

Training for Law Enforcement
Community Crime Prevention Programs
Johnson City Police Department

Trauma-Informed Policing

Why Learn About Trauma?

- This training is about how being trauma-informed can **improve** criminal justice system responses
- It is **NOT** a program about the treatment of trauma
- It is directed to law enforcement professionals
- Your role is not one of a counselor, however police are present in traumatic circumstances where “YOU” become the intervention

Benefits



- The key is changing how we respond.
- How we think about an issue will affect whether we **react** or **respond**.
- If we view an individual as dangerous and out of control then **reacting** by force makes the best sense.
- If we view an individual as afraid and desperate then **responding** by providing a sense of safety makes best sense.

The Nature of Police Work

- Even though we refer to the police as law enforcement officers, the enforcement of criminal law, (i.e. investigating crime and apprehending criminals) is only one of **several** functions that the police perform.
- The functions of the police include providing basic social services, maintaining order, and controlling crime.
- In 2014, the Albany, NY Police Department stated: “80 to 90% of patrol officer time is spent answering calls for service not related to crime. The majority of service calls involved family and children/adolescents.”
- Police respond to calls to help people who need emergency assistance of all kinds. Police are often on the scene in situations that are traumatic in nature.

Learning Objectives – Module 1

- To gain a shared understanding of trauma
- To recognize how trauma effects the brain
- To be able to identify trauma
- To understand ACEs (Adverse Childhood Experiences)
- To be aware of the prevalence of trauma

Understanding Trauma



- Empathy vs. Sympathy
- <https://youtu.be/1Evwgu369Jw>
- Underlying Question “What happened to you” instead of “What’s wrong with you?”
- Symptoms = Adaptations to trauma
- Healing Happens...In genuine relationships

What is Trauma? The 3 “E’s”

*Individual trauma results from an **event**, a series of events, or set of circumstances **experienced** by an individual that are physically or emotionally harmful or life threatening and that have lasting adverse **effects** on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being. ~ SAMHSA*

Potential Traumatic Events

Abuse	Loss	Chronic Stressors
Abuse	Death, Abandonment	Poverty
Emotional	Neglect	Racism
Sexual Physical	Separation	Invasive medical procedure
Domestic Violence	Natural Disaster	Community trauma
Witnessing violence	Accidents	Historical trauma
Bullying	Terrorism	Family member diagnosed with mental illness
Assault	War	Family member with addictions
Institutional		Family member incarcerated

Experience of Trauma Affected by :

It is an individual's experience of the event, not necessarily the event itself that is traumatizing.



- How
- When
- Where
- How Often
- Who is involved

Effects of Trauma

- Trauma creates symptoms that are **ADAPTATIONS**: What we may see as the **problem** is the person's **solution**.
- The effect of trauma on an individual can be conceptualized as a normal response to an abnormal situation.

Survival mode is supposed to be a phase that helps save your life.

It is not meant to be how you live.

Michele Rosenthal
Author, *Your Life After Trauma*

Behavior = Survival

- The effects of trauma may manifest behaviorally
- They may show up in areas of functioning seemingly unrelated to actual events
- There are many ways behavior is a coping mechanism
- People with long term abuse will figure out how to best avoid getting hurt
- People often abuse drugs and alcohol to suppress feelings and memories – a type of self-medicating
- Defensive aggression – people who expect aggression may strike out first or instinctively

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 are “all over the map”
- Wailing, sobbing
- Volatile, angry
- Verbally attacking others
- Absence of feelings
- Blank stare
- Inappropriate emotions
- Sudden fits of laughter
- Giggling

Cognitive

- Confused - Difficulty making decisions
- Loses of train of thought – has incoherent thoughts
- Talks about things that seem random or not connected to what is being asked
- Gets “stuck”
- Preoccupied with elements of the event
- Thoughts are dominated by fixed focus on particular elements of the event
- Makes 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
- Memory loss 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
- Withdrawn/isolated
- 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
- Fatigued
- Young children may be
 - Clingy
 - Fussy
 - Running around

(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.)

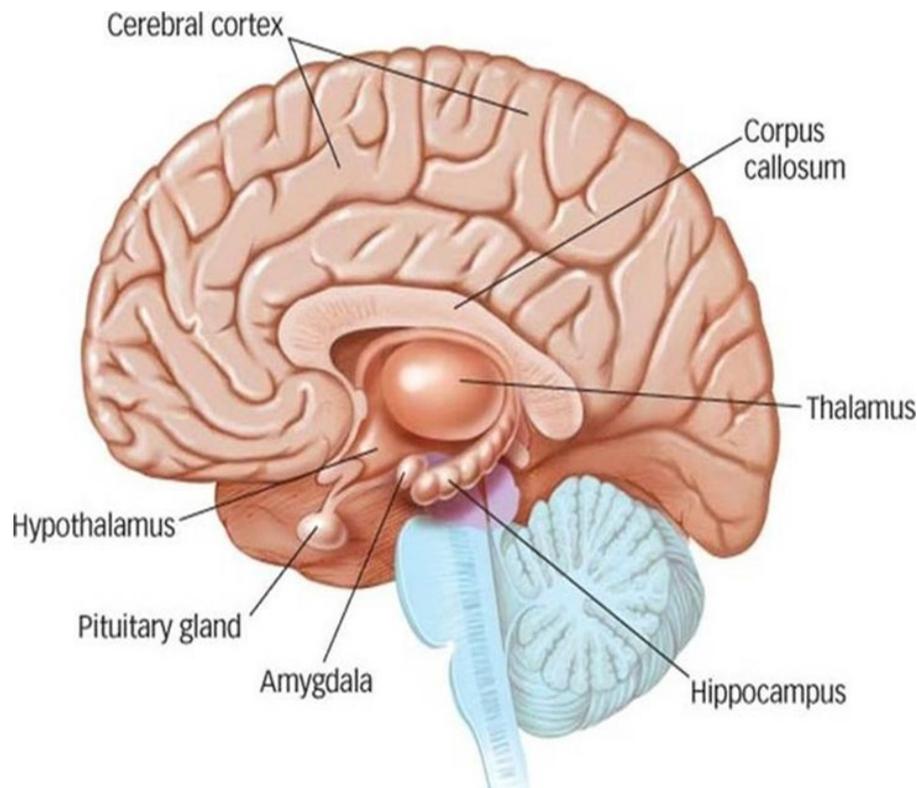
How Trauma Affects Brain Development

Three short videos about brain development

- Experiences Build Brain Architecture
 - <https://youtu.be/VNNsNgIJkws>
- Serve and Return Builds Brain Circuitry
 - https://youtu.be/m_5u8-QSh6A
- Toxic Stress Derails Healthy Development
 - <https://youtu.be/rVwFkcOZHJw>

(Center on the Developing Child – Harvard University)

The Brain's Response to Stress



- The “fire alarm” of the brain is located in the amygdala
- The frontal lobes of the cortex (at the top or the thinking part of the brain) shut down to make sure a person is focusing completely on survival
- **That’s why it’s hard to think when in a crisis**

Problems or Adaptations?

- The amygdala responses are: fight, flight or freeze and these are activated by danger.
- Three sets of “problems” often attributed to people we serve show how these behaviors may really be a **survival** mechanism.
- Recognize “symptoms” and “problem behaviors” as adaptations to trauma
- **FIGHT**
 - Non-compliant, combative OR struggling to regain/hold onto personal power
- **FLIGHT**
 - Resistant, uncooperative OR disengaged, withdrawing
- **FREEZE**
 - Passive, unmotivated OR giving in to those in power

What Does Trauma Look Like?



Childhood Brain Development and Toxic Stress

Positive Stress

The body's normal and healthy stress response to a tense situation/event.

Example:

First day of school or work.

Tolerable Stress

Activation of the body's stress response to a long-lasting or severe situation/event.

Example:

Loss of family member, but with supportive buffers in place.

Toxic Stress

Prolonged activation of the body's stress response to frequent, intense situations/events.

Example:

Witnessing domestic violence in the home, chronic neglect.²

Stress Responses

Types of stress responses

POSITIVE



A normal and essential part of healthy development

EXAMPLES

*getting a vaccine,
first day of school*

TOLERABLE

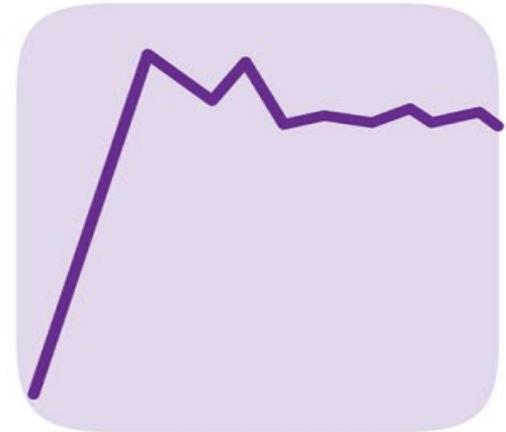


Response to a more severe stressor, limited in duration

EXAMPLES

*loss of a loved one,
a broken bone*

TOXIC



Experiencing strong, frequent, and/or prolonged adversity

EXAMPLES

*physical or emotional abuse,
exposure to violence*

- Those exposed to repeated trauma, actually create pathways in their brain based on these events.
- The more these neural pathways are used, they become like roads that lead to familiar places. Familiar thoughts. Familiar emotions. Familiar actions. Familiar habits.
- Think of it like a GPS system stuck on giving directions to the same location- **even if it is not where the person is wanting to go!**

Adverse Childhood Experiences (ACE's) and Addiction

- ACEs Primer
- <https://youtu.be/ccKFkcfXx-c>
- **High ACE scores indicate a strong correlation between trauma and addiction:**
 - Compared with people who have zero ACEs, people with ACE scores are 2 to 4 times more likely to use alcohol or other drugs and to start using drugs at an earlier age.
 - People with an ACE score of 5 or higher are 7 to 10 times more likely to use illegal drugs, to report addiction and to inject illegal drugs.

ACEs and Drug Addiction

In the original ACEs study, the consistent relationship between the ACE score and drug use for all ages surveyed dating back to 1900, suggests that the effects of ACEs transcend secular changes such as increased availability of drugs, social attitudes toward drugs, and massive expenditures and public information campaigns to prevent drug use.

Childhood Abuse, Neglect, and Household Dysfunction and the Risk of Illicit Drug Use: The Adverse Childhood Experiences Study

Shanta R. Dube, Vincent J. Felitti, Maxia Dong, Daniel P. Chapman, Wayne H. Giles, Robert F. Anda

<http://pediatrics.aappublications.org/content/111/3>

Understanding ACE's

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Mother treated violently



Divorce



Incarcerated Relative



Substance Abuse

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

CAUSES



Adverse Childhood Experience Test

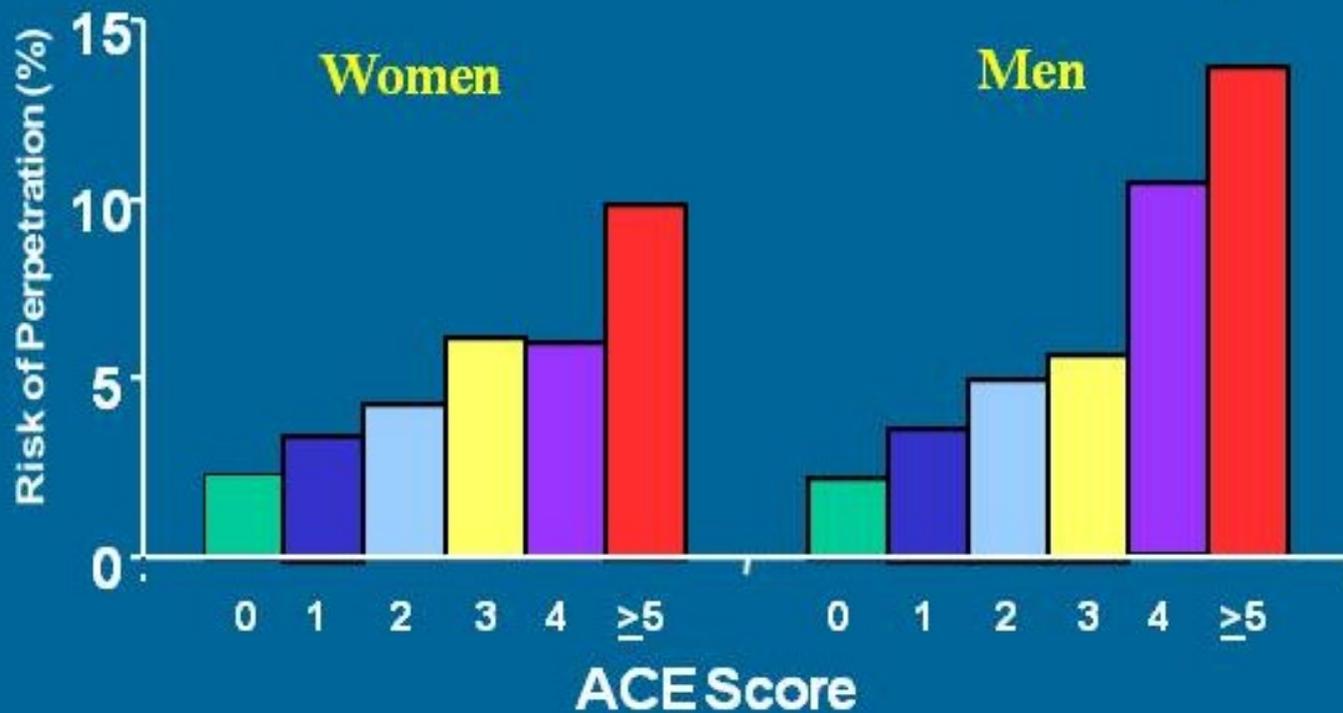
EFFECTS



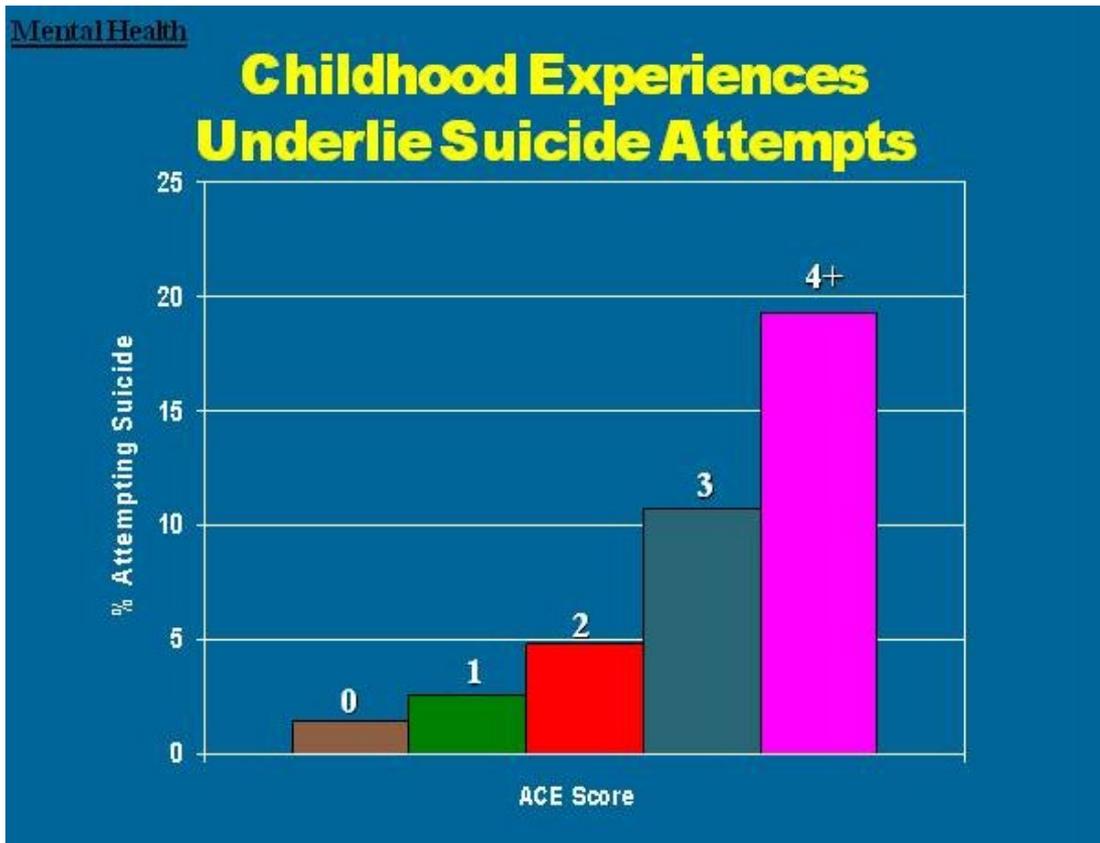
ACE's and Domestic Violence

Socialfunction

ACE Score and the Risk of *Perpetrating* Domestic Violence



ACE's and Suicide Attempts



Individuals scoring 4 ACEs are twice as likely to be a smoker, 12 times more likely to have attempted suicide, and 7 times more likely to be alcoholic.

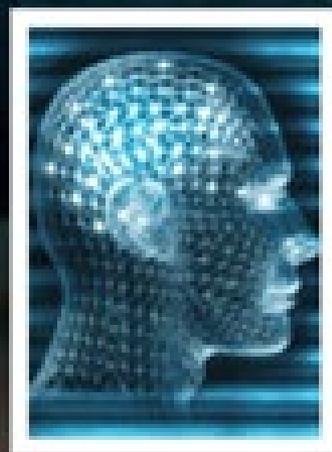
ACE's and Adult Alcoholism

Health Risks

Childhood Experiences vs. Adult Alcoholism



**CHILDHOOD ADVERSITY AND
OTHER FORMS OF TRAUMA ARE
TO THE HUMAN BRAIN...**



**WHAT VIRUSES ARE TO THE
COMPUTER OPERATING SYSTEM.**

Trauma and Mental Health

In the Mental Health area – a history of childhood trauma predicts:

- Earlier first admissions
- More frequent and longer hospital stays
- More time in seclusion or restraint
- Greater likelihood of self-injury or suicide attempt
- More medication use
- Increased symptom severity

Trauma and Substance Abuse

- Around 65% of all substance abuse treatment clients report experiencing childhood abuse
- Around 75% of women in substance abuse treatment report a history of trauma
- Around 92% of homeless mothers have severe trauma histories

Trauma Prevalence In Children

- 71% of children are exposed to violence each year
- 3 million children are maltreated or neglected each year
- 3.5-10 million children witness violence against their mother each year
- 1 in 4 girls & 1 in 6 boys are sexually abused before adulthood
- In a study of juvenile justice settings, 94% of children had experienced trauma

Why Focus on Trauma In Children?

Eradicating child maltreatment in America could potentially reduce many things predicted by ACEs:

- Depression
- Alcoholism and drug use
- Suicide
- Domestic violence
- The need for incarceration



Futures Without Violence

- Chad's Story
- <https://youtu.be/sFH6GRoASKg>

Learning Objectives – Module 2

- Identify trauma-informed policing practices
- Identify tools to help de-escalate crisis situations, maintain safety and expand professional satisfaction.
- Consider how TIC could be used in pre and post crisis intervention
- Importance of officer “self-care”

Trauma-Informed Policing

- **Realizes** the widespread impact of trauma and understands potential paths for recovery.
- **Recognizes** the signs and symptoms of trauma in those involved within the system.
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices.
- Seeks to actively **resist re-traumatization**.

Examples of Trauma-Informed Policing

- In 2005, Wilmington, Delaware police officials and public child mental health system leaders were becoming increasingly aware of both national and local data on children's and adolescents' exposures to violence.
- Wilmington's 911 reports for 2004 tallied 4,119 domestic violence calls.
- In some cases, there were no children in the household, but many included more than one child.
- Officials estimated that more than 2,000 children in the community were living with domestic violence.

(Creating a Trauma-Informed Law Enforcement System, NCTSN Service Systems Briefs v2 n1, April 2008, NCTSN.org)

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

(Creating a Trauma-Informed Law Enforcement System, NCTSN Service Systems Briefs v2 n1, April 2008, NCTSN.org)

Handle With Care

- Morgan County Sheriff's Department
- Handle with Care provides school leadership with a "heads up" when a child has been identified at the scene of a traumatic event involving law enforcement
- Sergeant Wade Shambaugh
- <https://youtu.be/sygYyctwjwt>



Norfolk, Virginia Police “Clergy Patrol”

In 2017, Norfolk, Virginia Chief Larry Boone implemented an idea to bridge the gap between police and community.

Recognizing the most difficult neighborhoods in Norfolk were usually just down the street from a church he created, “Clergy Patrol” to which the local pastors bought in quickly.

Clergy Patrol engage with the police and not just wait on a community crisis, but are proactive building relationships, mediating conflict, trying to find ways to deescalate situations.

When officers respond to a call, the clergy stay in the patrol car. Once it’s safe, they can minister in any way they deem needed on a scene. Clergy are there to offer support as needed by prayer, a few words of calming, counseling or whatever the case may be.

<https://theurcnorfolk.com/npact/>

Reducing the Effects of ACE's Community-Wide

What *can* Be Done About ACES?

These wide-ranging health and social consequences underscore the importance of preventing ACEs before they happen. **Safe, stable, and nurturing relationships and environments** (SSNREs) can have a positive impact on a broad range of health problems and on the development of skills that will help children reach their full potential. Strategies that address the needs of children and their families include:

Voluntary home visiting programs can help families by strengthening maternal parenting practices, the quality of the child's home environment, and children's development.

Example: Nurse-Family Partnership



Home visiting to pregnant women and families with newborns



Parenting training programs



Intimate partner violence prevention



Social support for parents



Parent support programs for teens and teen pregnancy prevention programs



Mental illness and substance abuse treatment



High quality child care



Sufficient income support for lower income families

Tactical Breathing

- A 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 widely deployable and useful in many situations.
- Mental health professionals often use this skill, but it is a skill police officers can use as well.

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 make the feeling of anxiety worse.

Tactical Breathing

- Tactical breathing can help 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 counteracts traumatic anxiety that leads to increased heart rate, respiration, muscle tension, etc.
- Tactical breathing can help to interrupt distressing and repetitive thoughts and images that follow traumatic events and contribute to physical and psychological arousal.
- Tactical breathing is easy to teach children and caregivers, and can be a useful tool for them immediately, and after you have left the scene.

Deep Breathing



- <https://youtu.be/EYQsRBNYdPk>

Trauma-Informed Interactions



Respect
Information
Safety
Choice

Behavior Counts

■ AVOID

- Overreacting
- Triggering behavior

■ APPROACH

- With caution
- Allow safe space

■ COMMUNICATE

- Tell what happens next
- Include the person
- Speak calmly, slowly, and clearly

■ RESPOND

- Be sensitive to fear
- Be patient
- Don't take personally

What Can You Do?

- Engage the person, develop rapport
- Provide a calm, soothing environment
- Give undivided, unhurried attention
- Give as much control & choice as possible
- Validate concerns as understandable & normal
- Allow support person to be present

Effective Police Responses

Infants (0-12 months)

- Recognize on scene can be chaotic and infants are being exposed to tremendous stimuli
- Guide the infant to be moved to the least chaotic part of the scene
- Show concern for the child's safety with your words and actions
- Remind caregivers how important it is for them to get calm first in order to show support for their young children
- Help caregivers decrease their own distress
- When caregivers are not able to respond to their children, identify alternate caregivers to attend to infants

Toddlers – Preschoolers (12 months to 5 years)

- Ensure the child is physically safe and sufficiently monitored
- Help caregivers to become calm and in control
- Help the caregivers find a place they can sit and address them in a calm, respectful but authoritative manner
- When speaking to the child, get down on their level by kneeling or sitting
- Seek out an alternative caregiver if parents are unable to respond



School Age Children (6-12 years old)

- 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 them about what happened in direct and plain language
- Keep them in a location on scene where they are safe
- If children are so distressed that they are unable to put their thoughts into words:
 - Teach Tactical Breathing
 - Help children re-engage the thinking part of their brain by drawing, coloring or distracting
- Support caregivers in meeting the children's needs and seek out an alternative caregiver if necessary

Adolescents (13-18 years)

- Take behaviors of concern or any verbalized unsafe thoughts seriously
- Keep in mind 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 teens with respect and genuine engagement, they can be surprisingly eager and receptive to the calming authority that officers can offer

Gestures That Deescalate

- **Celebrate**
 - Use “put-ups” and not “put-downs”
- **Comfort**
 - Stay calm and patient
- **Collaborate**
 - When possible, ask for their opinions
- **Listen**
 - Show a genuine interest
- **Inspire**
 - Expose them to new ideas, make referrals

(Futures Without Violence)

Cops, Kids and Domestic Violence

- National Traumatic Stress Network
- Police Training Video
- Five Core Messages
- <https://youtu.be/o2-LZBtXlxg>



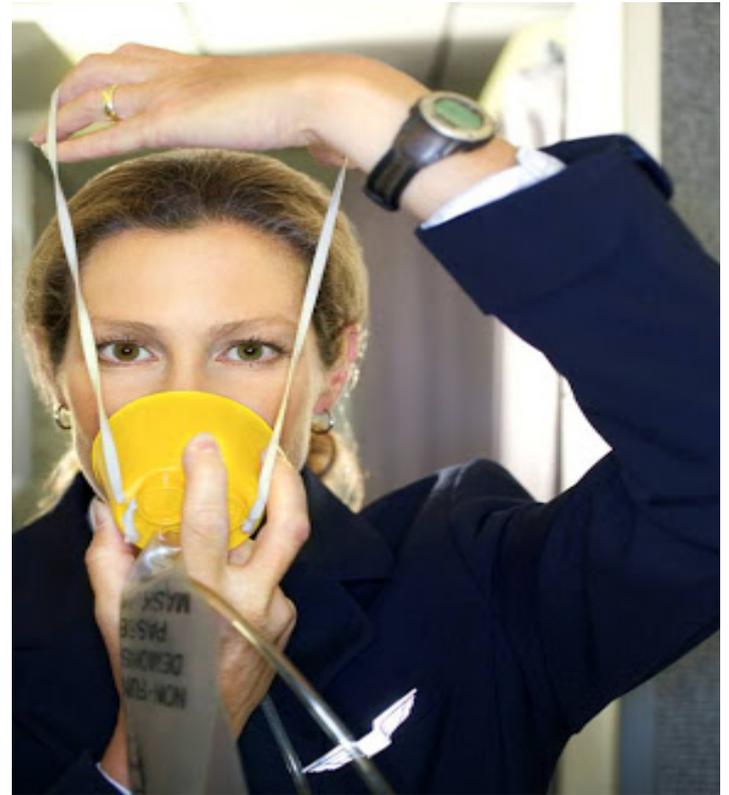
Five Core Messages

- **All children are affected** by domestic violence; however, each child reacts in a different way.
- Children living with domestic violence often have **complicated feelings** about their parents.
- Children often worry that **they are responsible** for the violence in their homes.
- **Police Officers really matter to kids.**
- There are **simple things** police officers can do while on the scene to help reduce the impact of domestic violence on children.

Officer Self-Care

*“In the unlikely event of a loss of cabin pressure, oxygen masks will fall from the panel above your head. Please fasten your **OWN** oxygen mask before attempting to help others around you.”*

~ Flight attendant at the onset of any airline flight



Professional Quality of Life Scale

Professional Quality of Life Scale (ProQOL)

*Compassion Satisfaction and Compassion Fatigue
(ProQOL) Version 5 (2009)*

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

1=Never

2=Rarely

3=Sometimes

4=Often

5=Very Often

- _____ 1. I am happy.
- _____ 2. I am preoccupied with more than one person I [help].
- _____ 3. I get satisfaction from being able to [help] people.
- _____ 4. I feel connected to others.
- _____ 5. I jump or am startled by unexpected sounds.

Not a Medical Test

- Helps understand the positive and negative aspects of helping
- Not a “psychological test”
- Not a “medical test”
- Can be viewed as a screening for stress-related health problems

Professional Quality of Life

Compassion
Satisfaction

Compassion
Fatigue

Burnout

Secondary
Trauma



Compassion Satisfaction

- Compassion satisfaction is the pleasure you derive from being able to do your work well.
- You enjoy helping others through your work.
- You feel positively about your colleagues, your ability to contribute to the work setting or the greater good of society.



Burnout

- Burnout is one of the elements of Compassion Fatigue (CF).
- It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively.
- These negative feelings usually have a gradual onset.
- Cumulative process marked by emotional exhaustion and withdrawal associated with increased workload and institutional stress, DOES NOT have to be trauma-related.

Secondary Traumatic Stress

- A side effect or result of seeing or hearing about acts of cruelty or suffering which causes permanent and often profound change in workers.
- Its symptoms mimic those of post-traumatic stress.



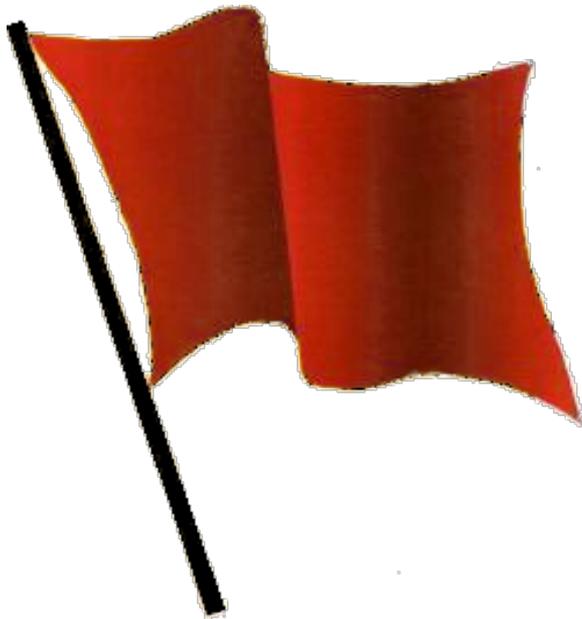
Health Problems Caused by Stress

- Depression and anxiety
- Pain of any kind
- Sleep problems
- Autoimmune diseases
- Digestive problems
- Skin conditions, such as eczema
- Heart disease
- Thinking and memory problems
- Reproductive issues
- Weight problems



And you
thought
there was
stress
in your life

Traumatic Stress Red Flags



- It's been six weeks, not feeling any better
- Having trouble functioning at home and work
- Experiencing terrifying memories, nightmares, or flashbacks
- Having an increasingly difficult time connecting and relating to others
- Experiencing suicidal thoughts or feelings
- Avoiding more and more things that remind you of the disaster or traumatic event

Processing Traumatic Stress

- Often, the unsettling thoughts and feelings of traumatic stress fade as life starts to return to normal over the following days or weeks.
- You can assist the process by keeping the following in mind:



- People react in different ways to traumatic events
- Avoid obsessively reliving the traumatic event
- Ignoring your feelings will slow recovery

Traumatic Stress Recovery Tips

- **Minimize media exposure**
- **Accept your feelings**
 - Be prepared for volatile emotions
 - Feel feelings without judgement or guilt
 - Processing trauma related to your job is **not a character weakness**
- **Challenge your helplessness**
 - Volunteer for a cause
- **Get moving**
 - Exercise that is rhythmic and engages both arms and legs
 - Mindfulness or reflection 30 minutes per day

Recovery Tips

Reach out to others

- Do normal things you enjoy

Make Stress a priority

- Practice mindful breathing
- Monitor sensory input
- Make time to relax
- Get back into routine

Eat a healthy diet



Practice a Balanced Life



Resources

- Peers
- Family
- Friends
- Coping strategies – What is your “safety” plan?
- Department Chaplains
- Confidential Employee Assistance Program
 - (423) 302-3480
 - Insurance covers 6 **free** EAP visits

Training Materials Sources:

- SAMHSA National Center for Trauma Informed Care (<https://www.samhsa.gov/nctic/trauma-interventions>)
- National Child Traumatic Stress Network (<http://www.nctsn.org/>)
- Futures Without Violence (<https://www.futureswithoutviolence.org/>)
- International Association of Chiefs of Police/Enhancing Police Responses to Children Exposed to Violence (<http://www.theiacp.org/Children-Exposed-to-Violence>)
- Center on the Developing Child – Harvard University (<https://developingchild.harvard.edu/>)
- Professional Quality of Life Elements Theory and Measurements (http://www.proqol.org/Home_Page.php)

Contact Information

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