**XXXX Police Department Policy & Procedures: 005
SPECIAL YOUTH POPULATIONS**

 **General Guidelines:**Police encounter many youth who are challenged—by exposure to violence, mental health issues, and environmental factors beyond their control. It is the policy of XXXX Police Department (X.P.D.) that officers respond to youth in crisis in a developmentally appropriate trauma-informed manner. Doing so will ensure the safety of youth and officers and effectively and humanely resolve the incident without risking unnecessary escalation. The procedures in this section guide officers in interacting with children and youth in challenging circumstances.

**Policy for Arrest of Parents in Presence of Their Children:**The X.P.D. is committed to reducing youth’s exposure to trauma and violence, including observing the arrest of their parents/caretakers/relatives. It is well understood that exposure to arrests have a long-term harmful impact on youth and can permanently damage future interactions between police and youth.

**A. Officers’ response to children**

If two officers are on the scene, the parent is compliant and officer safety is not in question, one officer should:

* converse with children in a separate area;
* explain what will happen next;
* consider long-term ramifications of questioning children in the presence of the arrested parent;
* speak to children using developmentally-appropriate language and conversation styles;
* where possible, involve the parent in explaining the incident and allaying children’s anxiety by focusing on what will happen next; and,
* help children calm themselves by providing distractions and, when appropriate, an item to hold (e.g., a teddy bear).

**B. Officers’ response to arrested Parents**

If the parent is calm and compliant, officers should:

* avoid handcuffing or arresting the parent in the presence of children;
* allow arrested parents to comfort their children, explain what will happen next and describe how the child will be cared for in his/her absence.

If an arrestee is the sole caregiver of the child and no other responsible adult is available, officers should:

* follow local protocol for transferring custody of children to a state agency; and,
* ensure the transfer of custody occurred as required.
* Provide contact information to caregiver to assist in locating parents.

If a parent is arrested and another caregiver is available, officers should:

* inform the remaining caregiver that children are often traumatized by observing or hearing about a parent’s arrest;
* where possible, provide referrals to child, family and youth services to address the trauma of the experience and help mitigate its effects; and,
* help physically transfer the child to another location, if necessary, while giving the child the opportunity to bring comforting objects from home.

**Youth in Crisis Due to Mental Illness**When interacting with youth with disabilities, officers are required to make reasonable modifications of their practices when necessary to avoid disability-based discrimination. Officers shall use the least restrictive approaches as possible. Officers shall:

1. **Ask Dispatch for Assistance**: Responding officer(s) shall note any indication from dispatch that situation involves a youth or other reference to minor status in crisis and attempt to locate responsible adult to assist at the scene and provide information regarding medications.
2. **Assess and Consult:** Upon arrival on the scene, the first responding officer shall assess the youth’s current risk to themselves and others, whether the youth is armed, and whether psychiatric care is needed, to determine an appropriate course of action. Factors to assess include the youth’s developmental stage, including physical, psychological and emotional maturity, as well as mental health and disability status, and presence of parents and peers who can assist in de-escalation by identifying triggers of escalated responses or provide information about medications the youth uses.

All persons who have the effect of triggering or escalating the youth’s responses should be removed from the immediate area/view of the youth.

**C. Tactics for Youth in Crisis**

Officers responding to a crisis intervention incident involving a juvenile shall take all reasonable measures to de-escalate the situation in a manner that adheres with both the De-escalation policy outlined in “Youth Interaction Policy General Order 002” in addition to the policies set forth below.

**D. Crisis Incident De-Escalation Tactics**

Officers shall attempt to use verbal de-escalation techniques throughout the encounter. Officers should prepare for a lengthy interaction and avoid rushing. It is critical that officers act methodically to contain and stabilize the scene. Where possible, avoid physical confrontation unless immediately necessary to protect someone or stop behavior that creates an imminent threat

1. **Verbal De-Escalation Practices:**
	* Introduce yourself and seek to establish a rapport;
	* Only one officer should speak to minimize confusion;
	* Speak in a slow, calm, non-threatening voice and use non-intimidating body language;
	* Ask questions to elicit information rather than issue orders or advice;
	* Active listing - Paraphrase what the individual has expressed, e.g:
		+ 1. What I hear you saying is…
			2. If I understand you right…
* Demonstrate empathy, concern, respect and a better understanding of the situation;
* Repeat instructions, keeping them simple and concrete;
* Keep the individual focused; Use engaged body language:
	+ - 1. Eye contact;
			2. Facing the individual;
			3. Avoid focusing on distractions.

 **2. Engage Crisis Responders:** Crisis responders **should be** contacted when:

* + - The youth appears to be suicidal,
		- The officer or parent is concerned about youth's behavior or statements, and has questions about service options.
		- If officer feels the parent may benefit from services being brought to the child at home but parent is not sure how to access that service.
		- If a parent is concerned his/her child is at risk of becoming involved in multiple systems.
		- If mental illness symptoms occur after the child/youth is arrested officers shall contact X.P.D.’s crisis responders to discuss their concerns.

 **3. Use of Restraints on Youth in Crisis:**

Where safety permits, on a case-by-case basis, officers should avoid the use of restraints to avoid triggering or intensifying a trauma response. However, restraints may be used on youth only where an arrest occurs or as needed for safety purposes. Once the youth in crisis is calm, under control and/or restrained, officers shall keep the individual under constant observation while in custody.

 **Youth Requiring Medical Assistance:**

Officers shall ensure that youth who are injured or ill or who complain of pain are to be transported to a hospital and treated prior to being booked. In the event of an emergency medical situation, EMS shall be called immediately for transportation and treatment. In the event of a serious illness or injury, Officers shall notify the youth’s parent, legal guardian, or responsible person (foster parent, relative, etc.) of the situation and permit the caretaker to accompany the youth to the hospital where and when safe to do so.

**Youth Under the Influence of Alcohol, Drugs or Narcotics**

Officers shall direct paramedics to take youth under the influence of alcohol or drugs taken to the nearest hospital for medical examination prior to being booked at a Detention Center.

If released by medical staff while still in police custody, officers shall transport the child/youth to the appropriate Detention Center. Officers shall notify the youth’s parent, legal guardian, or responsible person (foster parent, relative, etc.), in the event of a serious illness or injury.

**Suicide Risk and Prevention:**

Officers shall keep any youth who appears suicidal or is acting in a way that puts them at risk of suiciding on tracks or in front of vehicles, must place the youth under constant personal observation in a location free of suicide hazards while in their temporary custody.

Officers shall, as soon as practical, contact a supervisor who shall then be responsible for contacting EMT and ensuring that the youth is appropriately evaluated for psychiatric services. Officers shall notify the youth’s parent, legal guardian, or responsible person (foster parent, relative, etc.), in the event of a suicide attempt.

**Transporting Youth in Crisis** :

Where feasible, Officers should consult with Crisis Responders prior to transportation.

* Youth shall not be transported to **adult** psychiatric hospital or mental health facility.
* Officers shall not transport youth in crisis with adult arrestees.
* Girls, when possible, shall be transported by female officers. If a female officer is unavailable, then two male members shall transport female youth with a supervisor's approval.
* Parent/guardian shall be notified and shall accompany the child/youth whenever possible;
* youth under 14 may only be transported for voluntary treatment if parent/guardian consents
* youth over 14 may be transported with or without parent/guardian consent if voluntary.