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# Police in the Lives of Young Children Exposed to Domestic Violence

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# **Police in the Lives of Young Children Exposed to Domestic Violence**

Paper #4 in the Series

*Early Childhood, Domestic Violence, and Poverty:  
Helping Young Children and Their Families*



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January 2004



**Early Childhood, Domestic Violence, and Poverty: Helping Young Children and Their Families**

**Series Introduction**, by Susan Schechter and Jane Knitzer.

**Series Paper #1:** *Helping Young Children Affected by Domestic Violence: The Role of Pediatric Health Settings*, by Betsy McAlister Groves and Ken Fox.

**Series Paper #2:** *Young Children Living with Domestic Violence: The Role of Early Childhood Programs*, by Elena Cohen and Jane Knitzer.

**Series Paper #3:** *Domestic Violence and Family Support Programs: Creating Opportunities to Help Young Children and Their Families*, by Nilofer Ahsan.

**Series Paper #4:** *Police in the Lives of Young Children Exposed to Domestic Violence*, by Miriam Berkman and Dean Esserman.

**Series Paper #5:** *Working with Young Children and Their Families: Recommendations for Domestic Violence Agencies and Batterer Intervention Programs*, by Abigail Gewirtz and Resmaa Menakem.

**Series Paper #6:** *Young Children's Exposure to Adult Domestic Violence: Toward a Developmental Risk and Resilience Framework for Research and Intervention*, by Abigail Gewirtz and Jeffrey L. Edleson.

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***Susan Schechter***

***Editor***

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**January 2004**

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## Dedication

**This series is dedicated to the memory of Susan Schechter (1946-2004).**

Susan Schechter was a visionary leader in the movement to end violence against women and children. Her work and influence were national in scope, though her home base in recent years was Iowa City, Iowa, where she served as Clinical Professor at The University of Iowa School of Social Work. Susan was a founder of the battered women's movement, and throughout her career was a respected leader and thinker in the field. She was the author or co-author of several pioneering books and monographs, including the widely cited *Women and Male Violence*, which was an early history of the battered women's movement, and the *Greenbook* that is currently the guide for many reform efforts around the country.

Perhaps Susan's most significant and enduring contribution was her path breaking and persistent effort to help the children of battered women. This work began in 1986, when Susan developed AWAKE, (Advocacy for Women and Kids in Emergencies) at Children's Hospital, Boston, which was the first program in a pediatric hospital for battered women with abused children. She also served as a consultant to several national domestic violence and child welfare initiatives and as a member of the National Advisory Council on Violence Against Women. Her analysis, writing, advocacy, and speeches played a major role in shaping current policy and practice regarding family violence and children. On a less public but no less significant stage, the positive way in which Susan touched the lives of those around her was among her greatest gifts. Susan was a remarkable person, thoughtful and good-hearted; many individuals from diverse fields were fortunate to call her a mentor and friend. Her leadership, warmth, humor, wisdom, and passionate advocacy will be missed.

This series of papers reflects the integrity of Susan's work and is a fitting tribute to her intellect and her unique skills, which bridged the fields of child advocacy and domestic violence in ways that encouraged multi-disciplinary approaches to evolve. It was her hope that this series would be a catalyst for change that would bring safety and stability to young children and families affected by domestic violence, racism and poverty.



# Early Childhood, Domestic Violence, and Poverty: Helping Young Children and Their Families



## Series Introduction

This paper is part of a series that addresses a widespread but often hidden challenge: how to mobilize community and programmatic resources to provide responsive help to young children and families affected by both domestic violence and poverty. Although these children and families come into contact with many helping systems, their problems with violence are often invisible, and the assistance that they need is therefore unavailable, uncoordinated, or unresponsive to specific family or cultural contexts.

The series aims to knit together two agendas, addressing domestic violence and promoting healthy development in young children affected by it. The aim is to offer practical guidance to community-based agencies that work with families confronting multiple difficulties linked to poverty. It proposes a common practice framework for the multiple agencies and systems—health clinics, early childhood programs, family support programs, police, and domestic violence services—that families use as they seek safety and stability. It also sends a message that, in many instances, there are alternative, safe ways of helping young children and families without resorting to out-of-home placement or the involvement of more coercive systems.

## Establishing a Common Practice Framework

All low-income families struggle with limited material resources and related hardships. But families struggling with domestic violence and poverty are likely to have more needs than other families: battered women and their children may require protection; men who batter may find themselves facing legal and social service interventions; families will need increased economic resources to survive, and children will require financial stability and emotional comfort. All those who work directly with children and families affected by poverty and domestic violence need to be responsive to these circumstances as well as to the cultural ways in which family members define and most comfortably solve problems. Further, although no single community agency can provide

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a comprehensive array of the needed responses, collectively, communities can embrace a common vision and work together, across institutional boundaries, to implement this vision as fully as possible. This vision includes the following five elements of a common practice framework.

### **1. Young children and their caregivers need to be safe.**

Domestic violence is a pattern of assaultive and coercive behaviors—including physical, sexual, and psychological attacks, and economic coercion—that an adult uses against an intimate partner. This pattern of serious assault is most typically exercised by men against a female partner and sometimes against their children.<sup>1</sup> These assaults are often repetitive and continuous and may leave women and children feeling dazed and bereft.

In the face of abuse and assaults, a battered woman with children often confronts two kinds of difficult decisions. First, how will she protect herself and her children from the physical dangers posed by her partner? Second, how will she provide for her children? This second set of social and economic risks are central in each battered woman's calculation of her children's safety. If, for example, a woman decides to leave her partner to protect herself and her children, where will she find housing and money to feed her family? Who will take care of the children if she must work and her partner is no longer there (Davies, Lyon, & Monti-Catania, 1998)? How will she manage the complex, and for many families enduring relationship with the batterer over time? For women who have immigrated to the United States, these risks are often further complicated. What will they do if they have no access to governmental benefits such as welfare or food stamps? What if they cannot speak English, are without money, and in physical danger (National Council of Juvenile and Family Court Judges, 1999)? Creating safety requires that communities also try to eliminate the two sets of risks—physical and material—that children and their mothers face.

### **2. Young children need to experience warm, supportive, nurturing relationships with their parents and with other caregivers.**

According to a recent and remarkable synthesis of developmental and neuroscientific literature, the earliest relationships between young children and those who are closest to them have an especially potent influence on their early development (Shonkoff & Phillips, 2000). Childcare providers, pediatricians, family workers, and children's advocates are all in a position to help parents and others understand how important they are to their children, how best to support them, and how to help parents build healthy relationships with their young children. Community providers also are key to ensuring that young children have age-appropriate opportunities outside the family. Research suggests that quality early care and learning experiences can help all low-income children succeed in school. For young

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<sup>1</sup> Because the most serious forms of adult domestic violence are carried out by husbands and male partners, the term “battered woman” is used in this series to refer to the adult victim. However, lesbians and heterosexual and homosexual males are also victims of the kind of abuse described in this series.

children exposed to domestic violence, such experiences can provide a safe haven through which they can thrive.

### **3. Young children and their families need to have their basic needs met.**

Common sense tells us that poverty and economic hardship (e.g., being hungry or homeless) are not good for people in general and children in particular. Research tells an even more compelling story. Poverty in early childhood appears to be more harmful than poverty at other ages, particularly in terms of cognitive development (Duncan, Yeung, Brooks-Dunn, & Smith, 1998), while increases in income seem to be associated with improvements in indicators of cognitive, social, and emotional competencies (Dearing, McCartney, & Taylor, 2001). Those working with young children and families cannot solve the problems of poverty, but they are in a position to ensure that both caregiving and non-caregiving parents have access to all benefits to which they are entitled, as well as to local opportunities that will promote their economic security. Focusing on financial strategies can help ensure that women and children are not trapped in violence because of their economic circumstances. Similarly, focusing on economic issues with men who batter may also have a positive impact, particularly on domestic violence recidivism rates, which are highest among those who are unemployed.

### **4. Young children and families need to encounter service systems that are welcoming and culturally respectful, and service providers with the cultural knowledge, skills, and attitudes to help them.**

Although the majority of poor families in the United States are white, the United States is now a country with many diverse communities of color. According to the U.S. Census 2000,<sup>2</sup> more than 12% of respondents reported their race as Black or African American; an additional 12% reported themselves as Hispanic; 1% described themselves as American Indian or Alaskan Native; and almost 4% categorized themselves as Asian or Pacific Islander. Over 40 ethnic groups are represented in the Asian and Pacific Islander population with, many of them—Chinese, Japanese, and Filipino populations, for example—having lived in this country for generations, and others, such as the Hmong, Laotian, and Vietnamese, arriving more recently and bearing burdens due to displacement and war (Yoshihama, 2003). Although the psychological consequences of domestic violence seem to be similar for all women (Jenkins, 2003), victims from different races and ethnic groups may explain and experience battering in very different ways. For example, some Southeast Asian women may be abused not only by their husbands but also by their in-laws and other extended family members. These women may need help to deal with multiple abusers.

From a community provider perspective, the ethnic and cultural diversity of families facing poverty and domestic violence poses significant challenges. Staff that look like the families,

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<sup>2</sup> The U.S. Census 2000 used revised standards for collecting data on race and ethnicity wherein respondents could record more than one race.



speak their language, understand their spiritual and cultural background, and can talk about safety with an appreciation for the complexities of those conversations can make a big difference, but even agencies that do not have this can become more responsive. However, it requires a commitment. To do this multicultural work well, agencies must carry out a careful assessment of their mission, policies, hiring procedures, services, staff supervision, budgets, and resources that are provided for training in cultural competence. Above all, they must be prepared to learn from their resourceful clients.

**5. Young children and their families should be able to receive early, strengths-based interventions to help them avoid the harmful consequences of domestic violence and to reduce the likelihood of entry into the child protection and, ultimately, juvenile court systems.**

Emerging developmental knowledge makes a strong case for targeting intentional supports, services, and specialized early interventions to young children and families experiencing multiple risk factors. For parents, this may mean not just attention to safety and basic needs, but help to repair or prevent damaged parent-child relationships and to promote positive parenting. For children, it means ensuring they have access to health care, developmental screening, high-quality early childhood programs, and, if necessary, specialized services (Knitzer, 2000). A review of findings from 15 projects which focused on children experiencing domestic violence, for example, suggested that participating in either groups or in mother-child dyadic interventions resulted in reduced aggression, decreased anxious and depressive behaviors, and improved social relationships with peers (Graham-Bermann, 2001).

Strengthening the focus on early intervention for young vulnerable children and their families is especially critical because, in the absence of specific attention to early intervention services, community providers are more likely to believe that their only alternative, and/or obligation, is to refer a family experiencing domestic violence to Child Protective Services (CPS) or to the police. Indeed, rates of foster care placement, especially for young children, are escalating. Such referrals become the default option. CPS certainly has an important role to play for those children at serious risk of harm. If Child Protective Services, however, is the only assistance available, many families will avoid seeking services, fearful that their disclosure of violence will lead to removal of their children.

## **Summary**

The papers in this series were designed to offer practical guidance to organizations that encounter and help low-income families. Their vision is to engage the intervention network of pediatric health care professionals, childcare providers, family support workers, community police officers, and domestic violence advocates, in order to help families find safety and stability before repeated trauma takes its toll. By effectively mobilizing the resources of community agencies, concerned neighbors, and kin, and by building on

the strengths and carefully crafted survival strategies of battered women, this intervention network can promote children's healthy development and literally save lives.

### **About the Authors**

**Susan Schechter** is a Clinical Professor at The University of Iowa School of Social Work and the author or co-author of several books and monographs about domestic violence, including *Women and Male Violence: The Visions and Struggles of the Battered Women's Movement*; *When Love Goes Wrong: Domestic Violence: A National Curriculum for Children's Protective Services*; and *Domestic Violence and Children: Creating a Public Response*. She has also directed or founded several clinical and advocacy programs, including AWAKE (Advocacy for Women and Kids in Emergencies), at Children's Hospital, Boston, which is the first program in a pediatric hospital for battered women with abused children. She also has served as a member of the National Advisory Council on Violence Against Women.

**Dr. Jane Knitzer** is the Acting Director of The National Center for Children in Poverty at the Mailman School of Public Health, Columbia University. She is a psychologist whose career has been spent in policy research and analysis of issues affecting children and families, including mental health, child welfare, and early childhood. She has been on the faculty at Cornell University, New York University, and Bank Street College for Education. Prior to that, she worked for many years at the Children's Defense Fund.

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# Police in the Lives of Young Children Exposed to Domestic Violence



## Series Paper #4

### Introduction

*Police officers responding to a domestic disturbance call entered an apartment and found a young woman conscious and alert but badly bleeding from a stab wound in the shoulder. As emergency medical personnel treated the victim, officers interviewed the woman, who reported that her estranged husband had stabbed her and fled the home. Using her description, police searched the vicinity and found a blood-stained man hiding in the bushes outside the house. Officers arrested the man and transported him to police headquarters. When they checked the apartment, officers discovered two children (ages 2 and 4) huddled under a bed. Both children appeared uninjured. When officers coaxed them out, the two-year old clung mutely to the officers. The four-year old began to cry.*

Police officers respond to cases similar to this one every day. In most communities, officers are not trained to recognize or respond to the distress of the young children they encounter. A common police response might continue as follows:

*One of the responding officers checked the victim's status with emergency medical personnel, and, after learning that she would be transported to the hospital by ambulance, called the child protective service hotline to arrange placement for the children. He noted the call to CPS in his report but did not include any additional information about the children's appearance or behavior at the scene. Police follow-up on the case was conducted by a domestic violence detective, who took a formal statement from the victim, obtained photographs and hospital records, interviewed neighbors, and researched the perpetrator's criminal history. Police did not mention to the mother any concerns, or offer any services, for the children.*

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In a growing number of other communities, police departments are developing linkages with other community institutions and resources which enable them to respond more effectively to the needs of children and families. For example, in New Haven, Connecticut, where the local police

department, domestic violence agency, and child mental health clinic participate in a collaborative intervention project, the same police call might continue in a different way.

*After coaxing the children out from under the bed and determining that neither one was injured, an officer knelt down and addressed both children, saying, "Wow, this has been a really scary bad night. How are you guys doing?" When neither child answered, he continued, "Mommy got hurt, but she's going to be okay. The doctor is helping her." While one officer sat with the children, another officer helped the mother identify a sister who lived nearby and could come for the children while she went to the hospital for treatment. Officers then explained to the children that they would be safe with their aunt until their mother could come home. They also informed the mother about the collaborative partnership's emergency service that could provide advocacy and safety planning for her and immediate clinical support to the children. With the mother's permission, an officer called the emergency pager and arranged for a domestic violence advocate and a clinician to speak with the mother by phone immediately and to meet her and the children the next morning at the aunt's house. In addition to investigative follow-up by a detective, one of the responding officers stopped at the family's home several times in the weeks following the assault to check in and make sure they were safe.*

Each year police respond to hundreds of thousands of episodes of domestic violence. Precise nationwide prevalence data cannot be obtained because existing data ordinarily do not report the relationship between victim and offender or the presence of children at the scene. Some states do maintain statistics regarding criminal reports of domestic violence, though each jurisdiction utilizes its own definition of the crimes included. For example, police departments throughout the state of Connecticut reported 20,927 arrests for family violence in 2001, with children present in 43% of the cases (Connecticut Department of Public Safety, 2002). In New Haven, Connecticut, a small urban city of approximately 110,000 people, police investigate an average of 2,000 domestic violence incidents per year. Fifty-five percent of police reports note the presence of children; 20% note the presence of children three years old or younger (New Haven Department of Police Services, Domestic Violence Unit Statistics, 2001, personal communication).

The Spousal Assault Replication Program (SARP), a research study in five cities, developed a database from carefully selected misdemeanor domestic violence cases (Fantuzzo, Boruch, & Beriama, 1997). In all five sites, households with children were disproportionately represented in the sample, as compared to census data for the relevant community, and children under five were more likely than older children to be present in the homes in which domestic violence occurred. Furthermore, children younger than five were more likely than older children to be exposed to multiple incidents over a 6-month period and were more likely to be exposed to parental substance abuse. For example, of the 633 children included in the Charlotte, North Carolina, data, 42% of children under five had experienced multiple incidents of domestic violence, compared to 27% of children aged six to eleven.

Other authors have documented the range of risks that children experience as a consequence of their exposure to domestic violence, including acute disruptions of sleep; problems with attention and other bodily functions; emotional and behavioral difficulties, including both internalizing and externalizing problems; and longer lasting disruptions of school functioning, emotional regulation, and relationships (Carlson, 2000; Edleson, 1999; Fantuzzo, et al., 1991; Graham-Bermann & Levendosky, 1998; Jaffe, Wolfe, & Wilson, 1990; Kolbo, 1996). Retrospective studies also provide evidence that children exposed to domestic violence are at heightened risk for aggressive behavior as adolescents and adults (Thornberry, 1994; Widom, 1989).

Both clinical experience and research demonstrate that individual children respond to domestic violence and other potentially traumatic events based on a complex and inter-related set of factors within the child, the family, and the environment (Carlson, 2000). While adults often tend to predict children's responses based on the details of the event itself, one very important determinant of a child's experience is developmental, including the child's cognitive and emotional capacities for understanding and assimilating the experience and the resonance of the events with specific anxieties common to the child's developmental phase (Marans & Adelman, 1997). (See Appendix A for a summary of the developmental issues.)

Police officers, too, know from experience that the children they encounter at these scenes are often visibly distressed. They appear frightened, sad, or angry. Sometimes they look vacant or numb. Officers are also familiar with the experience of seeing the same children they first met as witnesses to domestic violence later engaged in delinquent behavior or involved in violent incidents themselves, either as victims or as aggressors.

For police officers, domestic violence cases present some of the greatest challenges in their work. Incidents are often repetitive, emotionally charged, and volatile. Scenes can be dangerous for all parties involved, including the responding officers. Yet, because most calls concern misdemeanor offenses, criminal justice remedies tend to be limited, and officers often find themselves stymied in their efforts to provide realistic protection. Officers are also often frustrated when their efforts to assist battered women are met with suspicion, disbelief, or resistance. Even when officers are aware that women may have many good reasons for not calling the police, or not actively pursuing prosecution of their abusers, it is easy for action-oriented officers to feel angry or resentful. In this context, it is not easy for police officers to consistently notice and attend to the children they encounter.

In poor communities and communities of color, it may be especially difficult for battered women to seek or accept help from the police. Current and past experiences of police racism, discrimination, or brutality, as well as negative experiences with other institutional authorities, such as child protection and immigration, create a climate of fear and distrust that deters women from calling the police or from revealing the extent of their abusive experiences (Websdale, 2001). In this context, parents may also make every effort to minimize police officers' contact with their children.

Police officers are in a unique position to intervene in the lives of young children who are exposed to violence in their homes. Though the specific event that prompts a police response is rarely the first incident of violence in the family, officers may be the battered woman's first point of contact with a network of social institutions that may provide greater safety and support for her and her children. The officers' obligation to respond anywhere, at any time, also places them in a position to come into contact with women and children that other service providers may not see. These first encounters present opportunities for police officers to build trust based on respectful interactions with victims, perpetrators, and their children.

This paper is intended to explore the important role that officers can play in assisting young children and their families who experience domestic violence. In focusing on the potential positive role that police officers can play, we do not suggest that the coercive criminal justice system is well equipped to address the needs of children and families affected by violence. In many cases, battered women can obtain far more useful supports from voluntary institutions and informal community networks that do not carry the stigma or the punitive consequences for the family that characterize law enforcement intervention. Where early, non-coercive intervention is available, this may assist in preventing criminal justice intrusion into families that are already vulnerable. Law enforcement is, however, an essential component of an effective community response to domestic violence, and for those situations in which the police are involved, the tone and content of the officer's interactions can have a significant effect on the outcome.

This paper views the daily interactions of police officers with battered women and their children through the lens of child development and clinical experience in order to clarify the potential psychological significance of police to young children and their families. It also seeks to translate young children's experience of officers into language that may connect with officers' own observations. Many of the suggested intervention approaches are based in the practice of community policing (discussed below) and grow out of the authors' experience working in poor urban communities. Many of these strategies and recommendations can be implemented in a broad range of communities and policing settings, provided that officers and their supervisors are open to considering their work through the eyes of children.

## **Current Police Practice**

While there is enormous variation in police practice, depending on the size of the department, local legal requirements, community culture, and law enforcement philosophy, police officers generally focus little attention on children who are not themselves either victims or perpetrators of crime. A uniformed police officer responding to a domestic violence call has a circumscribed role. The officer is expected to arrest an abuser; question, inform, and protect a battered spouse; take a report; and report child maltreatment to another governmental agency if observed and documented. In large, urban settings, where roles are often defined by a complex division of responsibility between agencies or sections of agencies, the adult members of the family may have contact with a diverse array of personnel associated with the criminal justice system, including

detectives, prosecutors, judges, victim-witness specialists, and police-affiliated victim outreach services. Children, however, are likely to remain unnoticed or, if concurrent child maltreatment is documented, to be referred to child protective services. In smaller communities and rural areas, resources may be so limited that there is no one to follow up on the initial police officer's response.

Over the last two decades, the battered women's and victims' rights movements have had a major impact on policing and on the larger criminal justice system. Police have developed an increased awareness of victims' issues. New training programs and special victims' units have been created in response to the effort. It is common for academy recruits to receive training regarding the social and psychological issues associated with domestic violence, and senior officers are often required to attend refresher courses updating them on new developments in this area of the law (see, e.g., Monti-Catania, 1993; New Haven Department of Police Service, Training Academy, 2001; Pence & Paymar, 2001; State of Connecticut, Police Officer Standards and Training Council, 2002). Most large police departments have domestic violence investigative specialists, if not entire units. Many agencies have experimented with different procedures for officers to use when they encounter such crimes. Arrests are often mandatory, and additional paperwork is prepared in order to specifically track these cases.

#### **Training for Police Officers Regarding Children**

In New Haven, Connecticut, the Child Development-Community Policing Program provides a seminar for officers and others on child development, human behavior, and policing practice. Twenty hours of training, co-led by police supervisor and mental health clinician, organized in developmental sequence (Marans et al., 1995).

In Boston, Massachusetts, the Child Witness to Violence Project provides a seminar for police on child development, response to violence, and children's views of police. Semester-long course gives college credit (Groves, unpublished curriculum).

The Centre for Children and Families in the Justice System has developed a manual for trainers designed to guide training for officers on children exposed to domestic violence (Baker, Jaffe, Berkowitz, & Berkman, 2002, available on-line at [www.lfcc.on.ca/pubs.htm](http://www.lfcc.on.ca/pubs.htm)).

A series of training videos for police officers filmed in New Haven, Connecticut, by Family Communications illustrates the range of roles police can assume in interacting with children, youth, and families (Seamans & Seamans, 2003).

Despite these advances, most police departments do not train or expect officers to look for or act on behalf of children as unintended victims or individuals in immediate need. (A trend among some police departments to provide greater attention to children is described in Smith, Nickles, Mulmat, & Davies, 2001). Police training about children's development, behavior, and experience is rare. (See box for police curricula regarding children.)

In large communities, where specific child-oriented services are more likely to exist, officers are commonly trained that other specialized units within the police department, or within other



government agencies, can follow up with children after the fact. The lack of attention paid to children by most police departments is primarily a reflection of a narrowly focused definition of the police role and a compartmentalized mode of organizing and delivering police services. For example, though many police departments have specialized domestic violence and youth services units, those units usually operate separately, with domestic violence detectives focused on violence between adult intimate partners, youth detectives focused on juvenile delinquency and child abuse, and neither unit having regular interaction with neighborhood patrol.

Beginning in the 1980's, the community policing movement has brought dramatic change to many police departments throughout the country, particularly in large, urban settings. This approach to policing provides a philosophical and organizational context for increased police attention to relations with diverse communities as well as to the experience of children and families. Unlike traditional 911-driven policing approaches, which rely on rapid police response by officers who do not necessarily have any previous or continuing relationship with the community in which the event occurred, community policing emphasizes crime prevention and problem-solving efforts, which require officers to become familiar with their neighborhoods and to develop ongoing alliances with community residents, groups, and institutions (Geller, 1991; Goldstein, 1990; Kelling, 1988; Sparrow, Moore, & Kennedy, 1990).

“Community policing” takes many forms in different communities (see, e.g., Cordner, 2001; Office on Community Oriented Policing Services, 2002; Police Executive Research Forum, 1996; Wycoff and Skogan, 1998). Some police departments have established self-contained community policing units, which operate in a limited geographic area or as community service adjuncts to more traditional patrol. Other departments have integrated community policing approaches throughout police operations.<sup>1</sup> Common community policing strategies include long-term assignment of officers to circumscribed neighborhoods and increased use of walking beats, bicycle patrols, community-based substations, and school-based officers, all of which facilitate regular, non-crisis interaction between police and community residents. Many departments have established neighborhood management teams or citizen advisory boards to engage community residents in identifying community concerns and helping to set police priorities. In poor or immigrant communities and communities of color, community policing requires the police to build personal and institutional bridges to historically disadvantaged and distrustful communities (Goldstein, 1990). Strategies include increased recruitment of minority, immigrant, and bilingual officers; increased training for officers regarding specific cultural practices and barriers to interaction with the police; police involvement in community councils; and engagement with community leaders, etc. (e.g., Coventry & Johnson, 2001). Where community policing efforts have been most successful, officers cease to be anonymous representatives of governmental authority and become familiar figures in the community. Along with familiarity, officers often

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<sup>1</sup> Much of this paper is based on the authors' experience in New Haven, Connecticut, which has pioneered a model of community policing comprising the entire police department and focusing officers' attention specifically on the experience and needs of children and families (see Marans, 1996).

become trusted brokers of information and resources and develop a greater investment in the well-being of the community they serve.

The adoption of community policing has important implications for police response to domestic violence. In these settings, as in rural areas and small towns, the officers who respond to an acute call are more likely to be familiar to the parties, either from prior calls for domestic disputes or from other neighborhood contacts. Both at a neighborhood level and at a department-wide level, community-based officers are more likely to have established relationships with advocacy and support organizations that can assist in addressing some of the victim's and family's needs. In addition, officers' conception of their role as problem solvers may generate more comprehensive efforts to understand and address the patterns and underlying causes of a violent incident as well as the complexity of the victim's ongoing needs (see, e.g., Anderson & Herman, 2002).

While community policing provides a context for increased police attention to the experience of battered women and their children, including the effects of race, ethnicity, and poverty, it is important to recognize that many departments have never embraced this mode of law enforcement, and that other recent developments in policing have directed attention away from officers' personal contacts with members of the community. Most recently, the events of September 11, 2001, and the subsequent wars in Afghanistan and Iraq have increased police concerns about terrorism and security, directed resources away from services to poor children and families, and heightened the fears of many immigrant communities in dealing with law enforcement and other governmental authorities. In addition, the "compstat" movement of the 1990's has applied computerized techniques to track and analyze daily crime data and has increasingly held police commanders accountable for immediate identification of crime trends, along with rapid and effective responses. This increased emphasis on measuring and documenting the outcomes of police strategy readily coexists with community policing, but it can have the potential to divert attention from outreach and relationship-building activities, which require long-term commitment on the part of officers and produce results that may be difficult to quantify.

### **Recommendations For Police Practice with Regard to Young Children**

Regardless of the policing approach in operation, there are guidelines which officers can follow that promote increased safety, security, and support for children's development. There are additional police interventions that may be possible in a community-based police setting, where there is an emphasis on problem solving, establishment of relationships between police and community members, and respect for cultural diversity. The scope of police interaction with children will necessarily depend on the specific organization of the department and on other resources present in the community. A guiding framework for police action falls into the following categories:

- supporting parents' efforts to keep their children safe,

- recognizing children’s physical and psychological dependence on parents,
- building officers’ awareness of how victims and witnesses experience violence and trauma,
- interacting with adults and children in a respectful and non-punitive way, and
- establishing institutional connections between police departments and other community and cultural resources that support battered women and their children.

Using this framework, the following sections delineate a range of police interventions that can benefit young children exposed to domestic violence.

### **Importance of Restoring Order and Establishing Safety**

The first and most central police intervention is to reestablish immediate order and safety—to stop any ongoing violence; to obtain medical care for the injured; to identify, locate, and contain aggressors; and to restore calm to the household. The officer’s attitude and approach to victims, witnesses, and offenders will have an enormous effect on the way in which all parties experience the police and, consequently, on the effectiveness of the intervention. Violence interrupts children’s experience of consistent safety and care, and creates an environment marked by danger, overwhelming stimulation, and helplessness. The repetitive and persistent experience of helplessness can lead to disruptions of children’s development, in both the short and long term. When police officers are quick to restore safety, and when they do so in a calm, respectful, culturally sensitive and non-punitive manner, they set the stage for battered women and their children to reestablish their own sense of security and control.

### **Thorough Investigation and Documentation To Increase Safety**

Officers should carefully document the event, including witness statements and physical evidence. Good investigation leads to the widest possible array of options for using the criminal justice process. Criminal sanctions can be an important part of a plan to increase safety for the family. In addition, careful attention to the investigative aspects of the case sends a message that police take the incident seriously, that it is not “just a domestic.”

In many cases, police will not need to conduct direct interviews with young children, because the officers have adequate physical evidence and adult statements. When children’s statements are not needed, officers should refrain from interviewing them. Young children communicate in a different way from adults and older children, which may require special interviewing techniques. They may find the experience of being interviewed difficult and anxiety provoking, especially if they are being asked to give information about bad behavior of parents whom they love, or if they feel they are being asked to choose sides in an ongoing family battle. These conflicts may be especially salient for children (often racial minorities or recent immigrants) who are aware that their parents do not trust the police and would like them to have as little contact as possible with officers. When children are essential witnesses, officers should seek consultation from child development professionals or specialized detectives in order that interviews can be conducted in

language appropriate to the child's development, in settings as supportive as possible for the child, and recorded so that they do not need to be repeated.

### **General Awareness of Children at the Scene**

Officers know from experience that young children are frequently present at scenes of domestic violence. They should not assume that children are sleeping (even if it is nighttime) or that young children do not notice or understand what has happened. Even very young children can be acutely aware of changes in their parents' tones of voice and can have frightening ideas about what can happen to their parents or to themselves when caretaking adults become violent.

Officers should document the presence of children at scenes of domestic violence, their roles in relation to the event, and their observable reactions. There are several purposes for paying attention:

- to ensure that children are not physically injured;
- to document evidence of crime involving risk of injury to children;
- to determine if children are essential witnesses to a crime (e.g., when adults are so badly injured that they cannot report what happened);
- to determine if a report to child protective services is required; and
- to establish a basis for facilitating access to appropriate services and for talking with parents about their children's responses to the violent incident, and concerns about the children's safety.

In collecting information about children present at scenes of domestic violence, officers should be clear about what purpose they are serving; and they should be prepared to explain to parents why they are asking about children who were not physically injured or directly at risk. Without such explanations, parents may experience the police inquiry as intrusive and critical, or as a prelude to a punitive action by child protective services (CPS), particularly if they are already wary of the police based on culture, prior experience, or other factors. When officers are clear about the reasons for their inquiries, it is easier to avoid unnecessary intrusion into the lives of children and families. For example, when there are services to which police officers can refer battered women for information and assistance about their children, identification of children can lead to greater support for vulnerable victims and witnesses. Similarly, a community-based officer who regularly patrols a particular neighborhood may ask about children as part of an effort to let the woman know that police are interested in the family's safety and well-being, and that this officer can watch out for them as he patrols the neighborhood.

### **Recognition of Children's Need for Continuity of Care**

Usually the best way to provide safety and security for a child is to assist the child's non-offending parent to make the child safe. In the immediate aftermath of violence, most young children will look to their parent or to another very familiar adult for comfort and reassurance. When a parent

is uninjured, but is very upset and having difficulty paying attention to her children, officers can help the parent to calm down and can quietly remind her that her children need her even more at such an upsetting moment. Officers can take time to talk with the mother about what she thinks she needs in order to stay safe, and can direct her to available resources in the community. When a mother is either seriously injured or so emotionally distraught that she cannot look after her children at the scene, officers can help her to identify and find a relative or close friend whom the children know and trust. In general, police officers will be more helpful to children if they see themselves as assisting parents to exercise parental responsibility rather than as providing safety for children independent of their parents.

Whenever possible, officers should avoid separation of young children from their primary caregivers. The experience of separation is often more distressing to a child than the precipitating violent event. In cases where there is evidence that both parents were involved in aggressive behavior, it may be possible to use a written summons rather than a custodial arrest for the less aggressive parent and to leave that person home to care for the children. Where a dual arrest is mandated, officers should attempt to leave the children with a familiar person rather than with a stranger. Where state law requires a CPS report and places the decision about temporary child care in the hands of the child protection worker, police may still be able to assist the parents to identify a familiar adult (e.g., a grandmother) who can come immediately to the scene and assume temporary responsibility.

### **Awareness of Children's Responses to Violence and Trauma**

Children may have many conflicting feelings about care-giving adults who hurt each other and about the police who respond. Children may be angry that the police arrest their father, even though his behavior was scary. Children may be scared by the officers' assertion of power and control over an aggressive parent, particularly if the parent resists. Children may be saddened by the loss of a parent or parent figure even though the individual may be a less than ideal parent. For children who have repeatedly seen or heard about friends and family members being arrested and incarcerated, police action may arouse a host of negative memories and associated feelings. If possible, police should not handcuff or otherwise subdue a parent in front of a child. Whenever possible, police should also avoid conducting investigative interviews with parents in the presence of children.

Police will necessarily record observations of physical injury. Police at the scene are first responders and can be good observers of the markers of psychological impact, such as crying, withdrawal, clinging to a parent, lack of any visible response when one is expected, emotionless recitation of facts, or agitated or aggressive behavior. Documentation of these reactions may assist investigation of some crimes, such as risk of injury to a minor. Greater awareness of children's distress may assist officers in talking with parents about the impact of the events on their children, and in making effective referrals to other services.

With very young children (under two years of age), officers should usually not attempt to discuss the incident directly but should focus on making sure the child is safe and in the care of a trusted adult who can provide appropriate explanation and reassurance. For slightly older children, officers should explain, in simple terms, the outcome of the call (for example, “We are taking your father with us to the police station, and your mother is going to be checked out at the hospital. She is going to be okay and she will be home in the morning. Your grandmother is here and will stay with you until Mommy gets home.”). They should offer children the opportunity to ask questions and should answer as honestly as possible (for example, in response to questions about where the father is going and when he will be back, “We are taking your Daddy with us to the police station. We need to make sure that everyone stays safe. The judge will decide when it is safe for him to come home.”).

Directly addressing the child sends the message that officers are interested in the child’s experience and care enough to listen. Listening with an open mind allows officers to know the child’s concerns (which may be quite different from those of the adults) and to respond appropriately. For example, some children worry that a parent who is arrested will be cold or hungry or hurt in jail, or imagine that there was something the child could have done to stop the violence. If officers are able to hear these ideas, they can provide facts that address the issues on the child’s mind.

Recognizing that children are usually most comfortable in the presence of familiar adults, and that many adults will be anxious about what the police may ask or tell their children, these conversations should ordinarily take place with parents and children together. Officers should not tell the child that they will be better off without the arrestee, because such statements ignore the complexity of the child’s feelings and relationships. Officers should emphasize that the adult (usually the mother) who is left to care for the children will be in charge of keeping the children safe and that police will help if needed.

Officers’ awareness and documentation of the impact that violence has on adults is also important. For example, familiarity with the general dynamics of domestic violence and the phenomena associated with psychological trauma can assist in establishing rapport with witnesses and victims, more effective interviewing, collection of all available evidence, and the pursuit of appropriate criminal charges. Greater awareness of adult victims’ experience can also assist officers in determining appropriate referrals to other agencies that provide safety and support, such as domestic violence projects, emergency shelters, culturally-based community agencies, parent support or mental health programs, and crisis housing and financial assistance initiatives.

Officers’ observations related to the psychological impact of violence on battered women and their children should be used for the purpose of informing their work as police and not to substitute for the assessments or interventions by other professionals, such as physicians, mental health professionals, or child protection workers. Officers who understand some of the basic issues related to psychological response to trauma can more effectively use their observations to stabilize scenes of crisis, investigate criminal activity, and develop trusting relationships in the community.

By virtue of their role as first responders to crises, police officers are in a unique position to make observations and convey their immediate impressions to others who have the training, time, and resources to address psychological issues.

### **Support for Parents in Their Efforts To Provide Safety for Themselves and Their Children**

Responding police officers should support the child's caregiver to begin evaluating and planning for her safety. In the immediate aftermath of a violent incident, officers should inform the victim, to the best of their ability, of the status of the offender (e.g., arrested or not, held on bond or released), the likely course of the criminal justice process (e.g., will appear in court next day, may post bond at any time), and the available options to increase the victim's immediate safety (e.g., availability of emergency shelter, jail regulations requiring victim notification prior to release on bond). If emergency advocacy and social service support are available in the community (e.g., domestic violence hotline, home visiting advocates, emergency housing, food, transportation), officers should provide the victim with contact information or, with permission, contact the service directly.

In providing safety-related information, officers should accept the fact that many battered women will choose, for a variety of reasons, to maintain intimate relationships with men who have abused them. It is not necessarily safer or more beneficial for a family to separate in response to an episode of violence. Information about court processes and community and culturally-specific resources is essential to enable women to make the best decisions they can for themselves and for their families based on a realistic appraisal of their options. Information is most likely to be helpful when it is provided in a non-judgmental way, as an aid to the woman's decision-making.

Police officers' knowledge of the criminal justice process, and their contacts with other professionals within the judicial system, can be extremely valuable in addressing victims' immediate safety concerns. For example, officers may be able to affect bond setting decisions or prosecutorial investment in a case by virtue of the details they provide to the court or the effort they make to let judicial officials know they are especially concerned for a family's safety. Immediate pretrial detention may give a victim a window of opportunity to make longer-term plans for herself and her children. Depending on a police department's size and organization, direct contact with court officials may be the function of a centralized domestic violence unit rather than neighborhood patrol. What is important is that the patrol officers consider ongoing safety issues and communicate their observations to officials with decision-making authority.

Different communities will have different advocacy and social service resources available. The extent of officers' role in safety planning will necessarily depend on what other resources exist and how quickly they can be mobilized. Ideally, police officers should have established links with trained and knowledgeable battered women's advocates, and with representatives of minority and non-English speaking communities, who will work with victims to explore options for safety in the short and long term. Where such services exist, first-responding police officers act as brokers of resources and not as all-purpose service providers. In communities where resources are more

limited, officers should assist women to access what does exist (e.g., state-wide hotline, informal advocacy network, helpful clergy), and police leadership should support the efforts of others to establish more extensive resources within the community.

### **Coordination with Child Protective Services**

In all jurisdictions, police are mandated reporters of child abuse and neglect. Because current standards for child abuse reporting vary by state, officers must be knowledgeable about the laws applicable in their jurisdiction and able to explain to parents what and why they are reporting. Officers should include in any report to CPS observations regarding the behavior of children and parents at the scene and other relevant information (e.g., criminal history) in order to inform the CPS determination of the nature and level of risk to the child. Especially in jurisdictions with expansive reporting standards, police officers who are mandated to report child witnesses of domestic violence should include not only observations of risk, but also facts that indicate parents are protective and attentive to their children. Whenever possible, consistent with child safety, officers should also ask battered women when and where it would be safest for CPS to interview them, in order that the mandated CPS investigation has the least chance of further endangering the victim.

There are several important considerations for police when making referrals or working with CPS.

**First**, officers should be aware that many women are deeply suspicious of CPS and are fearful that they will be held accountable for violence perpetrated by others and will lose custody of their children. Whether or not this is a realistic fear in a particular jurisdiction, the concern is widespread, particularly in poor and minority communities, whose children are over-represented in the child protection system, and in families in which additional issues are also affecting children's care, such as parental substance abuse or mental illness. Officers' status as mandated reporters complicates their task in building trust in the community. The more officers know about the reality of likely CPS action, and the more they are able to talk openly with members of the community about their concerns, the easier it will be for officers to do their work.

**Second**, officers should be aware that CPS involvement with a family does not automatically lead to removal of children from their parents. In some jurisdictions, CPS may provide access to resources that are not available elsewhere and that can increase safety for women and children, such as priorities for housing subsidies or specialized home-based advocacy and clinical services. In these situations, collaboration between CPS and law enforcement enhances the effectiveness of each (see section on Coordination and Collaboration below).

**Third**, there are situations in which the criminal justice system can reduce the risk of ongoing violence to battered women and children, and police may therefore be in a position to assist women in avoiding negative child protection consequences. For example, swift police action leading to immediate incarceration of a serious offender can sometimes relieve a victim of the forced choice between disruptive temporary shelter and placement of her children.



Domestic violence is often repetitive. It can be extremely frustrating for officers to respond again and again to the same household without seeing any benefit from their efforts. It can be tempting for officers to express their frustration in threats to a woman that if she does not do something to stop the violence, the police will call CPS, and CPS will take the children away. It is essential for police officers to resist this temptation. Reports of child abuse and neglect should be based on established criteria for risk. Threatening CPS action is likely to deter women from calling the police or from fully disclosing the nature and extent of the violence against them.

### **Follow-Up Police Contact: A Relationship-Based Approach**

In many community-based police settings, officers who respond to domestic violence calls are likely to have had previous contact with the victim or perpetrator. Officers who are regularly assigned to neighborhoods are also likely to have opportunities for additional contact that can reinforce and expand the officer's role in maintaining security and brokering resources. Follow-up contacts can be informal, in the course of the officer's regular presence in the neighborhood. In New Haven, Connecticut, an earlier Child Development-Community Policing (CDCP) project, a police/mental health partnership (Appendix B), formed a basis for a new Child Development-Community Policing Domestic Violence Intervention Project (CDCP DV), and under this latter project there is a regularly structured follow-up protocol (see Appendix C). Voluntary follow-up visits can serve the purposes of monitoring safety, enforcing court orders, building relationships with victims that can facilitate future reports if additional violence occurs, and establishing a context to provide information and referrals to other social services, including support and therapeutic programs for children.

In building a relationship with a battered woman, officers might focus on the woman's concern for her children. Sometimes it is easier for a mother to think about the vulnerability of her young children than her own vulnerability. For some women, their sense of themselves as competent mothers can survive as a source of strength and pride even when they feel frightened and hopeless about other aspects of their lives. Officers who notice young children and comment on a mother's care for them can demonstrate their own interest in the safety and security of the family.

Sometimes children's distress does not appear until several days or weeks following a traumatic event, and so a follow-up visit may present a more effective time to make a referral for child-oriented services. Officers must be careful to avoid expressing their concern in a manner that criticizes or threatens the mother. (For example, "You have been through so much recently. You must be so concerned about what your kids make of all this," sends a very different message from "I can't believe you keep letting those kids see him beat you up. That's really going to mess them up.")

In pursuing follow-up contacts with victims of domestic violence, officers should also be aware that there are many reasons why some women will not want to establish ongoing contact with the police. They must be prepared to respect these women's desire to be left alone, unless there is further evidence of crime justifying police involvement.

## **Active Interdisciplinary Coordination and Collaboration**

Law enforcement is only one piece of an effective response to domestic violence. Factors relevant to the safety of battered women and their children can be clustered in three domains: physical safety, environmental needs, and psychological response. Interventions will usually be most effective when the responses of several institutions are coordinated and when a comprehensive approach addresses all three of these domains simultaneously. Many factors may be involved in a single case. For example, a woman may not call the police to report a beating by her partner because she fears that the police or the court will not take her seriously, that her partner will retaliate against her, that calling attention to herself and her partner will lead to the deportation of one or both of them, or that she cannot support her children financially if he leaves the household. A woman's difficulties in one domain often affect her willingness to make use of assistance offered in another. In this respect, low-income women are especially vulnerable because poverty imposes so many limitations on their ability to change aspects of their environment—such as housing, employment, or child care—and because economic deprivation already places so many burdens on their ability to provide for their children. While police departments cannot provide direct economic resources for victims, police intervention on behalf of low-income women will be more effective if it is coordinated with advocacy for financial support.

Similarly, a woman's psychological response to violence against her can have serious negative consequences for her capacity to seek safety or to engage with social service providers. In some cases, victims of traumatic violence may have limited ability to provide the coherent narratives and specific factual details that are required for legal action. Basic psychological support can be essential to facilitate cooperation with law enforcement and active engagement in other safety-seeking activities.

Police may initially find this way of thinking about domestic violence too complex or too distant from their central mission of law enforcement to be useful. They may worry about additional demands on their time if they begin to consider issues beyond legal response to crime. However, a broader view of the problem does not necessarily lead to increased personal responsibility for individual officers, but instead leads to alliances with other potential helpers. Effective interdisciplinary partnerships rely on each member to remain clear about his role within the team.

As part of a coordinated and diversified network of intervening agencies, the central activities of the police are (a) first response to crises, (b) collection of evidence, (c) problem solving related to specific physical safety issues (e.g., timely warrant service, enforcement of court orders, follow-up police presence), (d) active coordination of information flow with other criminal justice agencies, and (e) referral to social service providers. With appropriate permission from the victim, these police activities should be coordinated with the efforts of professionals who are addressing problems other than the legal ones.

Police departments should develop linkages with a wide range of social service institutions in their communities—including domestic violence shelters and advocacy groups, culturally specific

agencies, family service agencies, child and adult mental health agencies, child protective services, religious organizations, and other community groups. Where community-wide coalitions against domestic violence exist, police departments should participate actively. (See box for sample police collaborative programs and see Appendixes B and C for descriptions of the initial and the expanded Child Development-Community Policing Program, a model collaboration among police, battered women's advocates and child mental health professionals.)

Multi-disciplinary partnerships often develop most successfully when smaller and more personal collaborations are established first, and additional partners are added to a functioning core team. In some communities, not every partner needs to have a close connection with every other partner, as long as participants in the overall collaboration know where to look for specific resources and know which of their core partners has the best links to those resources. It may be most useful for police departments to identify a few agencies that provide essential services to battered women and their children and to build close relationships with them.

#### **Police Participation in Interdisciplinary Collaborative Partnerships**

The Child Development-Community Policing Program is a model collaboration among police, child mental health professionals, advocates, child protection professionals, and others. It was developed in New Haven, Connecticut, and is active in 13 other communities (see Appendixes B and C).

In Cuyahoga County, Ohio, the Children Who Witness Violence Program involves five urban police departments in an emergency referral and response project for children exposed to violence. Police receive training and make referrals to mental health professionals. The team also conducts public awareness activities (Smith et al., 2001).

The Domestic Violence Enhanced Response Team (DVERT) in Colorado Springs, Colorado, involves police, probation, child protection, women's and children's advocates, animal shelter, and other supportive agencies in a coordinated response team for serious domestic violence cases. Home-based assessments and follow-up services are provided to battered women and their families. (See [www.dvert.org](http://www.dvert.org))

In Vermont, a state-wide committee convened by the Coalition Against Domestic Violence engaged battered women's advocates, police, prosecutors, child protection, and a variety of individuals and community agencies in a process of developing a recommended protocol for police response to children exposed to domestic violence (R. Pulliam, personal communication, September 11, 2003).

In San Diego, California, police participate with prosecutors, women's and children's advocates, and child protection and family court personnel in a co-located service center for domestic violence victims and their families.

## **Recommendations for Police Policy with Regard to Young Children**

### **1. Police Leadership**

Day-to-day police practice is dependent on leadership, consistent supervision, and institutional rewards. Therefore, police leadership must set a tone that children are important,

and that it is part of the mission of the department and the responsibility of every officer to attend to the experience of children exposed to domestic violence and their families.

Police leadership must support and enforce specific protocol changes, allocate resources to training and supervision of officers in activities related to their response to children, and maintain relationships with social service agencies and members of the community.

## **2. Police Protocols**

Police departments should examine existing protocols for responding to domestic violence calls and should institute specific requirements that officers note, describe, and respond appropriately to children present. (See Appendix D for areas of police practice in which specific protocols can be developed for response to domestic violence involving children.)

## **3. Police Training and Supervision**

Training about children exposed to domestic violence should be mandated for certification of officers at all levels—i.e., academy training for recruits, in-service education for veteran officers and new supervisors.

Mandated training should include:

- a. basic orientation to the dynamics of domestic violence;
- b. an overview of expectable immediate and long-term psychological responses to trauma and victimization for adults and children;
- c. the importance to children of continuous care by a primary care-giving adult;
- d. information related to existing resources in the community to assist battered women and their children, and procedures for making referrals; and
- e. details of mandatory police protocols in response to domestic violence and children's exposure (e.g., reporting requirements, mandatory referrals, standards for CPS reporting, and use of on-call services).

In order for training to be most effective, information regarding the social context of violence against women, child development, human behavior, and response to trauma should be placed in the context of the officer's daily work responding to calls and should be presented in a way that makes clear the relevance of this information to officers in their police role.

Direct supervision is central to properly addressing the needs of victims and children. Supervisors need to reinforce departmental rules related to victims and witnesses—for example, by reviewing all reports to monitor inclusion of information about children. Instituting concrete organizational changes can be helpful, such as including a specific check box on police reports or distributing palm cards with reminders of social service collaborations and criteria for referral. In those departments where officers are expected to make follow-up contacts with domestic violence victims, supervisors must clearly support officers' allocation of time to conduct the expected visits.

Police supervisors also must carefully monitor and reinforce officers' compliance with new protocols and set an example by their own behavior when they handle domestic violence calls.

#### **4. Funding**

Increased awareness of children's experience and needs does not in itself require any additional funding. Most of the suggested protocols relate to ways in which police officers perform their existing duties and should not require much more time from busy officers. Funds may be needed to support additional time devoted to police training. Funds are also likely to be needed to support partnerships with advocacy and social service agencies, which will assist officers in maintaining their awareness and attention to children.

#### **5. Interdisciplinary Collaboration**

Policing should be seen as one important piece of a community's response to domestic violence and to the experience of young children who are exposed. Police responses should be coordinated with the responses of other social institutions, including domestic violence advocacy, child protection, mental health, education, religious, and other agencies. Building effective partnerships among diverse professional and community groups requires time and resources. Therefore, governmental and private funders should increase the resources available to build and maintain interdisciplinary collaborations.

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## Appendix A

### Children's Responses to Violence in a Developmental Context

#### Infants (0-18 months)

##### *Expected development*

- Establishing the basis for secure attachment with caregiver
- Dependent on caregiver for protection and nurturance
- Sense of safety determined by consistency of caregivers
- Limited capacity for coping with environmental stress

##### *Common responses to exposure to violence*

- Disturbances of sleeping and eating
- Difficulty in being soothed
- Irritability and constant crying

#### Toddlers (18-36 months)

##### *Expected development*

- Look to caregivers for cues, and seek company of trusted adults when anxious
- Increased capacities—physical, cognitive, language, emotional
- Normal struggles for power and control (terrible two's)

##### *Common responses to exposure to violence*

- Disruption of expectation that caregivers will protect (e.g., attachment problems)
- Disruptions of eating and sleeping
- Overly active and agitated, or overly passive behavior
- Developmental regression (e.g., loss of language, toileting)
- Intensified struggles for control

#### Preschool Children (4-6 years)

##### *Expected development*

- Use of play to express ideas and feelings
- Increased cognitive, language, and physical capacities
- Increased ability to differentiate reality from fantasy
- Involvement in triadic relationships

##### *Common responses to exposure to violence*

- Developmental regression (e.g., loss of language and/or toileting, difficulties in separation)
- Sleep disturbances, nightmares
- General fearfulness
- Temper tantrums
- Loyalty conflicts, conflicts over identification

## Appendix A, continued

### Children's Responses to Violence in a Developmental Context

#### School Age Children (6-12 years)

##### *Expected development*

- Less reliance on cues from caregivers, more independent
- Increased capacities—language, cognitive, physical
- Increased awareness of self and environment
- Energy directed to school activities, sports and games, healthy competition
- Increased interaction with peers and adults outside the family

##### *Common responses to exposure to violence*

- School difficulties—inability to concentrate, poor performance
- Lying, stealing
- Fighting
- Clinging, separation difficulties
- Disturbances of sleeping and eating
- False bravado

#### Adolescents (13-18 years)

##### *Expected development*

- Preoccupied with bodily changes
- Increased sexual and aggressive urges
- Struggles for independence from parents
- Development of identity
- Influenced by peer pressure
- Reemergence of previous developmental issues

##### *Common responses to exposure to violence*

- Exaggerated preoccupation with the body
- Acting out—unsafe sex, drugs and alcohol, running away
- Difficulties in relationships with parents
- Avoidance of adolescent development—act as younger children
- Identity confusion
- Feelings of inadequacy
- Involvement in dating violence as victim or aggressor

Source: Marans, S., & Adelman, A. (1997). Experiencing violence in a developmental context. In J. Osofsky (Ed.), *Children in a violent society* (pp. 202-222). New York: Guilford Press.

## **Appendix B**

### **Child Development-Community Policing (CDCP) Program New Haven, Connecticut**

#### **General:**

CDCP is a partnership among community police, child mental health clinicians, battered women's advocates, and others aimed at ameliorating the impact of children's exposure to violence.

#### **History:**

Begun in 1991 in response to increase in community violence and at time of New Haven's adoption of community policing philosophy.

#### **Program Elements:**

- Training for police, advocates, and others in principles of child development and human behavior as applied to the daily work of policing and other community intervention with families and children.
- Training for clinicians and others in principles and practice of policing, including ride-along observations.
- 24-hour consultation service, which provides guidance for officers in the field and acute clinical response to children and families affected by violence.
- Weekly case conference for review of cases, for planning, and for monitoring of collaborative intervention strategies.

#### **Impact:**

- Police now refer average of 10 cases per week; one third of the calls are for domestic violence—increased immediate access to service for children at high risk of post-traumatic symptoms and other developmental difficulties.
- Entire police force has received CDCP training.
- Police have interdisciplinary resources available to assist them in dealing with children affected by violence and are more able to sustain attention to children and families.
- Clinicians are more familiar with acute realities of violent events and immediate responses of adults and children.
- Clinicians are more aware of potential uses of authority in therapeutic work with children and families and are more able to coordinate with law enforcement and judiciary.
- Interdisciplinary team has developed close working relationships that allow for open exchange of ideas and collaborative work on individual cases.

Sources: (Marans, et al., 1995; Marans, Berkowitz, & Cohen 1998; Marans & Cohen 1993.)

## **Appendix C**

### **Child Development-Community Policing Domestic Violence Intervention Project (CDCP DV)**

**New Haven, Connecticut**

#### **General:**

Expands CDCP response to battered women and their children in order to provide better access to services and a broader range of intervention to meet the specific needs of these families.

#### **History:**

Begun in 1997 with support from U.S. Department of Justice, Violence Against Women Office.

#### **Program Elements:**

- Closer connection with court-based and community-based battered women's advocates facilitates access to a wide range of services.
- Closer coordination with and monitoring of court action following arrest, in order to increase safety.
- Increased involvement of neighborhood patrol officers in monitoring victims' safety and brokering supportive services.
- More active outreach to battered women, using women's concern for their children's well-being as a way to engage them in thinking about safety for themselves and their children.
- Short-term and extended support and therapeutic services available for women and children on a voluntary basis; clinical services informed by and coordinated with law enforcement and advocacy as needed.

#### **Home Visit Outreach:**

- Pilot project in 4 of 10 policing districts pairs neighborhood patrol officers and outreach advocates to conduct regular follow-up home visits to households that have reported a domestic violence incident to the police.
- Visits address issues of safety, provide additional opportunity to offer social services in non-crisis atmosphere, demonstrate commitment and interest of police to address domestic violence, and build personal relationships with officers that may facilitate reporting of future incidents.
- Pilot program evaluation data show a decrease of more than 50% in repeat calls to police for domestic violence calls among home-visit cases, as compared to similar cases in non-target policing districts.
- Telephone survey of victims who received visits showed 80-90% general satisfaction, felt safer after the visit, and more likely to call police if new incident occurred.

## **Appendix D**

### **Areas of Police Practice for Development of Specific Protocols Regarding Domestic Violence Involving Children**

1. Police officers responding to a domestic violence call should be required to inquire about the presence of children and, for each child, should record identifying information, role in relation to the event, relationship to victim and aggressor, and observations of the child's behavior at the scene.
2. Whenever possible, officers should avoid conducting investigative interviews of a child's parents in the presence of the child.
3. Whenever possible, officers should avoid subduing an aggressive parent in the child's presence.
4. Police report forms should include a check box to note the presence of children at the scene.
5. Whenever possible, police officers should avoid separating a child from his/her primary caregiver. Therefore, officers should exercise their discretion, in dual arrest situations, to charge one party by summons rather than make custodial arrests of both.
6. When proper disposition of a domestic violence call requires both of the child's parents to be removed from the home (either to detention or to hospital) officers should attempt to leave the child with a responsible adult who is well known to the child.
7. Prior to leaving the scene of a domestic disturbance, officers should provide basic information to a child's caregiver about the disposition of the call and relevant information related to immediate safety. For children over four years old, officers should offer the child an opportunity to ask questions about the event and the police response, and they should answer the child in simple terms.
8. When supportive services are available in the community for battered women and their children, officers should be required to provide mothers with information about existing services and offer to assist in contacting the service.

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