doctoral Child Trauma Fellow and is currently a clinician at the Yale Child Study Center which houses the Childhood Violent Trauma Center. And she also has worked with the Child Development Community Policing program. Katie's clinical interests include trauma-focused treatment with children and families, mental health emergency response, and community collaboration. She has extensive experience providing joint responses with law enforcement to children exposed to violence in community settings and is a trainer in the trauma-informed policing strategies. Broadly, Katie's research interests consider mechanisms explaining relations between parenting and childhood internalizing problems, varying factors related to parent-child attachment in the childhood and adolescence, with particular emphasis on children who have experienced early adversity and how such findings can influence intervention. So we are glad to have her.

Tiffany Garner: And last but not least, we have Lieutenant Renee Dominguez, who is a Lieutenant with the New Haven Police Department. Following her graduation from Bridgeport Police Academy, she joined the Newtown Police Department in 2000, where she served for 2 years. She transferred to the New Haven Police Department in 2002, where she served first as a Patrol Officer and then as a District Manager. As a District Manager, Lieutenant Dominguez acted as a liaison to the community, organizing community functions within her district and resolving issues that arose throughout the community. Lieutenant Dominguez is a leader in the New Haven Child Development Community Policing program and has also served as a consultant to the International Association of Chiefs of Police, collaborating with the Yale Child Study Center to develop the Toolkit to Enhance Law Enforcement to Respond to Children Exposed to Violence. So, I am so glad to have you ladies with us today.

Tiffany Garner: So, I will now turn it over to presenter Kristen Hammel – sorry, Lieutenant Renee Dominguez to begin our presentation.

Objectives

Lt. Renee Dominguez: All right. Good afternoon, everybody. So, the objectives for today—we are going to differentiate between exposure to violence and trauma. Describe what traumatic reactions look like on-scene. And then, select trauma-informed policing strategies to respond to children and families on-scene in order to support and enhance recovery.

Setting the Scene

Lt. Renee Dominguez: So, we are going to set the scene for you with three examples, but it is going to be something that you guys are going to see in your everyday interactions with the community and just how we can use this curriculum to insert it into your everyday work.

Case Example 1

Lt. Renee Dominguez: Our first example is officers respond to a report of domestic violence during which the mother of four children aged 8 months, 3, 11, and also 11 was in a heated verbal argument with the father of their children. The father threatened to kill her. While the mother was attempting to call 911, the father took the phone and left.

Case Example 2

Lt. Renee Dominguez: Our second example is a narcotics raid. Police received information that crack cocaine was being stored at the family home where three children aged 2, 7, and 14 reside. Officers located 30 grams of crack cocaine, 50 grams of heroin, as well as drug packaging, and children were present on-scene.

Case Example 3

Lt. Renee Dominguez: And then our final one, four shots fired into a car in front of two residences. One residence was struck with one bullet; however, the bullet did not penetrate the outer wall. Two families and three children, two 16-year-olds and a 6-year-old were present. And just keep in mind these scenarios, because we are going to kind of refer back to them later and discuss how we could use everything that we have learned today with one of these specific examples.

What do we Mean by Exposure to Violence?

Lt. Renee Dominguez: All right, so what do we mean by exposed to violence? When someone is exposed to violence, it is not just the victims and the witnesses, it is the child or someone hearing it, seeing it, hearing about it, or seeing the aftermath of an incident.

What do we Mean by Exposure to Violence? (continued)

Lt. Renee Dominguez: And violence is an event, but traumatic dysregulation is the potential reaction to the event. So not every traumatic event – not every event is going to be traumatic. Not every violent event is going to be traumatic for a child.

Kathryn Guiseppone: So, those cases that Lieutenant Dominguez mentioned, those three cases, those are events, and then we will talk about what possible reactions could be following those.

What do we Mean by Trauma?

Kathryn Guiseppone: So I am going to jump in and talk about what we mean when we talk about trauma. So, trauma results when an individual is exposed to an event that overwhelms their ability to cope. What is most important is that it is individual response to an event or series of events that causes the experience of trauma. Psychological trauma is an injury, very much like physical trauma. And the way people experience an injury depends on who they are individually and their individual characteristics. So an example might be that when someone twists their ankle and it swells up, that might be normal, whereas if that continues for several days they might want to seek clinical attention.

Traumatic Reactions

Kathryn Guiseppone: So, traumatic reactions come up different from person to person and manifest very differently in different people. Trauma creates a sense of chaos, loss of control, feeling helpless. It also results in changes in our brain functioning, whereas our organizational capacities and the thinking part of our brain actually goes offline. It also causes physical and emotional reactions, as well as changes in our thinking and feeling.

What Does Someone Experiencing Trauma Reactions Look Like On-Scene?

Kathryn Guiseppone: Now we want to do a brainstorm all together, since you all know very well when you are responding to different scenes on the job, what some of these reactions might look like on-scene. So, there are four different categories you want to think about, and we are going to start with physical reactions. So, what might be some physical reactions that you might see on the scene? If everyone can just brainstorm and think—oh, great, I see some coming in. Some great examples. I see people saying that crying might be a reaction, vomiting, sweating, feeling in shock, looking in shock, catatonic, unable to move, exactly—immobilization. Some other ones might be muscle tension, shortness of breath, feeling physically stuck. All of those are excellent, excellent, (inaudible).

Kathryn Guiseppone: So, William, let us move on to the next one, which is going to be the behavioral traumatic reactions. So, let us do it again, we will brainstorm and just throw out some reactions that you think might be typical behavioral reactions you might see on-scene. Think about particularly the themes that Lieutenant Dominguez threw out there initially. So, yelling, I see again crying.

Lt. Renee Dominguez: Shut down, lashing against someone, confused.

Kathryn Guiseppone: Joking. These are all really good ones as well to think about. Someone looking very irritable or agitated, actually being very slow or inactive. Irritable, having angry outbursts and yelling. Those are all excellent reactions as well.

Kathryn Guiseppone: All right, let us go on to our next one, which is going to be the cognitive or brain functioning traumatic reaction. If we can pull up that pull again. And again, let us go ahead and jump in. Great, I can see them coming in. Forgetfulness, inability to remember, depression.

Lt. Renee Dominguez: Confusion, not being able to answer simple questions.

Kathryn Guiseppone: Not being able to focus, concentrate. These are all right on. Again, when our brain starts to sort of go offline and not be able to function as it typically would. There is definitely confusion, you cannot really reason properly, definitely some difficulties in memory and attention. So those are all right on.

Kathryn Guiseppone: Let us go into our final category, which is going to be emotional traumatic reaction. So again, let us do one final brainstorm about what some of those emotional reactions might look like on-scene. Fear, crying, sadness, laughing, anger, denial. Those are all great as well. And those emotional reactions might very much range and could be all over the map. So, one minute someone might be very angry. It might shift to crying, upset, feeling very stuck or have that sort of lack of emotion that is coming up and look like they are just staring off and stuff. Sudden fits of laughter inappropriately might come in. But all really great examples. Exactly what we would expect.

Kathryn Guiseppone: All right. We are going to stop the poll from there and go on to the next slide.

Long-Term Consequences: Examples

Kathryn Guiseppone: All right. So, without recognition, support and treatment, early traumatic reactions can actually persist and result in long-term outcomes including a variety of emotional, behavioral, social and psychiatric consequences. But most importantly, recovery is possible. It starts with recognition and social support, which police officers actually have the unique opportunity to do by being first responders. If you look at this slide and think about many of the things that you see on here, it is the root of police calls for service, and you will be very familiar with them. For example, the list at the top, attachment and relationship problems. That might be related to domestic violence, or if you think about substance abuse and criminal behavior, all of these things you see on-scene all the time every day. So by recognizing and intervening early, this can actually help more kids recover from traumatic experiences and lead to less police calls in the future.

Protective Factors

Kathryn Guiseppone: You will see outlined on this slide the factors that help children get through the difficult experiences in their life, with or without fear and negative consequences. Most important, really, is family and social support. Without recognition, however, they might not get the support. So recognizing some of those traumatic reactions we have outlined, and re-establishing safety and security, and also some of the order that you can do on-scene is one of the critical functions an officer can play.

How Officers are “Protective Factors”

Kristen Hammel: All right, so we are going to take all of this and just to show you how officers are protective factors. So, an officer arriving on-scene is able to re-establish order and safety through calm, authoritative, purposeful presence and actions. A lot of times, just arriving in just your uniform calms things down. Assessing ongoing threats to safety and order and develop plans to address those threats. It is very calming for someone who is unable to think, for you to be able to kind of just exactly tell them what the next steps are, exactly what is going to happen, so that they do not have to be thinking about all of those other things. And then identifying those children and family members who are showing signs of distress in order to help them regain control.

How Officers are “Protective Factors” (continued)

Kristen Hammel: Additionally, providing information about traumatic stress reactions that caregivers can be watchful for in their children and themselves. And we are going to go over in depth more exactly what you may see. And identifying immediate resources that may increase a sense of safety, security, support, and control. And this may be a local shelter, or just a victims advocate for them to reach out to, the SRO (school resource officer) in the school, and any sort of additional resources.

Phases of Traumatic Reactions

Kathryn Guiseppone: So, there are four phases of traumatic reactions. There is the immediate or acute reactions, which is then from right after the event occurs until about 24 to 48 hours. There is the peritraumatic phase, which is up to about 3 months after the event occurs. That is when chronic PTSD (post-traumatic stress disorder) and related disorders set in, which starts at 3 months after the event. And then there is delayed onset, which is 6 months or later after the event.

Kathryn Guiseppone: And today, we are going to focus on the first two phases. There are opportunities during these phases for officers as first responders to interrupt the process that leads to PTSD and other longer term disorders. Officers are uniquely equipped to play a critical role in the lives of children and families following violence exposure, but before those longer term consequences that we just discussed become a reality.

Enhancing Police Responses to CEV (Children Exposed to Violence)

Kathryn Guiseppone: Now we are going to talk a little bit about some of the strategies, a toolkit that we have developed to help officers enhance their responses to children and families exposed to violence. The development of the toolkit was a collaborative effort of Yale and the International Association of Chiefs of Police, joined by the New Haven Police Department, the Charlotte Mecklenburg Police Department, and the Mecklenburg County Mental Health Services. The development of this toolkit was funded by the Department of Justice and the Office of Juvenile Justice and Delinquency Prevention. These tools were developed based on strategies and approaches that the Yale Child Study Center and the New Haven Police Department have been utilizing for more than 25 years with the goal of equipping law enforcement professionals in their vital roles helping children and families exposed to violence, through identification of trauma informed response. So these tools were designed to have the greatest utility in the field, particularly for law enforcement agencies that may be working without a mental health partner.

Tool Types

Kathryn Guiseppone: So there are four tool types that are included in the toolkit. And today we are really going to be talking about the Operational Protocols and the Operational Tools.

Operational Tools

Kathryn Guiseppone: So, the operational protocols that are included are the On-Scene Acute Protocol for Children Exposed to Violence. This is really focused on what officers can do when they arrive on-scene to a call. The Protocol for Responding to the Needs of Children at Scenes of DV (Domestic Violence), which is similar, but specifically for domestic violence cases. And the Principles and Practices of Death Notification to Children. So this is what, these protocols are for agencies that are interested in enhancing their response – agencies that are interested in enhancing their response to violence could adopt. But they also have utility for individual officers, offering specific tips, guidance, and considerations for approaching and interacting with children and supporting potentially traumatized caregivers.

Operational Tools (continued)

Kathryn Guiseppone: And so, the tools that are in the toolkit, there are Reactions that Police May Observe From Children and Youth. What Traumatic Stress Reactions May Look Like on Scene, which is a more enhanced version of what we just did with you guys when we talked about the different physical reactions and cognitive reactions. Effective Police Responses to Traumatic Stress in Children of Different Ages. This is broken up into different stages of development, and walks through what is typical for each stage, what common responses to children exposed to violence at that stage and what officers can do on-scene.

Kathryn Guiseppone: Commonly Asked Questions from Children and Example Police Responses, those are the questions that kids commonly want to know when you respond on-scene. Like why are you here, what is going to happen to my mom and dad? What to do When Your Child is Exposed to Violence. This is a brochure that is really helpful to give to caregivers, which talks them through what symptoms to look for, and what they can do to best support their child. Let us see, I missed Common Issues with Caregivers and Police Responses. So those are issues that frequently come up, and with caregivers and how officers can respond in those situations to assist caregivers to best support their children, such as when a caregiver is minimizing what just occurred. And then there is Teaching the Tactical Breathing Technique, so teaching “om” breathing to children and parents.

Lt. Renee Dominguez: And just in real life application, the What to do When Your Child is Exposed to Violence brochure, we at the New Haven Police Department, we use that at least every single week, handing these out to victims that we come in contact with as officers, so this is something that without a mental health partner, the officers are really able to give the parent or the caregiver something to be able to, when we leave and everything kind of settles, to have something to look back at.

On-Scene / Acute Protocol

Kathryn Guiseppone: So, now I am just going to show you a couple—these are the screenshots to show you what the tools actually look like. So if you were to download them, it shows kind of the level of detail and information that is available, both to agencies and to front line officers. So, this is the On-scene / Acute Protocol that I referenced.

Questions Commonly Asked

Kathryn Guiseppone: There is the Questions Commonly Asked.

Common Issues

Kathryn Guiseppone: And the Common Issues for Caregivers and Police.

When Police Officers are Equipped

Kristen Hammel: So, when police officers are better equipped, they are able to create a safer environment for the children to re-establish a sense of safety and security. And that is really what we do and you do on a daily basis in all of the calls that you go to. Officers are able to play an important role in helping the child and family begin to heal and to thrive. And the foundation of trust between the police, youth, family, and the community begins to be developed. Officers also feel more effective and satisfied in their work when you do not leave the scene feeling like, oh, we are just going to be back here again, or there is nothing that I can do, all is lost. So it kind of gives you a little bit more ability to feel that you are more effective.

Case Examples Revisited

Kristen Hammel: So, what we want to do now is we are going to bring up our next poll and we want you to vote on the three cases that we talked about in the beginning. And I can give you them one more time. So, Case 1 example was the domestic violence incident. The second example was the narcotics raid. And then the third case example was the shot fired. So we would like you to vote and whatever

gets the most votes, we are going to kind of discuss how we would take these protocols into that specific example. William, if you can go... Thank you.

William Moore: Just as a reminder to the audience, the little circle that is right next to your selection, just simply click on to cast your vote. All right, give folks about maybe 15 more seconds to cast their vote. Remember, just select the little circle right next to your selection. Okay, ending poll now.

Kristen Hammel: All right, so it looks like we have domestic violence as our most chosen, which is definitely something that we probably see the most of. So we can go back to – there we go.

Which Case Example Would you Like to Discuss?

Kristen Hammel: All right. So, we are just going to recap the scene, and then Katie is going to start us off. So, the officers responded to the report of domestic violence in which the mother and her four children, two 11-year-olds, an 8-month-old and a 3-year-old, in a heated verbal argument with the father. Mom tries to – Dad threatens mom, threatens to kill her, and then while mom is trying to call 911 he snatches the phone away and he leaves, and then the police arrive.

Kathryn Guiseppone: I would really like to go back here, if you can pull up the slide that shows the general things that I think that would go across all four examples.

Kristen Hammel: Which slide?

Kathryn Guiseppone: The slide that lists in terms of [inaudible] responses. This one. So I wanted to highlight this again, because I think it is very important that while we are going to focus on the domestic violence piece, that these four things in particular can really be done across the board for all of the case examples that we have provided. So officers can create a safe environment, re-establish a sense of security, they can play an important role in helping the child and family begin to heal. A foundation of trust between the police, youth, families and the community is developed, and officers feel more effective and satisfied in their work. Those I think are blanket across all communities.

Kristen Hammel: So, for domestic violence, a lot of times we forget about the baby, like if that was the only child on the scene we might see officers saying oh, well, the child cannot talk, the child is not affected. These are times we are going to make sure that you are making a point to the caregiver that the child may sleep more, may sleep less, may be more clingy, may be very aloof to the parent, may want to eat more, may want to eat less. So all of these reactions that are based on the basic needs may change in an 8-month-old who is exhibiting some sort of responses to trauma. For the 11-year-old, we want to be careful when we walk into a scene like this and the parent is saying oh, they were upstairs watching TV, and you walk into the room and the child is playing video games or the child is just watching TV. That is something, they are not used to it, it is not that they did not hear it, oh, it is not bothering them. Those are the children that may be affected even more so, because it might be something that is going on chronically in their lives and this is their coping mechanism but they are not dealing with it. And do not discount these children, make sure that you are addressing them and engaging with them and seeing how they are also doing.

Kathryn Guiseppone: I think it is also really important not to negate that the caregiver themselves might be having reactions, and that would be expected, and I think you know even in all that we are saying that the varying ages of children and where they are in development and how the differences will look

to parents according to their age. But it is important also not to neglect the fact that adults and caregivers within this scenario is having reactions not only for themselves, but also in response to their child.

Kristen Hammel: And then also in domestic, you are going to know as the officer on scene like what are the next steps. Is someone going to get arrested, is someone going to the hospital? Those kinds of questions, prepare for each age group. So, obviously, the 8-month-old we are not going to be explaining anything. But how you are going to explain this to a 3-year-old, and how you are going to explain it to the 11-year-old is going to be a little bit different. So you want to use as plain language and as simple terms as you can, but we are going to be truthful. Truthful to the age appropriate mentality and cognitive ability of the children. Go ahead.

Kristen Hammel: We talked about briefly those four stages. And so when police are arriving on-scene to this domestic violence, that is that immediate stage. And we also talked about protective factors. So, the officer, you know, re-establishing safety and order. The officer arriving in uniform, using a calm, authoritative voice, and calming the scene is the first protective factor that occurs, that can help really mitigate, start that process of mitigating those long-term effects. And then just recognizing that, you know, Lieutenant Dominguez was talking about all the different kids that are on-scene, just recognizing that there are kids on-scene and that all of them may be impacted, regardless of their age. That is the second protective factor. And you know, helping—Katie mentioned the caregivers, and helping the caregiver to calm down and pay attention to their kid. That is really helpful to the child as well. I lost my train of thought. [laughter]

Kathryn Guiseppone: Okay, and the only other thing I would say, though, which could be used in dealing with this situation, and all of the situations, is what is going to happen next to the child? Like, that is super important. They want to know, even though they want to know is mommy or daddy getting arrested, is somebody going to the hospital, what is going to happen to me? Where am I going to go? So, developing some sort of plan for the child. Okay, I am going to help you pack a bag, make sure you have your favorite stuffed animals. Let us get some pajamas and some clothes for tomorrow. Yes, you are going to go to school tomorrow, but maybe no, you are not going to go to school tomorrow. Have these – prepare some of the questions that the child might ask that you will be able to definitively tell them. It just helps going back to restoring the order and you kind of being the person that in the middle of the chaos is able to take control and say this is what we are going to do. And it really helps to calm the child down to know what the plan is, who is taking care of them, and that tomorrow things are going to proceed as normal, or that they are not. But at least they are aware.

Kristen Hammel: It can also be helpful for the officer to understand and appreciate that the reactions that they are seeing on-scene may likely be traumatic stress reactions. So that caregiver who is yelling, who is irritable, you know, who is trying to ask questions and they are stuck on the same piece of what just occurred, that those are actually traumatic stress reactions. And being able to recognize that can affect how you interact with them, which can both help you as an officer, but also help that family.

Tiffany Garner: What were you going to say, Katie?

Kathryn Guiseppone: I was going to highlight that what Lieutenant Dominguez was pointing out is not only that sort of helping to organize and restore security, but it is also highlighting that kids are thinking about themselves and what is going to happen next, their concrete needs about their day to day, you know, where am I going to sleep? Am I going to have pajamas? The concrete needs that they have and

basic needs on a day to day basis, in those moments of chaos are easy to forget, and that is often where their head is going to very quickly.

Kristen Hammel: I think that at this point we are going to open it up to some questions. Tiffany, is that what is going to go next?

Kathryn Guiseppone: We cannot hear you.

Tiffany Garner: Let us try this again. Thank you, ladies, so much for sharing the information so far. And hopefully you all out there, this has been helpful to you in some of the work that you are doing. I do want to make a note that for those of you who expressed interest in wanting to obtain a copy of the CEV Toolkit, you can download it in the handouts box, but also if you would like for us to mail you a copy, we will need your address as well. There have been a couple of people that have expressed interest. So we just want to put that out there. Put your mailing address in the box if you are interested, or you can just download it, either way.

Presenters Q and A

Tiffany Garner: All right, so now we are going to take some questions from you all. And so feel free to type those into your chat box, and so we will get to as many as we can, as time permits us to. So, I do want to first address the question about “Where can we obtain the Effective Police Responses to Traumatic Stress” question, and the question was about are the operational tools all available in the toolkit? And so we will let you guys know, yes, all the tools are available in the toolkit. So, for those of you all out there who may have been wondering as well, so those will be in there.

Tiffany Garner: Okay, so let us get to questions and, Lieutenant Dominguez, this question is going to be for you. How many officers would arrive to the scene? Someone has stated this is amazing but hard to do when you are securing the scene. So, I will let you answer that question.

Lt. Renee Dominguez: So, in our police department, for domestic, two officers would be dispatched. So, I think it is probably going to be the same across the board for the most part in domestic where at minimum you are getting two officers. This is obviously after—obviously safety is number one. You are going to do what you have to do to stay safe. You are going to secure the scene. You know, any medical that needs to be rendered, calling an ambulance, you know, putting somebody in custody. All of that is going to be done first. This is what then happens kind of like next, to be able to take a step back, take a deep breath, slow the scene down and you are going to be—you guys deal with these kids all the time anyway. You are already addressing children. You are already doing so many of these things. But we just want to make it a little bit more aware that you are doing it, realizing that there are children here and what can you do to take some extra steps to be able to make as much of an impact as you can on a child following a traumatic event, because you do not know what that small thing might mean to that child. It might be huge.

Tiffany Garner: Okay, all right, thank you. And the next question, goes perhaps—Kristen or Katie, if you want to address this question here about how does this apply in a school setting or to SROs?

Lt. Renee Dominguez: I will take that one as well.

Tiffany Garner: You want to take that one too? Okay.

Lt. Renee Dominguez: Unless you—

Kathryn Guiseppone: No, you can take it.

Lt. Renee Dominguez: Okay. So, in the school setting, there is obviously some additional challenges because the administration is sometimes our first point of contact and depending on what the call is in the school, we might have to get the parents there first. But I think you could still use some of these tools, especially with kind of recognizing a child's reaction to things like a fight in the school, so being able to separate the kids and then while you are waiting for the parents to arrive and you are not asking maybe any questions related to anything pertinent, but just kind of establishing a rapport, and calming the kid down, and then when the parents get there, it is already easier than them coming into a volatile situation that you were not able to assist with prior.

Tiffany Garner: Okay. All right. The next question we have here, ladies, (overlapping conversation). I'm sorry, do you want to jump in here, anyone else?

Lt. Renee Dominguez: No, she is just clarifying SRO is a School Resource Officer.

Tiffany Garner: Thank you, and I apologize I didn't clarify that. Okay. All right, next question here is, how does this toolkit apply to low income and communities of color who have stressed relationships with police?

[overlapping conversation]

Lt. Renee Dominguez: In New Haven, we are definitely a culturally diverse inner city community, and there are perceptions that—negative perceptions of the police. So a lot of times, it is based on past interactions with the police. Every time the police get called it is something negative, you are responding to a shooting or you are arresting their loved one. And so, we have to acknowledge that and recognize that a lot of the time, the anger and the hostility that you might be faced as a police officer is not towards you as the officer. It is just past experiences that the communities that you are working in have had with the police.

Kathryn Guiseppone: But also heightened with what just occurred, and the reactions that they are experiencing, those traumatic stress reactions.

Lt. Renee Dominguez: Right, so by taking the extra steps, what we are really doing is we are building some foundations to move forward and to realize that police do come, and we are supportive, we are here to restore order and to help, and you are calling us because there is some chaotic event going on and you need the police. And the more that we could utilize this type of training and this way of handling a situation, the better relationships we are building with the community. It is only going to help us in the future.

Tiffany Garner: Okay. All right. We have another question here. It is, does Connecticut have a statute that allows enhanced punishment when children are exposed to violence? If so, what are your thoughts on it?

Kristen Hammel: We do not have an enhanced statute for when children are exposed to violence. It is not a greater degree or a greater charge if—I mean, we have a risk of injury, we have appropriate charges for a crime but nothing, if children witness it, an enhancement.

Tiffany Garner: All right. We have one here. How do you address children who are parentifying and help – Okay, let me try this again. How do you address children who are parentifying and they, I guess the question is how to help the parent take control and not rely on the child?

Kathryn Guiseppone: That is a good question. Can you repeat that? I am sorry. I do not see it.

Tiffany Garner: Yes. Okay, so I will read it. So it is how to address children who are parentifying, and help parents take control and not rely on the child?

Kathryn Guiseppone: Okay, well, I think that goes to some of what we have in the toolkit, which is—and we do see that fairly often. But helping that parent be present, recognizing what is happening and helping that parent be present and pay attention to their child, and not putting that child in the place of answering the questions for the caregiver.

Kristen Hammel: I think it also can help, too, that sometimes when parents are having their own traumatic stress reaction, that they are not able to feel effective. And some of the things that I think officers can do on-scene is remind them that they are the parent, and their role, and that can help them feel more effective in that role.

Tiffany Garner: Yes. Okay. All right. In your experience, what is the best way to get an entire department trained when there are three shifts and days off?

(overlapping conversation)

Lt. Renee Dominguez: So, we are currently doing this. So this is a great time. We have been doing this type of collaboration with the Yale Child Study Center for 25 years. However, with the development of the toolkit, we are re-rolling out the toolkit for the entire New Haven Police Department, which is about, say, 400 officers right now. So, three shifts, three different rotations. We do it in lieu of shifts, it is probably going to take us 15 classes to teach the entire department—well, to teach the patrol division with some detectives kind of thrown in there. But eventually we will roll it out to the whole detective bureau as well, and supervisors. So initially I think the focus needs to be patrol, because those are the officers who are out there every day and could utilize this the most. And like I said, for us, we do in lieu of shifts, so we switch their shift. They go to the day shift and try to do it when there is an overlap of shifts, so it costs the least amount of overtime to backfill.

Tiffany Garner: Okay. All right. How do you overcome parental resistance to you reaching out to help the child?

Lt. Renee Dominguez: On-scene, sometimes—I'm sorry, you were talking—

Kathryn Guiseppone: No, go on.

Lt. Renee Dominguez: On-scene sometimes if you bring the parent who is resisting to the side and kind of just have an open conversation as to what it is that you are going to be doing. Sometimes when

parents do not understand what the objective is, that we do not want to interrogate the child. We are not trying to get information and make that child be a witness. That is never our focus with the children. We do not want to pit the child against one parent knowing that--or caregiver, whoever it is might have to come back. If we are talking about a DV, but even with just in the community where they do not want to be maybe seen as the snitch and they do not want their child talking to the police. But if we explain that the child may be affected and that we can just try to give them some tools to be able to calm themselves later, and if we explain everything to the parent, exactly what we are going to do, when the best interests of the child is put in front of them, it really breaks down that resistance, and we have a lot of compliance. Not a lot of people do not allow it.

Kathryn Guiseppone: Well, and another thing that is helpful is, you know, sometimes there is resistance right on-scene, and the police are there and because of something really big or negative that just happened, but the officers, they go back and they do follow ups a lot of the time. And when the officer goes back to the home a few days later, and says I am just here checking in on you, that also is really helpful in breaking down that resistance.

Lt. Renee Dominguez: And that is a huge piece of what we do, collaboratively and officers on their own. And that really helps build—people with those negative views of the police, because we are not coming when it is a negative event, we are just coming back on our own, just to say hi, and a lot of these officers work in the same neighborhoods day in and day out and are able to really establish good relationships.

Kathryn Guiseppone: I would add one thing, too, that I think is very important is that often some of that resistance can come from parents feeling like, oh, there is nothing wrong with my child. They are imposing sort of this reaction on them. But by having this focus and having the police so informed in terms of how normal and how typical these reactions are, I think that approach can also be helpful to sort of normalize and help parents feel like, okay, this is something that would happen to a lot of kids in that situation.

Tiffany Garner: Okay. All right. Okay, so can you speak to the possibility that some children and families have a history of conflict with police officers and may be re-traumatized by their presence on the scene?

Kathryn Guiseppone: So, yes, we have seen it before. Sometimes police may be a traumatic reminder to something that the child has been through previously, or experiences they have had previously, but using the strategies that we are talking about in the toolkit, having officers serve as protective factors, recognizing that they are responding, that there is traumatic stress reactions happening and how they respond to those families can really be helpful with that.

Kristen Hammel: Yes, I think what we often do, and I think there is always going to be those cases where that is a trauma reminder and that might not be able to be replaced. But I think the hope for using some of the skills that we are outlining in this toolkit, is that sometimes it can be a replacement and a new experience with police is actually a very positive one. And at least impact and start to shift how they view police going forward.

Tiffany Garner: Okay. Let us see here. When it is unclear as to who is the perpetrator and who is the victim, how do you handle finding a safe place for children?

Lt. Renee Dominguez: Is this in a -- ? So, I am going to assume that this is a situation with maybe there is going to be a dual arrest, and both parents are going to be arrested or both caregivers are going to be arrested?

Tiffany Garner: Perhaps.

Lt. Renee Dominguez: Our protocol would be to contact our equivalent of Child Protective Services. So, let me go back. So, we would ask the parents who would be the most next appropriate caregiver, maybe a grandparent, a friend, a close friend, an aunt. We then would call Child Protective Services, just to make sure that this person is an appropriate caregiver and does not have any open cases or anything, and then we would facilitate that person coming down to the location of the incident, again, making sure the child has everything that they need and then explaining to the child what is going to happen. Sometimes we will have that parent explain, just because it is sometimes a little bit easier to know that mommy or daddy or grandma or grandpa, whoever is being arrested, is okay with this plan. And this was the plan that we came up together with the police makes it a little bit easier sometimes.

Tiffany Garner: Okay. What are we doing to enforce the law to protect children and enforce those existing? That is all the question said. I do not know if you ladies need me to repeat that? What are we doing to enforce the law to protect children and enforce those existing?

Kristen Hammel: So, responding to the scene, like I said, the first, officer safety is obviously first, and then determining probable cause, and if there is probable cause, officers are—at least in our, you know, in our city and I am sure everywhere else—if they—we are going to charge appropriately and protect the child, and then moving forward, beyond just an arrest, is what we want to protect the child from further trauma. And making sure they are with an appropriate caregiver and making sure that their needs are being met, if they were not being met prior. I am not quite sure if that is answering the question.

Tiffany Garner: You know, I think that is sufficient for now, unless the rest of you ladies want to chime in with anything else. Okay, we will just keep going. All right. This next question, this is a really significant tool that has the potential to really rebuild relationships with police. But, is it still difficult because police are often trained in tactical muscle memory to neutralize threats quickly? In other words, sometimes the knee jerk reaction is not to slow down and talk a situation through.

Lt. Renee Dominguez: So, like we said a couple of times, I think that an officer – officer safety is always key, and keeping the community safe as well is also one of the first priorities. But there is always time afterwards, we might not think we have the time, but I think if we look at what we are doing after, sometimes we are just standing off to the side, you know, waiting for texts to come back and if you have a van that picks up the prisoners as opposed to you transporting them. Or if you are transporting yourself and you are waiting for another officer to come, there are moments that you can kind of carve out, and the officer, once they realize that and become more aware of it, will be able to engage the child, even if it is just for a couple of minutes. Even if it is just to make sure that they are settled and they do not have any questions, or to show them your flashlight. Little things like that, that you do not think are important, are super important with regulating the child back and just calming them down. And just seeing you as someone who came in as that knight in shining armor like we want the community to see us as, instead of someone who is just coming in and arresting my dad. Because that is ultimately what we might also be doing.

Tiffany Garner: Okay. How do we (inaudible) that violent arguing around children does not affect them? The perception is that an assault needs to occur.

Lt. Renee Dominguez: So I would say that maybe, I am going to let my clinical partners answer, but that might not be maybe an arrest, but it might be something that if an officer—we might not be making an arrest on a verbal argument, but identifying that children are there, it might still be something that these tools that are in this toolkit can be absolutely used with a child at that time.

Kristen Hammel: So, if you were to respond to a verbal DV, basically, so you would still talk to them about what effects that they might see—like, how this may impact their child and what effects they might see in their child following this.

Lt. Renee Dominguez: Right. Even if it is not an arrest. And we use this not in all arrest situations. If you think back to the shots fired incident, we are going to be utilizing many of the things that we talked about in that situation, and there is not going to be an arrest that night, probably. You know, you are just responding to gunshots into cars and a house with no arrests, there is no ability to have immediate closure. But we are still going to be addressing the concerns and how a child is presenting.

Kathryn Guiseppone: I think it is similar to the question of with the shots fired, when there is victims who—who we see as a witness also, and when there is witnesses who were not actually present there when it occurred but come home to it afterward. It is similar in getting people to really appreciate that those children can have traumatic stress reactions as well.

Tiffany Garner: Okay. All right. We have two more questions here. So, does Yale have a definition of a traumatic event? This is to help define for law enforcement at the scene. That is our question.

Kristen Hammel: Sure. So, you know, we refer to events as potentially traumatic events, which can be anything that—the scenarios, the three scenarios that we mentioned, but any event that creates loss of control, chaos, fear, is unexpected. Really, the traumatic event, that is if the person, which depends on their characteristics, who they are, their protective factors. If the person develops traumatic stress reactions. So, the event can be something small, like two people can be in the same car during a car accident. For one, it might become a traumatic event; they might develop traumatic stress reactions. And the other might not develop any reactions at all. So it is really about the reactions that are developed following whatever the event might be.

Tiffany Garner: Okay. All right. And our last one that we have so far that was submitted was: Do you have suggestions to protect children during a traumatic situation when only the children speak English and responding officers only speak—maybe that part was, okay, so it says the officers only speak English. Yes. So let us just say, if the children speak, for example, Spanish and the responding officers only speak English. Let us try that.

Lt. Renee Dominguez: So, if there are no...A lot of times we will call a Spanish speaking officer, or whatever language, if we have that officer speaking. You obviously, we can use a language line. But something that even if—and this is not in a situation where we are looking to interview the child, but we are just looking to calm the child down, a lot of times just demonstrating, like if we are trying to do a tactical breathing exercise, which is one of the toolkit, one of the pamphlets. If you are just acting it out, the child will be able to kind of act out with you. If you just get out paper and you just start coloring with the child, there are so many things that you do not realize that you could do, just small gestures, that if

you cannot communicate due to the language barrier, that you could do in that moment, just to help the child gain control. So we do try to find an officer who speaks that language or use the language line.

Tiffany Garner: Right, right. Absolutely. And there is a clarifying comment that pretty much, I think someone has said that the parents, when they do not speak English but the child and the officer do speak the same language.

Lt. Renee Dominguez: Really quickly, I will just touch on—we really try not to use the children as interpreters because it causes the child to have to be put in a place where they are now telling on that other parent, and maybe also sometimes the parent does not want to give the full account due to maybe a sensitive nature or violent thing that happened, and they do not want their child to hear that, because maybe they did not actually hear all of it. So we really try to go around and not use children as interpreters, unless it is absolutely, absolutely necessary and time sensitive.

Tiffany Garner: Right. Okay. All right, and so, ladies and gentlemen, so what we are going to do at this point, if you all happen to have any additional questions, please feel free to email us at cev@viact within the chat, because we will respond to your questions. Just due to our time, we have about 2 minutes left for our Webinar. We will make sure that we will respond to you via email if you have any additional questions. So, thank you all so much for participating today and for sending these great questions in. We will definitely continue the conversation offline via email if there are any other comments or questions you have for us. So, William, I am going to turn it over to you to wrap us up.

Upcoming Webinar

William Moore: All right. Great. Thank you, Tiffany. I appreciate it. And thank you to our presenters for this wonderful Webinar for today. Just a few more announcements before we wrap up.

William Moore: If everyone loves the content that was presented today, then please join us for our next Webinar in the IACP Webinar series. The next one is *Death Notification When Children are Involved*. This Webinar will occur on June 3, 2019, from 1 to 2 p.m. Eastern time. The registration is here on the screen and located in the Webinar PowerPoint. It is available in the handouts pod as well.

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William Moore: Please take a moment to review the disclaimer here.

Online Evaluation

William Moore: And lastly, we would appreciate if you could take about 5 minutes to complete the feedback evaluation. Again, thank you all for joining us today. Have a great afternoon. Goodbye.

[End.]