Program Goals:

- Ensure identified children and families receive developmentally appropriate, timely, specialized care following exposure to violence and other trauma; re-establishing safety, preventing the onset of serious emotional disturbance, and linking families to other needed resources.
- Train police officers to effectively address the immediate needs of children exposed to violence and other trauma, train clinicians in effective police partnership, and create standards for collaborative response for children and families.
- To enrich partnerships between police, mental health clinicians, and child protective service workers, ensuring quality coordinated community responses for children and families experiencing abuse, neglect, exposure to violence, or other trauma.

Participating Agencies:

- City of Charlotte, Charlotte Mecklenburg Police Department (CMPD)
- Mecklenburg County Public Health, Trauma and Justice Partnerships
- Town of Huntersville Police Department https://www.huntersville.org/2603/Police-Department
- Town of Davidson Police Department https://www.ci.davidson.nc.us/126/Police-Department
- Town of Cornelius Police Department https://www.cornelius.org/189/Police-Department

Program Overview:

A gunfight erupts at a Charlotte apartment complex, and a five-year-old girl is struck in the leg by a stray bullet. Charlotte-Mecklenburg Police (CMPD) are the first responders on scene. Recognizing the potential psychological trauma for the victim and her family, they call the Child Development-Community Policing (CD-CP) on-call clinician. She responds within minutes to partner with an officer and provide acute trauma services to the child and family. When the team suspects neglect due to lack of supervision, a Child Protective Services referral is made. The officers, clinician and child protective services worker continue to visit the family over the next few days and weeks to assess needs, provide services, and help reestablish a sense of safety and security in and outside the home.

In 1996, the CMPD and Mecklenburg County began this collaborative initiative, making the intervention described above possible. The goals of the CD-CP program are to increase officer awareness and identification of children at risk and provide immediate clinical assessment of and intervention for those children. Our core value is that every child deserves expert trauma response and no child should have to wait for the help they need. The Charlotte-Mecklenburg CD-CP is a replication of our parent program in New Haven, Connecticut, between the Yale Child Study Center and the New Haven Department of Police Service. Recognizing the program as a successful model, the U. S. Justice Department’s Office of Juvenile Justice and Delinquency Prevention has funded replications and designated Yale as the National Center for Children Exposed to Violence.

The first critical component of program implementation is professional cross-training. Cross-training includes police ride-alongs for clinical staff and child developmental trauma classes for officers and police supervisors, co-taught by police-clinician teams. The goal of this cross-training is to have each partner understand the team approach necessary to best help a traumatized child and family, the importance of identification and immediate intervention by first responders and the critical difference made when getting a child the help they need as quickly as possible. This strong working partnership is the foundation of the success of the CD-CP, guided by our belief that children who receive an immediate clinician-officer team response recover faster and better than children who receive one or the other alone.

A CD-CP clinician is on call 24 hours a day, 7 days a week, and officers on the scene can access their mental health partner whenever they encounter a child impacted by violence or other trauma. The multi-disciplinary team holds a weekly program conference to plan additional clinical, child protection, and police interventions as well as address any other needs of referred families.

In 1996 the Charlotte-Mecklenburg CD-CP pilot project began in what was then known as David 2, now the Metro Division. The program expanded into North Tryon in 1998, Freedom and Steele Creek in 2001, Westover in 2004, Eastway in 2006, Providence in 2007, University City & Hickory Grove Divisions in 2014, and North and Independence Divisions in 2015. The expansion into all thirteen CMPD patrol divisions was completed in late 2016, and the northern Mecklenburg town police departments expansion has since been completed in Huntersville, Davidson, and Cornelius.
Program Data Through December 31, 2021:

- Over 67,839 families referred since the inception of the program, with an average of 2 children per family. FY21 referrals totaled 6,780 families/10,661 children.
- FY21, approximately 32% of all referrals are a result of domestic violence, 30% of all families include at least one child under the age of six years, and 14% of referred CD-CP families are Spanish-Speaking.
- Approximately 2,175 officers have been trained and 250 supervisors, including 55 from police departments in the northern towns within Mecklenburg County to-date.
- Charlotte-Mecklenburg CD-CP representatives and faculty at the National Center for Children Exposed to Violence at Yale University have provided consultation and technical assistance on program replication to many communities and are currently working with the International Association of Chiefs of Police (IACP) to improve police identifications of and responses to children exposed to violence.
- Charlotte-Mecklenburg CD-CP was designated as the Southeast Regional Training Center of the National Center for Children Exposed to Violence at Yale University March 2004 and was the recipient of an Honorable Mention for the Thomas M. Wernert Award for Innovations in Community Behavioral Healthcare June 2004, and the North Carolina Association of County Commissioners Outstanding County Program Award 2002.

For more information on the Charlotte-Mecklenburg CD-CP, contact the following:

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Signs & Symptoms from A Child’s Perspective:

Children communicate distress in many ways, often differently than adults, this is especially true of very young children. In the days and weeks following a traumatic experience, children may exhibit 1 or more the following common reactions:

- **Sleep disturbances**: frequent nightmares, waking in the night, bedwetting
- **Separation anxiety**: refusing to go to school, upset when left with babysitter or childcare provider
- **Hyper-vigilance**: worried, fearful, easily startled
- **Physical complaints**: headaches, stomachaches, other aches and pains with no clear medical cause
- **Irritability**: increased aggressive behavior, angry outbursts, difficult to soothe
- **Emotional upset**: tearfulness, sadness, talking about scared feelings or scary ideas
- **Regression**: loss of skills learned at an earlier age, “babyish” behavior
- **Withdrawal**: loss of interest in friends, school or other activities child used to enjoy
- **Blunted emotions**: shows no feelings at all, not bothered by anything, appearing disconnected
- **Distractibility**: trouble concentrating at school or home, daydreaming
- **Changes in play**: repeatedly acting out violent events in play, less able to play spontaneously and creatively

*If these symptoms persist in duration or severity following exposure to trauma, one should seek help from a pediatrician or qualified mental health care provider.