

2016 Herman Goldstein Award for Excellence in Problem-Oriented Policing



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Police Assisted Referrals

2016 Herman Goldstein Award for Excellence in Problem-Oriented Policing

Summary

Entry: Police Assisted Referral

Applicant: Cuyahoga Metropolitan Housing Authority Police Department

Nationally, the Cuyahoga Metropolitan Housing Authority (CMHA) is one of only six housing authorities to maintain its own police force. CMHA housing is located in high crime neighborhoods, with children being exposed to violence in their homes, schools, and communities. In a 2010 report of the 25 most dangerous neighborhoods in the United States, two were Cleveland CMHA neighborhoods. Cleveland is currently among the most impoverished cities in the U.S. The overwhelming exposure to violence in these neighborhoods has created an environment in which youths (and adults) become hypervigilant, distrustful of others, especially police, and emotionally and behaviorally compromised.

Responding to victims and witnesses of violence is draining for officers. While “fighting crime” and “enforcement of laws” are motivating factors in the selection of the profession, previous studies of police recruits found these aspects ranked well below the opportunity to help people in the community. Police are genuinely concerned about the safety and welfare of the citizens they serve. Yet, police are ill-equipped to assist citizens who are victims and witnesses to violence, having little to no training to address social crises, and carrying only tools for arrest or deterrence on their duty belts.

The Police Assisted Referral Program (PAR) is anchored by three interlocking axioms: *police are first social responders* – working with traumatized people before other helping professionals; *police lack the tools to respond to social crises* – nothing on the duty-belt addresses a social crisis; and, *police are ready, willing and able to respond* – if properly trained

and equipped, police officers will assist citizens in finding help for their problems. PAR represents a shift in the paradigm in police response to violence exposure and other problems experienced by citizens through recognizing officers as first social responders, providing them with training for this role, and equipping them with referral cards and resulting services for citizens.

As of December 2015, over *10,000 individuals* – 6,400+ youths and 4,000+ adults – have been referred to services through PAR. A 2013 survey (N=214) 95% of respondents indicated the officer was respectful during the referral process; 82% found the referral helpful; and 95% thought all police should be able to make these types of referrals. 38% indicated that their opinion of police improved as a result of receiving the referral; 58% indicated no change; 4% indicated a worse opinion. One citizen wrote, “It gives the police and citizens more chances to connect.”

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Description

Entry: Police Assisted Referral

Applicant: Cuyahoga Metropolitan Housing Authority Police Department

Cuyahoga Metropolitan Housing Authority (CMHA) owns and manages more than 60 developments (offering 10,000+ rental units), almost 500 scatter-site units, and, through the Housing Choice Voucher program (formerly known as Section 8), administers in excess of 14,000 subsidy contracts. All told, CMHA provides affordable housing to over 50,000 low-income residents in Cuyahoga County (northeastern Ohio). As the eighth largest housing authority in the United States, CMHA is dedicated to providing good, *safe*, affordable housing, as well as enhancing the quality of life of its residents. To ensure its properties are safe places to live, work, and play, CMHA maintains a state-certified, nationally accredited police department with full arrest powers.

Cuyahoga Metropolitan Housing Authority Police Department (CMHAPD) has a staff of approximately 135 individuals: communication officers (dispatch); protection officers (building security for high-rise developments and community centers); and sworn police officers (patrol; community policing, K-9, SWAT, crime suppression, detectives, complaint investigation, etc.). Annually, CMHAPD responds to 33,000+ calls for services (24/7/365), averages 6,000 incident investigations, and conducts almost daily Walk-and-Talks initiatives.

By the numbers, CMHAPD resembles other policing agencies in mid-sized cities... but it is not. CMHA serves low-income residents throughout Cuyahoga County, with five of its largest housing developments clustered in the Central neighborhood of Cleveland, OH, and other properties/scatter-sites dispersed throughout the city of Cleveland and several of its surrounding

suburbs. Nationally, CMHA is one of only six housing authorities to maintain its own police department, translating to a jurisdiction that is the equivalent of a mid-sized city woven through other cities within a single county (geographic area of 1,246mi²). Geography is not the only unique condition officers must adapt to: policing a housing authority means the relationships among the housing authority, citizen-residents, non-resident citizens, and the police are complex. While CMHAPD officers enforce all city, state, and federal laws, they also monitor and enforce CMHA policies and procedures. In 2015, CMHAPD made over 1,000 arrests (felony and misdemeanor) *and* issued over 1,000 Notice to Violator sanctions (NTVs)¹. NTVs are primarily leasing violations and an accumulation of NTVs can trigger an eviction. In its core values, CMHAPD acknowledges that respect for the individual is essential to establishing and maintaining credibility. The department partners with residents as well as other stakeholders to define and address crime and disorder in the housing authority and improve the quality of life of CMHA residents.

PAR creates a conduit for CMHAPD officers to connect violence-exposed individuals, families and youths to a wide array of crisis management and violence prevention services, anger management and parenting classes, life skills training, as well as mental health screening and treatment. Spearheaded by CMHAPD, the collaborative effort includes: two local human service providers (Beech Brook and FrontLine Service) specializing in trauma-informed social work practices; research, evaluation and training by the Begun Center for Violence Prevention, Research and Education at Case Western Reserve University; and the Partnership for a Safer Cleveland, a violence-prevention/advocacy organization.

Scanning

CMHAPD officers routinely interface with citizens (individuals, families and youths) who have been victims or perpetrators of violence. CMHA developments (locally known as estates) in Cleveland are located in some of the most dangerous areas of the city. Many of citizens with whom police interact are in desperate need of human services assistance. The overwhelming exposure to violence in the CMHA estates and surrounding neighborhoods has created an environment in which citizens... adults, but especially youths... become hypervigilant, distrustful of others, especially police, and emotionally and behaviorally compromised.

Police are traditionally ill-equipped to assist citizens who are victims and witnesses of violence, having (little to no) training to address social crises, and carrying only tools for arrest or deterrence on their duty belt. Studies have documented that a significant amount of an officer's time is spent in non-arrest situations. Many calls for service involve citizens who are dealing with common day-to-day, non-criminal problems. Citizens, especially those in low-income neighborhoods, request police intervention due to a lack of resources, overwhelming frustration, diminished coping skills, and/or feelings of hopelessness. Such calls, documented by CMHAPD, include problems such as: juveniles refusing to get out of bed to go to school; elderly relative refusing transport to a medical facility; to friends acting "crazy". Often, a police department is the first professional organization engaged by an individual citizen or family to address an acute or chronic difficulty for which there is no apparent solution. Police officers frequently resolve these issues without affecting an arrest or incarcerations.

Responding to victims and witnesses of violence is draining for officers. While "fighting crime" and "enforcement of laws" are motivating factors in the selection of the profession,

previous studies of new police recruits, found these aspects ranked well below the “opportunity to help people in the community”. A study examining police stressors, found responding to situations where a child was injured fell just below killing someone or having a fellow officer killed in the line of duty (ranked #1 and 2), and being physically attacked (ranked #3). Family disputes were also represented in the top 20 stressors. Police genuinely seem to be concerned about the safety, welfare, and opportunities available in the communities where they work.

PAR was developed to assist police officers in their direct response to a citizen’s personal and family problems. PAR supplies police officers with training and resources to immediately connect individuals, families and youths to services that prevent violence, address the trauma associated with exposure to violence, and build resiliency.

Problem Identification. Over a career in law enforcement, Chief Gonzalez recognized the barriers police faced when attempting to help victims of violence. Police, remarking on his early tenure at CMHAPD, were following the law, but their tools limited their ability to truly change the situation for the victim or the family. Recently, he explained his assessment like this, “[police could] respond to the incident, make an arrest, talk to the victim... *here’s a pamphlet, call someone on this list and they’ll help you...* but, this wasn’t a full connection.” At the time of his appointment in 2007, Chief Gonzalez began to assess the effectiveness and efficiency of CMHAPD’s ability to identify and respond to victims of violence and actuate the CMHA’s mission to enhance residents’ quality of life. Drawing on relationships in the community formed when he worked as a DARE officer for the Cleveland Division of Police, an informal group of advisers began “talking through” alternative police practices and possible new interventions.

Three ideas emerged:

- find a social service agency, one equipped to work with individuals in distress, who could give victims the attention and help they deserved;
- train officers, beyond what the state required, to understand the dynamics of violence in the home and community, and to recognize the effects of psychological trauma.
- promote police as First Social Responders to both violence related issues and other problems experienced by citizens.

As planning progressed, additional emphasis was placed on children and youth in the home who were witnessing violence occur. From police experience, more often than not when responding to crises in the home there would be children and youth present. Officers recognized youth from homes experiencing violence were often involved in other problems in the community.

Analysis

Arrest or Walk-Away. Prior to PAR, officers had two options when responding to social crises, arrest or walk-away. Officers, at best, provided limited information and directed victims to service and advocacy organizations, but these referrals were active (meaning the victim was responsible to contact the service agency and follow-through on services). No reliable data existed on how many individuals accepted the information or sought services either for CMHAPD or among national service providers.

Recent Data. In 2015, CMHAPD recorded 2,437 crimes (UCR Part I & II) and responded to 33,055 calls for service. Approximately 21% of the recorded crimes were classified as domestic violence, with an additional 8% felonious assault. While calls for services increased

slightly (3%) from 2014 to 2015 and domestic violence was relatively unchanged, felonious assault crimes increased by 9%.

The U.S. Department of Health and Human Services predicts that 3.3–10 million children are exposed to domestic violence yearly - reflecting incidents of intimate partner violence as well as conflicts between parents and their children or among siblings. A review of CMHAPD records indicate that conflicts in the home arise from disagreements over curfews, cell phones, and other every-day disputes. Further, data shows that 60% of PAR referred youth heard or saw the violent event that resulted in the referral.

Prolonged violence exposure for both youths and adults can result in depression, anxiety, post-traumatic stress disorder, dissociation, anger, and violent outbursts. But early intervention by skilled practitioners can lessen this distress.

Alternate Interventions. Widening the focus to consider general police-community relations, research indicates that minorities, the young, low-income populations and those living in neighborhood with higher levels of social disorganization each tend to be more critical of police¹³. The advisors working with CMHAPD leadership chose to position police as “*first social responders*” – acknowledging the multiple roles police occupy in the community (e.g. mediator, guardian, protector, etc.). Recent interventions have attempted to combine police and social work roles with mixed results. However, these demonstration projects have shown success in the early identification of at-risk populations; connecting citizens to mental health services, education and prevention programs, information and referral, and other social interventions; and improving citizen’s perceptions of police.

Building on best practice and evidence-informed interventions, PAR is designed to ensure that individuals, families and youth have access to an array of clinical and non-clinical

family based interventions to ameliorate the effects of violence exposure. PAR's tandem function is to improve police legitimacy. As citizens become more familiar with police and trust officers to provide a respectful, reliable intervention, police adopt the persona of First Social Responders, as police grow more confident in this role citizens' perceptions of legitimacy increase (see PAR Theory of Change, appendix).

Response

Police Assisted Referral. PAR is a collaboration leveraging the mission and strengths of public, private, and educational institutions. PAR is anchored by three interlocking axioms:

1. *Police are First Social Responders* – working with traumatized people before other helping professionals;
2. *Police lack the tools to respond to social crises* – nothing on the duty-belt addresses a social crisis;
3. *Police are ready, willing and able to respond* – if properly trained and equipped, police officers will assist citizens in finding help for their problems.

The intervention has five distinct phases:

1. *Training* – ALL CMHAPD personnel receive state of the science training on issues such as: the effects of violence exposure on the brain; youth development; domestic violence; how to refer; and services available. Training is provided to each new recruit class and repeated bi-annually at required police officer in-service training. Training topics change in response to the current climate in the housing authority. Additionally, quarterly Roll Call Booster trainings have been implemented to ensure a continued focus on the program at the patrol level.

2. *Referral* – officers respond to calls for service fulfilling their law enforcement and safety protocols. If the officer determines a family member is a victim or witness of violence, he/she calls a 24/7 hotline (FrontLine Service) to provide basic information about the case. The resident is given a referral card (see appendix) with the officer’s name and case number, along with some helpful information about the program. The resident is told to expect a call from a social worker within the next 24 hrs.
3. *Treatment* – social workers from the partner human service agencies attempt contact within the first 24 hrs., and work to complete an initial in-home assessment within the first 48 to 72hrs. Focused first on safety planning, the assessment helps determine the family’s present problem, informs case planning, and prioritizes the services offered (e.g. mental health evaluation/counseling, anger management or parenting classes, rent advocacy).
4. *Follow-up* – while privacy laws prohibit the social service agencies from sharing case details with police, the referring officers receive a confirmation letter from the social worker thanking him/her for the referral and indicating that contact has been attempted. A copy of this letter is sent to Chief Gonzalez and is kept on record at CMHAPD.
5. *Evaluation/Research* – CMHAPD personnel and university level researchers monitor referrals on a monthly basis to ensure program quality and report to stakeholders. Additionally, researchers at the Begun Center have conducted six studies on various aspects of the PAR partnership and intervention.

Support from command-level officers has been key to the program’s on-going success and expansion. PAR is a standard operating procedure at CMHAPD – Chief Gonzalez has assigned officers to act as liaisons with community partners and manage referrals within the

police department; police have provided training to partner human service agencies; and data tracking/ program trouble-shooting is a regular part of Sergeants' duties. As of December 2015, over *10,000 individuals* – 6,400+ youth and 4,000+ adults – have been referred to services through PAR.

Over the course of implementation, PAR has been evolved to address the findings of the *scanning, analysis* and *assessment* processes, and respond to attitudes, behaviors, and suggestions of citizens and officers. A few examples include:

- Referrals are passive rather than active (*analysis*) – the officer contacts the hotline and services are provided in the home. The PAR process includes several “warm” handoffs to ensure families receive an initial assessment and/or domestic violence information.
- Services are voluntary (*analysis*). Families are not mandated to accept the referral, nor are they penalized for declining/discontinuing service.
- The scope of services has been broadened violence in the home (e.g. parents on children, adult children on aging parents, sibling violence) and violence in the housing authority more generally (e.g. instances of neighbor conflicts, conflicts between/among youth; *scanning*) to other problem areas as well.
- Language on the referral card aims to alleviate fears that the resident's lease is in jeopardy or that the case has been referred to the county's Department of Child and Family Services (*scanning and analysis*).
- After the first survey highlighted a need for non-mental health interventions (stigma), an additional human service partner was added (*assessment*). Beech Brook operates a drop-in center at the Lou Stokes Service Mall located centrally to the Cleveland estates (services include: parenting and anger management class, rent advocacy, health and

mental services). Often these services provide a pathway to address domestic violence and engage the family in mental health interventions.

- The human service providers follow a client-centered, trauma-informed care model (*analysis and assessment*). Families exercise self-determination in prioritizing assistance.

Goals. PAR's goals have developed as the program has matured. New goals have been added to the previous ones to develop a comprehensive process and outcome evaluation plan querying data from both citizens and police. Goals attainment is reported to stakeholders annually.

Pilot phase (late 2009 – 2010):

1. Police officers will consistently make appropriate referrals. Measured by number of referrals made and number of referrals accepted.
2. Residents will accept the referral from a police officer and engage in some level of treatment. Measured by number of clients accepting services from the human service partners.

Early Implementation (2010 – 2015):

3. Focus on specific variables tracked over time as indicators of quality assurance and community conditions related to violence. Measured by referral and service databased, variables include – weapons reported, location/time, repeat referrals, and service completion.
4. Police indicate increased knowledge of training topics. Measured by a satisfaction survey completed after bi-annual training.

Current Implementation (2016):

5. Families increase resiliency. Measured by pre-post comparisons on the Protective Factors Survey collected by human service partners.
6. Families are connected with on-going supports. Measured by the number of connections made to additional services (both internal and external program offerings).

Funding. Sustaining the PAR collaboration has required significant internal and external resources. Monthly operations and quarterly leadership meetings ensure the healthy functioning of the partnership. Divided among all partner costs, the program costs roughly \$350,000 (salaries for officers, social workers, and research staff); however, the program has been sustained by outside funding sources. Over the past six-years, PAR has been generously funded by: the Robert Wood Johnson Foundation, Local Funding Partnership ; The Cleveland Foundation; Saint Luke's Foundation (Cleveland, OH); the Office of Criminal Justice Services, Edward Byrne Memorial Justice Assistance Grant (State of Ohio); Sisters of Charity Foundation of Cleveland; and the Mandel School of Applied Social Sciences at Case Western Reserve University; as well as through in-kind donations by each of the partner organizations.

Assessment

Over the program's span of operation, the number of individuals referred annually has increased by more than 200%. Despite receiving housing and other social service benefits, residents served in PAR often do not know how to access programs and services offered within the housing authority or from local human service agencies. Residents report a similar, troubling pattern: emotional/family/financial problems that, because of a lack of early supports, escalate in a succession of negative events, resulting in violence requiring police intervention.

PAR has had success in breaking this pattern. Evidence from Beech Brook indicates roughly 20% of clients utilize the agency's drop-in center even after resolution of the initial

referral. Families return to brainstorm solutions to new problems, get reassurance/support, and share successes. PAR builds trust and community among residents, police, and supportive services.

The main research activities are described below:

1. *Ride-Alongs* – ongoing – In order to understand CMHAPD’s unique policing environment, senior researchers from the Begun Center have routinely participated in full-shift ride-alongs (approximately 5 per-year). Ride-alongs provide an opportunity to provide additional one-on-one training, observe the program in operation, and create case studies which are used in local, state, and national presentations. An example research ride-along is provided in the appendix.
2. *Officer Focus Groups* – 2010 – Two focus groups, with a total of 13 officers, were conducted to probe police attitudes regarding PAR with an emphasis on police-citizen interactions, and solicit officers’ opinions regarding improvement/expansion. Three key findings emerged: (1) police enthusiastically embraced PAR and organically expanded the program when they felt intervention was needed; (2) the partners resolved process issues as they arose; (3) the program helped relieve officers’ worries/concerns about some of the families they serve. Examples of officer statements include –
 - a. *It’s a big peace of mind for us to, one, not have to deal with the same people again and again, to know that finally something was done about it so you don’t sit there and wonder about it all the time*
 - b. *I mean, the positive responses I’ve got; it’s not from actually being called back there, it’s just, you know, from passing by and seeing them and they stop me and, you know, say how nice it is, the program is, and things like that.*

- c. You know, somebody will come up to me and say, hey, you know, I had a case and it didn't quite fit what we're doing, but they needed help, so I referred it. I mean, they're kind of taking off with it on their own. I mean, they pretty much refer just about anything now that they feel is necessary, or somebody says, "I need help."*
3. *Repeat Referrals* – on-going, periodic – Supporting national/international findings, roughly 50% of PAR referrals are made more than once, with only a small percentage of referrals having been made 3 or more times. Repeat referral analysis helps the program to understand referral and usage patterns.
4. *Survey 1* – April 2013 – A mailed survey to a small sample of residents who received a PAR referral addressing attitudes toward the PAR program, attitudes toward police, and services needed in the community (adults on referrals only; 253 viable addresses, 60 responses, response rate 24%). Key findings included:
 - a. 96% of respondents indicated that the officer was respectful during the referral process; 82% found the referral helpful; and 96% thought all police should be able to make these types of referrals.
 - b. 46% indicated that their opinion of police improved as a result of receiving the referral; 52% indicated no change; 1 individual indicated a worse opinion.
 - c. Identified needed services: job training/referral; anger management; parenting classes; legal assistance; youth summer programs; after school programs, youth counseling.
 - d. When asked if the program should continue, residents wrote: "because I can call and ask for the officer directly that helped me;" "because even after things happen you may need extra support, especially if you have kids;" "I think the program

should continue because people like myself need people to talk with in time of trouble;” and “I really like the fact that the police helped me out like that. It made me feel good.”

5. *Survey 2 – July 2013* – A mailed survey was sent to the remaining PAR referral population (adults on referrals only; 865 viable addresses, 214 responses, response rate 25%). This survey repeated the questions from Survey 1 and added instruments to test police legitimacy, neighborhood attachment, and recent exposure to violence. Key findings included:
 - a. 95% of respondents indicated that the officer was respectful during the referral process; 82% found the referral helpful; and 95% thought all police should be able to make these types of referrals.
 - b. 38% indicated that their opinion of police improved as a result of receiving the referral; 58% indicated no change; 4% indicated a worse opinion.
 - c. Neighborhood attachment was strongly correlated with police legitimacy.
 - d. When asked if the program should continue, residents wrote: “It gives the police and citizens more chances to connect;” “They were there when I needed it most;” “it makes my situation more personal to the officer;” “it’s good for single moms who need help;” and “Yes, because it show how the community and police can work together.”
6. *Police Legitimacy – 2014/15* – A series of mirrored questions were created to explore experiences of neighborhood, definition and conceptual understanding of police legitimacy, norms and roles of police, as well as norms and roles of citizens, and action

steps to improve police-citizen relations (interviews of 12 citizens, 11 police officers, and 4 senior leadership personnel). Key findings included:

- a. CMHA estates form fragile neighborhoods where the connections among residents are strengthened and strained by socio-economic conditions, population concentration, issues of belonging, and perceived dangers.
- b. Citizens and police expressed complex and shifting perceptions of safety. Both citizens and police were wary of the potential violations of personal and community safety posed by the other group.
- c. Despite using similar terminology, there were sharp differences in the fundamental understand of legitimacy constructs.
- d. Trust was highly prized by both groups.
- e. Citizens learn erroneous information and/or hold inaccurate perceptions that create fundamental misunderstanding, exacerbating conflict in police-citizen encounters.

PAR represents a shift in the paradigm in police response to violence exposure and other problems experienced by citizens through recognizing officers as first social responders, providing them with training for this role, and equipping them with referral cards and resulting services for citizens.

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Agency and Officer Information

Entry: Police Assisted Referral

Applicant: Cuyahoga Metropolitan Housing Authority Police Department

Key Project Members

- *Cuyahoga Metropolitan Housing Authority Police Department* – police department
- *FrontLine Service* – non-profit service provider specializing in homelessness; suicide prevention, mental health and behavioral health interventions, and trauma response
- *Beech Brook* – non-profit service provider specializing in behavioral health issues related to children, teens, and families providing community-based prevention, education, and early intervention
- *Case Western Reserve University, Begun Center for Violence Prevention, Research & Education* – research partner
- *Partnership for a Safer Cleveland* – community convener promoting best practice and effective violence prevention programs, and collaboration with public and private partners with a primary focus on the advancement of youth development and prevention of youth crime and violence

Project Contact Person

Chief Andrés González	216.426.7801 (direct)
Chief of Police	216.426.7760 (non-emergency)
5715 Woodland Avenue	216.361.3618 (fax)
Cleveland, OH 44104	agonzalez@cmhpd.org

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Appendices

Entry: Police Assisted Referral

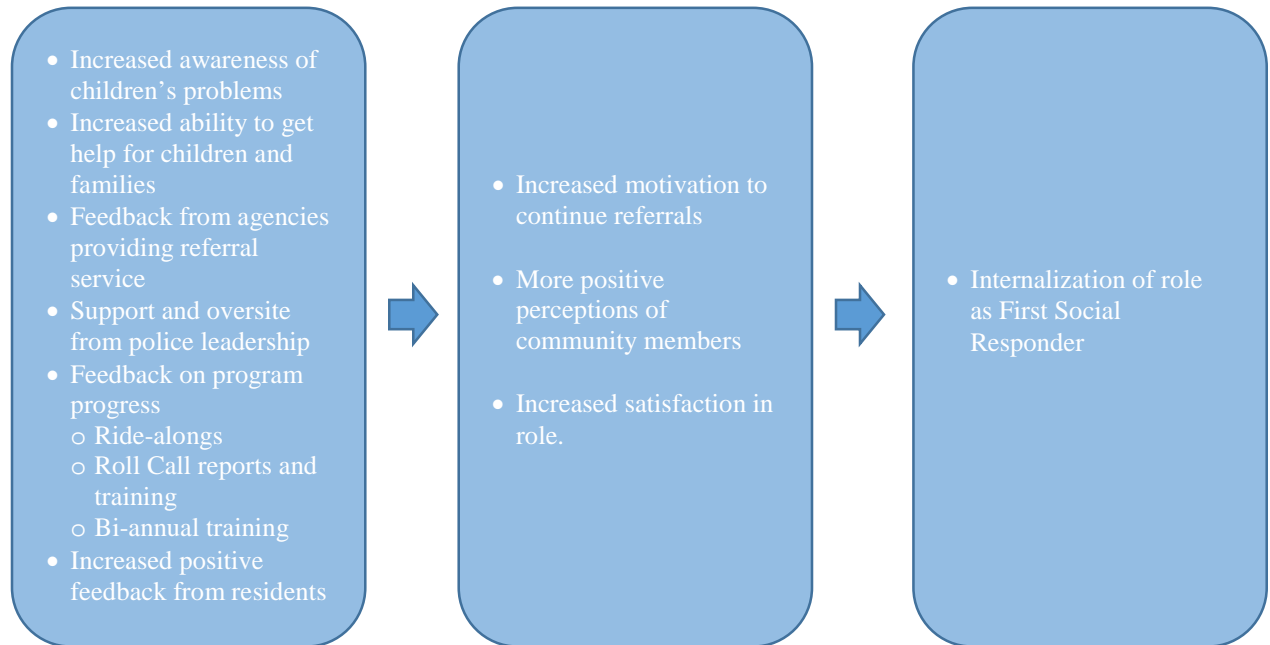
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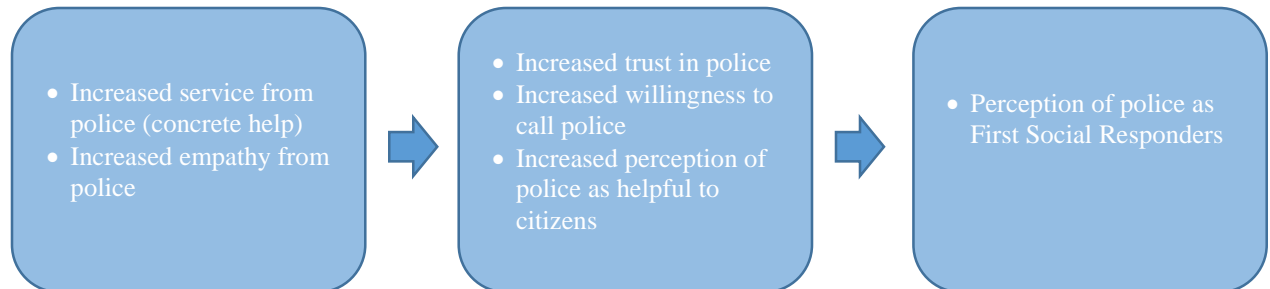
- Theory of Change (Research Model)
- CMHAPD Select Service Statistics 2010 - 2015
- Sample PAR Referral Card
- Example of PAR Researcher Ride-Along
- Bartholomew, J. M., Singer, Mark, I., Gonzalez, A., & Walker, M. (2013). Police Assisted Referral: Empowering law enforcement to be first social responders. *Law Enforcement Executive Forum*, 13(4), 38-49.

Theory of Change: Law Enforcement & Community

Police



Community Members



Select Service Statistics, CMHAPD, 2010 - 2015

		2010	2011	2012	2013	2014	2015
Part I and Part II Crime	Domestic Violence	457	384	412	442	522	524
	Burglary	609	683	560	692	596	456
	Other Assault	542	451	540	*	*	*
	Felonious Assault	*	*	169	172	194	211
	Robbery	127	161	100	128	162	138
	Total Calls for Service	20,570	35,324	36,144	33,702	32,231	33,055

*Change in category definition

Sample PAR Referral Card



CMHA POLICE DEPARTMENT
5715 Woodland Avenue • Cleveland, Ohio 44104
Emergency: (216) 391-CMHA (2642)

Officer: _____

Case Number: _____

HELP IS ON THE WAY

Professionals from a private intervention agency will be contacting you soon. These professionals are NOT CONNECTED to the police, CMHA or kids abuse agency.

The people you will be seeing want to help you and can be trusted.

Make sure to ask any questions you might have to the person coming to help you and your family. You could even prepare questions to ask before the person arrives.

Try to relax. Do things that make you relaxed and calm.

Example of PAR Researcher Ride-Along

From: 2/10/12

Second shift community policing 4pm: Parked police car at Cedar Estates to walk. Immediately upon leaving the vehicle, a woman screamed, "Get him"! A man started running and the officer yelled for him to stop, but he continued to run. Dispatch was informed of chase in progress. Suspect caught and cuffed after brief chase. Suspect was very belligerent and at one point told the officer, "Take these cuffs off of me and we'll see what kind of big man you are!" When back at scene of beginning of chase, woman informed officer that the man lives with her daughter and had hit both her daughter (23 years of age) and her (46 years old). Suspect taken to police car and put in back seat.

Inside apartment were four children, ages 5,4, 1.5 and 4 mos. Suspect is father of the two youngest and had been visiting their mother when he became violent, punched his girlfriend in the face and then pushed her mother down and stomped on her head and neck. EMS was called to examine both women. Scene was initially chaotic with both women crying and children standing quietly (the 4 month old was upstairs and the arresting officer went up to bring her down). 46 year old expressed deep appreciation for the police intervention and asked the officer how he knew about this event being in progress. Reply: "Just in the right place at the right time."

Ride along patted the back of the 5-year old and told him that he, the other children and his mother and grandmother were now safe. "The man is in a police car and he can't hurt any of you." The child started crying and went over to grandmother who held him and he calmed down.

Two other officers entered the apartment. One of the officers gave the three oldest children a police badge sticker, put it on each of them and told them that they were very brave. Each child continually touched and looked at the badge for the next few minutes. One child repositioned the badge so it was upside down and an officer commented that he must be an undercover policeman. The adults laughed, the children didn't. Both women were offered PAR cards and both accepted and indicated that they wanted to be contacted. Officers emphasized that it would be good to have someone see and talk to the children. Both agreed.

Just before leaving, a teenage boy with a backpack came into the apartment. Looked like he was a student coming home from school. Good that he didn't get home 45 minutes earlier.

*** Both women stated that suspect was heavy user of wet/woo, but was not high during incident.*



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Police Assisted Referrals: Empowering Law Enforcement to Be First Social Responders

Jenni M. B. Bartholomew, MSW, Doctoral Candidate, Jack, Joseph and Morton Mandel School of Applied Social Sciences, Case Western Reserve University
Mark I. Singer, PhD, Leonard W. Mayo Professor of Family and Child Welfare, Jack, Joseph and Morton Mandel School of Applied Social Sciences, Case Western Reserve University
Andres Gonzalez, Chief of Police, Cuyahoga Metropolitan Housing Authority Police Department
Michael Walker, Executive Director, Partnership for a Safer Cleveland

Introduction

A significant amount of a police officer's time is spent in non-arrest situations, frequently referred to as *service calls*. Many of these calls involve citizens who are dealing with common day-to-day, non-criminal problems. Citizens request police intervention due to a lack of resources, overwhelming frustration, diminished coping skills, and/or feelings of hopelessness. Such calls range from juveniles refusing to get out of bed to go to school to an elderly relative refusing transport to a medical facility to assist a friend acting "crazy."

Often, a police department is the first professional organization engaged by the individual or family to address an acute or chronic difficulty for which there is no apparent solution. Police officers, serving as *first social responders*, frequently resolve these issues without affecting an arrest or incarceration. The Police Assisted Referral (PAR) program was developed and implemented to assist police officers in their direct response to a citizen's personal and family problems.

First Social Responders

The role of police officers extends beyond the traditional boundaries of crime prevention or law enforcement. Writing nearly 75 years ago, Bain (1939), in an otherwise biting commentary, noted that "officers must, among more expected traits, adopt the functions of 'social worker and teacher'" (p. 457). Some 30 years

later, Bercal (1970) posited that police "be viewed as service agencies which are involved in dispensing a wide and diversified variety of services, both to the individual and to society" (p. 681). More recently, Peaslee (2009) recognized a multitude of interactions between police and municipal or service agencies "to improve community relations, enhance their institutional legitimacy, control crime, and achieve other social policy goals" (p. 115).

Data from numerous studies over the past four decades reveal that 80 to 90% of time spent on patrol is devoted to answering calls for service that are not crime related (Banton, 1964; Birzer, 1999; Cumming, Cumming, & Edell, 1965; Germann, 1969; Goldstein, Monti, Sardino, & Green, 1977; Mayhill, Barker, & Hunter, 1995; Meadows, 1985; Misner, 1967; Preiss & Ehrlich, 1966; Reiss, 1997; Wilson, 1968). The Bureau of Justice Statistics (as cited in Birzer, 1999) reported that police officers spent 90% of their time attending to a variety of service calls compared with 10% of their time spent on criminal matters. Similarly, an eight-month study of police productivity found that police responded 83% of the time to *order maintenance* requests and *service calls* compared to 7% of their time devoted to actual law enforcement (Lab, 1984).

These service calls include addressing complex community and family issues with the majority of calls involving children and/or adolescents (Leiber, Nalla, & Farnworth, 1998; Snyder & Sickmund, 1996; Taylor, Turner,

Esbensen, & Winfree, 2001). In many respects the acknowledged traditional role of police as first responders has evolved to include one of first *social* responders.

The braided roles comprising current police activities are not lost on the officers themselves. Police recruits report a desire to help people and maintain job security as their primary motivating factors (Cumming et al., 1965; Meagher & Yentes, 1986; Post, 1992). Interestingly, the possibilities of excitement and action are not major attractions to the law enforcement profession. Recruits in one study ranked “excitement of the job” fourth out of 11 possible reasons for joining law enforcement (Meagher & Yentes, 1986). In another study, “excitement of the work” was not among the top five reasons given for joining the force (Lester, 1983).

Police spend most of their time interacting with citizens to resolve problems within their community. The proportion of time spent on criminal versus non-criminal activities has not changed significantly over the years. Non-criminal problems encountered by police have become more complex and, consequently, the skill level required for handling these types of issues has increased.

Current studies suggest academy-level training does not fully prepare recruits to manage many contemporary problems, especially those of an interpersonal nature (e.g., family violence, disruptive adolescents, mental illness/substance dependence). For example, a review of entry-level training across 46 states indicated that most training commissions required instruction in criminal investigation, patrol, and the use of firearms and force; however, only a small proportion of the curricula covered the interpersonal aspects of policing (Meadows, 1985).

Police educators tend to emphasize the “mechanical” aspects of policing (Birzer, 1999) such as firearms training, defensive tactics, criminal law, investigative procedures, and traffic enforcement, while neglecting training

in human relations. One study determined that only about 5% of recruit training nationwide allotted time for instruction in human relations and communication (Cunningham, 1989). Many agencies continue to prioritize training for criminal activity despite evidence indicating significant time spent in the field on non-criminal activities. Recommendations from recent studies suggest training is needed in interpersonal communication, critical thinking, and problem solving (Birzer, 1999; Birzer & Tannehill, 2001; Kelling, 1978; Meadows, 1987; Oliver, 2001; Post, 1992; White & Escobar, 2008).

Police officers today experience increased contact with the public. The manner in which officers communicate has considerable impact on the outcome of police-citizen interactions (Birzer, 1999). Communications with police officers greatly influence the public’s perceptions of law enforcement (Fagin, 1978; Mastrofski, 1999; Mastrofski, Parks, & Worden, 1998).

Previous efforts to partner police and human service professionals, specifically social workers, have been met with limited success (Buchbinder & Eisikovits, 2008; Cooper, Anaf, & Bowden, 2008; Garrett, 2004). While created with the intention of reducing service fragmentation, these collaborations are often fraught with complicated power-sharing struggles, unclear boundaries, reciprocating misperceptions about the partners’ role or professional culture, and gender stereotypes (Buchbinder & Eisikovits, 2008; Cooper et al., 2008; Garrett, 2004; Slaght, 2002).

An effort to “join up” police and social services in England in the mid-1990s was accompanied both by a “[recognition of] the fundamental importance of inter-agency working in combating child abuse” (Garrett, 2004, p. 85) and “blurring of police and social worker roles” (p. 90). An Israeli effort to address intimate partner violence was based on the “fundamental similarity between police and social workers . . . that they both react toward people in need and thus fulfill an important social service

function” (Buchbinder & Eisikovits, 2008, p. 2); however, while collaboration between individual officers and social workers, based on relationship building, was successful, institutional boundaries stunted the partnership into “little more than adjustments at the margin[s]” (p. 10).

In the United States, several efforts specifically designed to foster collaboration between police and social service agencies have had marked successes. These programs are notable in their multi-tiered approaches, often educating police officers for real-time interventions that are designed to provide a conduit between the social crisis situation and mental health services (Drotar et al., 2003; Harris, Lieberman, & Marans, 2007; Osofsky, 2004; Peaslee, 2009).

The Violence Intervention Program (VIP) in New Orleans, which was operational in the late 1990s, built relationships between police and mental health providers to reduce the negative effects of violence exposure in children (Osofsky et al., 2004). This program took into account that police are not social workers but are often the first to arrive at the scene of trauma. Though not exclusively a police intervention, this effort combined officer training with the ability to refer traumatized children to a 24-hour hotline for screening by a mental health professional for treatment and further referral. The hotline was available to officers and to families who may decide to seek services at a later time.

The Child Development Community Policing (CD-CP) initiative has been implemented in 17 cities nationwide (National Center for Children Exposed to Violence, 2006). This initiative partners police with on-call mental health professionals to provide immediate intervention and referrals (Harris et al., 2007; Peaslee, 2009), recognizing that police “generally lack the professional expertise, time, or . . . resources” (Harpaz-Rotem, Murphy, Berkowitz, Marans, & Rosenheck, 2007, p. 1482) to address the needs of child victims and witnesses of violence. Outreach

workers partner with police on patrols to assist families in accessing non-clinical support. Additional social service agencies have been incorporated into existing police reports to facilitate referrals to other youth-based services (Peaslee, 2009).

Linking police with mental health professionals, the Children Who Witness Violence program in Cleveland, Ohio, allows police to make on-site referrals when children have been exposed to traumatic events. Police responding to an incident can speak with a crisis specialist, who will, in turn, notify an on-call mental health specialist (Drotar et al., 2003). Police are also equipped with brochures in order to educate families regarding the impact of violence exposure on children (Drotar et al., 2003). Mental health professionals engage families in a wide array of assessment, intervention, and education activities to address not only the trauma caused by exposure to violence, but also to engage families in appropriate social service programs.

Police Assisted Referral Program

The Police Assisted Referral (PAR) program is a collaborative effort aligning the Cuyahoga Metropolitan Housing Authority Police Department, Mental Health Services, Inc., The Partnership for a Safer Cleveland, and the Begun Center at Case Western Reserve University. The initiative focuses on creating a conduit for police officers to connect families and youth exposed to violence and adult victims of domestic violence who are in need of social services. Professional support is provided for education, screening, crisis services, treatment, and additional referrals.

PAR expands upon preceding models and includes intense officer training; referrals for screening, education, and treatment; and a communication loop between police and mental health agencies to report progress and share successes. PAR is anchored in three principles:

1. Police are often first responders for a variety of human service issues.
2. Police officers have nothing on a standard duty belt to facilitate interaction with the public in social-related crisis or non-arrest situations.
3. If properly trained and equipped, police are ready, willing, and able to assist citizens in finding help for their problems.

The setting for PAR is the Cuyahoga Metropolitan Housing Authority (CMHA). CMHA is one of the ten largest housing authorities in the country serving approximately 50,000 residents through various subsidized programs. It directly manages 10,500 housing units that include about 6,500 children in the greater Cleveland area. Single and female heads of household comprise over 95% of the families living in the family estates. CMHA maintains its own police force and has concurrent jurisdiction with the Cleveland Division of Police. The CMHA Police Department is certified through the State of Ohio and has maintained national accreditation through the Commission on Accreditation for Law Enforcement Agencies (CALEA) for 18 years.

CMHA police spend much of their time responding to service calls for juveniles and persons suffering from some form of mental illness. In 2011, officers responded to over 500 calls regarding non-criminal juvenile complaint issues. Additionally, officers responded to 380 calls for domestic violence, 38 calls for suicide threats, and initiated 243 crisis interventions for individuals exhibiting abnormal or despondent behavior. These crisis interventions include conveying individuals to a local hospital for emergency treatment.

During the initial phase of implementing PAR, all officers, including supervisors and command staff, participated in a mandatory training on the topics of youth development, effects of violence exposure, common problems experienced by youth and their families, and domestic violence. Officers are required, when appropriate, to initiate a referral before the end of their tour of duty. They are also

required to document the referral in the police report.

A police officer's duty-belt provides few tools to use in responding to social-related crises; rather, the officer is primarily equipped for arrest situations (e.g., handcuffs, mace, firearm, ASP, etc.). However, police officers are equipped with referral cards. The referral card is offered at the scene of any incident for which the officer believes a referral would be of benefit to the adult resident(s) or the children. The referral card contains the department's phone number and has space for the officer's name and a report number to establish accountability and enhance a relationship with the referring officer. The referral card stipulates that a referral has been made to a private agency that is not associated with county social services or the housing authority to foster trust with the client population.

The officer-initiated referral may trigger an assessment, oftentimes in the form of a home visit from a social work professional. This assessment triggers immediate crisis intervention services, diagnostic assessment for children, brief case management, referral for adult or child mental health services, or a link with a community mental health provider for ongoing counseling. The coordinating service agency sends a thank-you letter to the officer and the chief of police, providing the officers with documentation that their referrals have been followed-up. It should be emphasized that the referral card is *offered* to the resident by the officer and that the resident is free to decline the service without consequence.

To ensure a reciprocal relationship, workers responding to these types of referrals are issued a contact card with the phone number to the police dispatch center for quick reference. These social work professionals, who may be concerned about their safety or are merely having difficulty in finding an address, may contact the police department's emergency dispatch center. Calls are prioritized to coordinate assistance to the social worker. This strategy reinforces the institutional partnership by

creating personal connections among officers and social workers.

PAR was conceived primarily as an *intervention tool* for police officers as first social responders. Further, PAR facilitates *coordinating services with one agency* rather than having the officer or citizen make contact with a myriad of community agencies. PAR attempts to *identify the causes of violence* and *provide the proper resources* to reduce or prevent future incidents.

One of the primary goals of PAR is for citizens to begin to view police in the role of first social responders in addition to that of law enforcement. Figure 1 sets forth a causal process that we believe reflects the key concepts and structure of PAR. Citizens receive additional services from police officers who are trained to recognize and to respond respectfully to a host of psychosocial problems. As a result of these positive services, we expect citizens' trust, perceptions of police as helpful, and willingness to call police to increase. Over time, citizens will view police as the first social responders to significant social/interpersonal crises.

PAR Service Information

Our service information was drawn from two primary sources: (1) monthly referral reports from the Cuyahoga Metropolitan Housing Authority (CHMA) Police Department and

(2) databases from Mental Health Services, Inc. (MHS). From January 2010 through January 2013, 1,762 PAR calls were made by police that generated a total of 4,664 individual potential clients. Chart 1 displays the number of calls and individuals by quarter-year throughout this time period.

Referral incidents over time were generally stable over the first two years of the program with a marked increase in late 2012 and early 2013, fluctuating between 29 and 83 per full month of service (mean = 45.2, mode = 43). Approximately 82% were for domestic violence. The remaining reasons were felonious assault (7%), child endangerment/neglect (2%), aggravated burglary/burglary (2%), gross sexual imposition/sexual imposition (2%), and other (5%). Over 63% of children witnessed (saw or heard) the violent event that resulted in the referral, and about 11% of children were victims of the event.

Study of Clients Receiving PAR Service

Surveys were mailed to 325 consumers randomly selected from the 1,762 adults referred January 2010 through January 2013. The surveys addressed citizens' attitudes toward the PAR program, attitudes toward police, and services needed in their community. Questions were designed to be brief and straightforward, and the survey was two pages in length. Respondents were informed that their

Figure 1. PAR Causal Model for Community Members

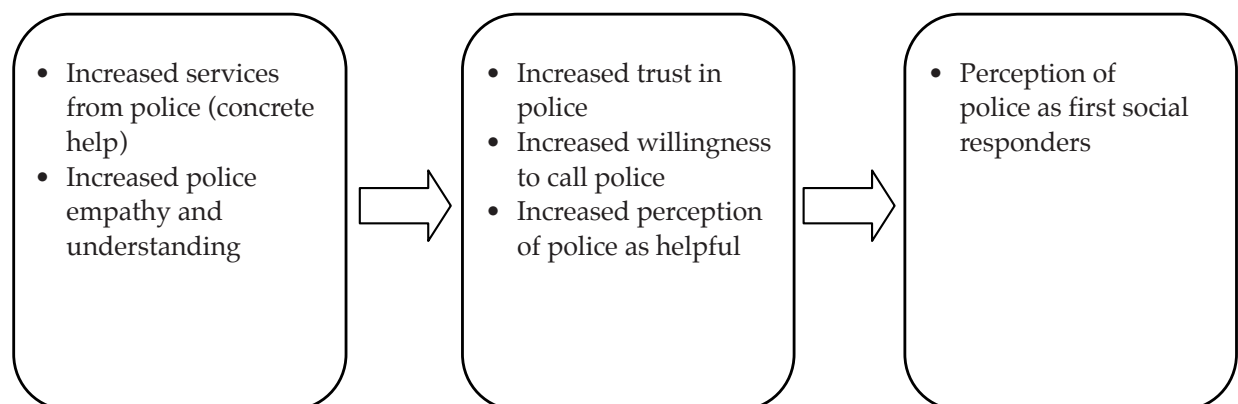
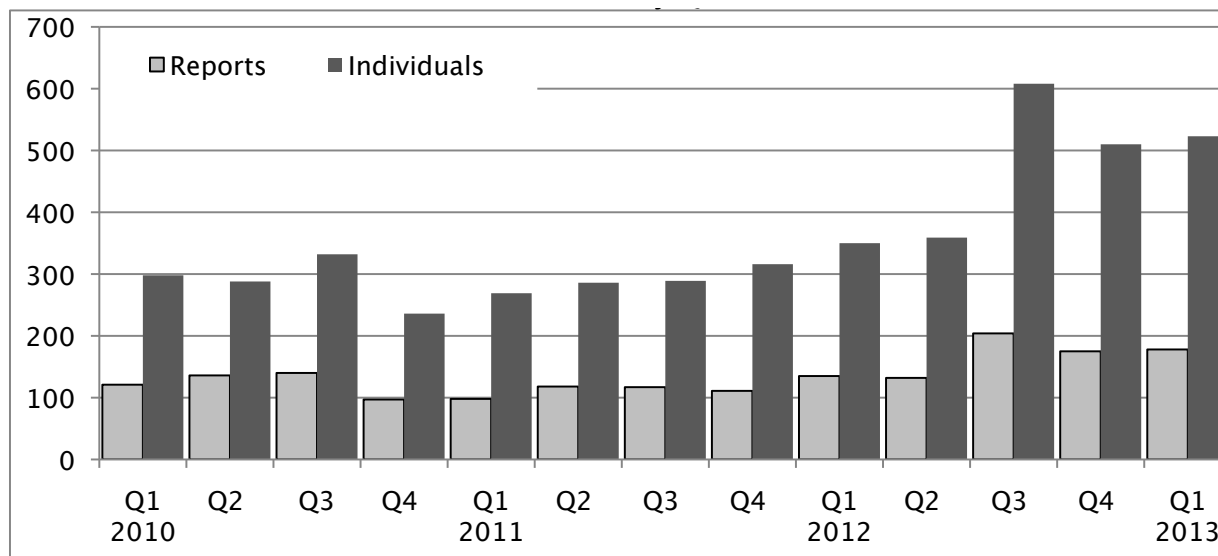


Chart 1. Number of Calls and Individuals Served by Quarter



participation was voluntary and that their answers would be confidential. They were compensated with a \$10 gift certificate.

Due to address errors (mostly from individuals moving), 253 (79%) of the surveys were deliverable. Of these questionnaires, 60 were completed and returned yielding a response rate of 24%. The average age of respondents was 34.7 years (range: ages 19 to 78). Most respondents had children (average = 2; range 0 to 5). Gender and ethnicity were not asked because the overwhelming majority of referrals are African-American females.

Respondents were asked to select services for adults and youth that were missing in their neighborhood from a list of services ranging from counseling to food assistance (see Charts 2 & 3, respectively). The most highly endorsed service for both adults and youth was job/career training. Anger management and parenting classes were the second and third rated needs for adults, with summer and after-school programs occupying these rankings for youth.

When queried as to whether or not the police officer was respectful, 95% (57) of respondents answered in the affirmative. Similarly, 97% (58) indicated that all police should have

the ability to make referrals, and 95% (57) felt the program should continue. When asked if their opinion of police had changed based on the interaction during the referral process, 53% (32) of respondents indicated it was the same and 43% (26) indicated improvement, with only 3% (2) indicating that their opinion was worse.

Forty-five percent (27) of respondents reported they had been contacted by MHS (43% reported not being contacted; 12% left question unanswered). Five respondents indicated that they had not been contacted but noted a contact method (i.e., in-person, telephone, by mail). It appears that the question was confusing and some respondents judged "contact" to mean either face-to-face or substantive telephone interaction rather than less direct communication (e.g., mail, voice-mail). The types of services provided after contact are listed in Chart 4. Participants receiving services most frequently indicated that the services were provided by mail, over the telephone, or as a result of a home visit. This is consistent with MHS's domestic violence/trauma education program. Despite the lower than expected self-reported contact rate, 83% of all respondents (50) indicated that receiving the referral card was helpful to them.

Chart 2. Neighborhood Services Needed for Adults

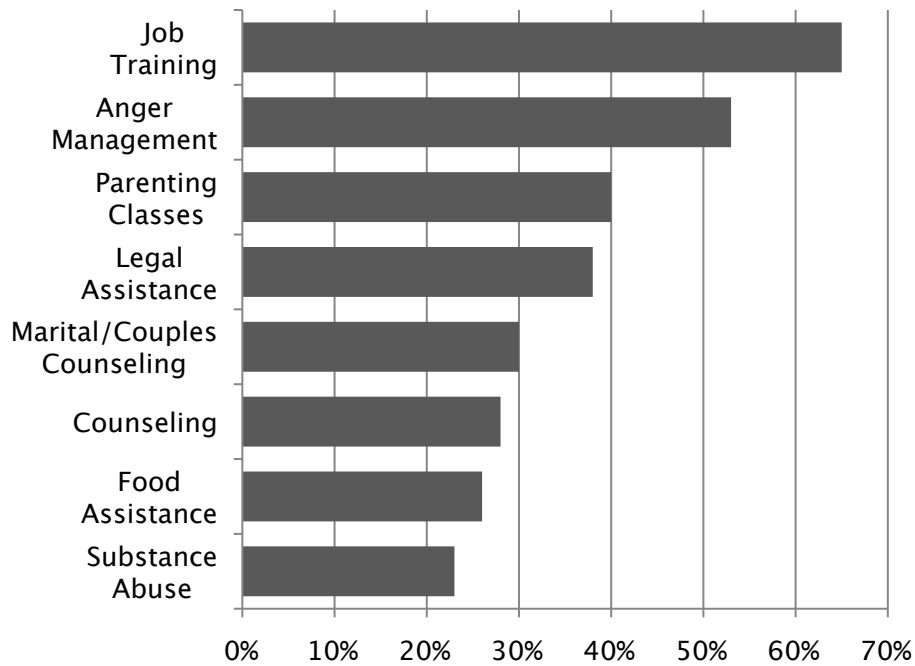
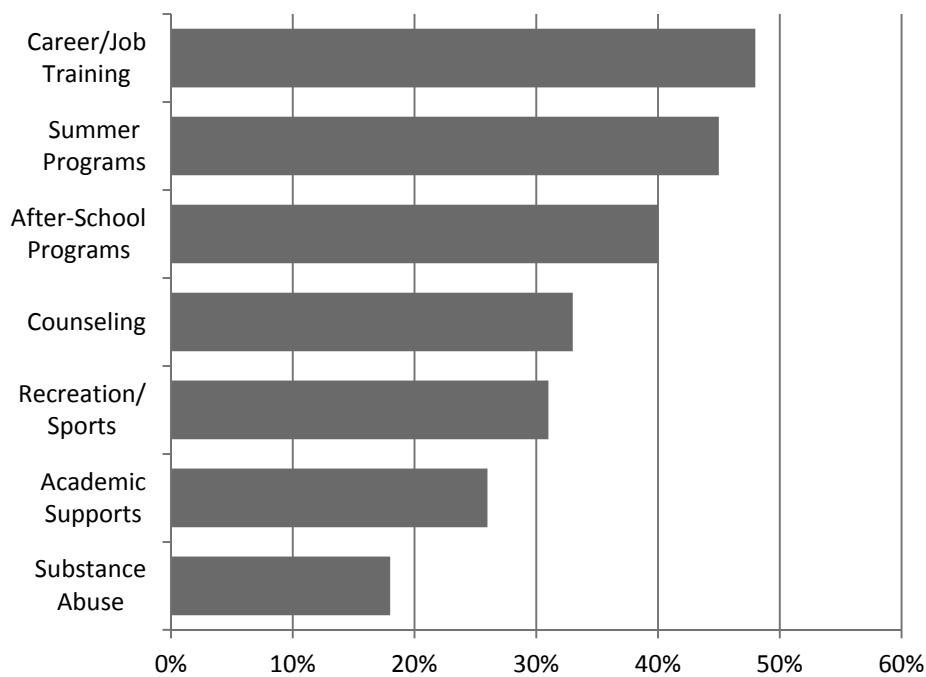


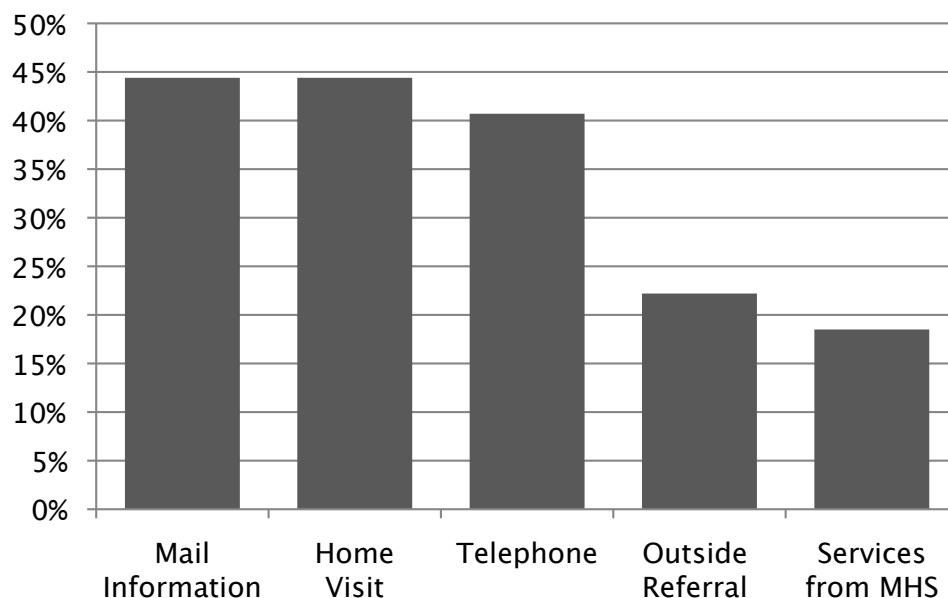
Chart 3. Neighborhood Services Needed for Children



Respondents were provided the opportunity to answer two open-ended questions: “Do you think this program should continue?” (with yes/no response choices) followed by “Why?” and “Is there anything else you

would like to share about your experience?” Over half of the respondents took advantage of these prompts to express support. The following represent a sample of the responses:

Chart 4. Type of Service Received After MHS Contact



- “Because even after things happen you may need extra support, especially if you have kids.”
- “Because the police came so soon after I called they saved me.”
- “I think the program should continue because people like myself need people to talk with in time of trouble in our life.”
- “It lets people know that the police are there for you when you need them besides in emergencies.”
- “It will help us to know who we can count on and that they are really here to help.”
- “You know a policeman, you might feel comfortable with them.”

Interestingly, the above comments were paralleled by remarks made by police officers during focus groups held after the first several months of PAR implementation. The following are a few of the officers’ comments:

- “It’s a big peace of mind for us . . . to know that finally something was done about it so you don’t sit there and wonder about it all the time.”
- “As long as I’ve worked here, 18 years, this is the first time to getting to actually talking to another person and helping them out with a problem they have.”

A final example,

- “I mean the positive responses I’ve got . . . from passing by and seeing them and they stop me and, you know, they say how nice it is, the program is, and things like that.”

Discussion

This mail survey of randomly selected, low-income residents living in public housing yielded a satisfactory return rate of 24%. Mail return rates for information that is considered sensitive or private have been shown to have return rates as low as 3% (Miller, 1991).

Not surprisingly, the most frequently endorsed needed neighborhood service for both adults and youth was job/career training. Cleveland ranks as one of the poorest cities of its size in the U.S. It also has high rates of unemployment (U.S. Census Bureau, 2011). Given that the CMHA residents receive housing subsidies and live in high-crime, low-income neighborhoods, it is reasonable to expect adults to desire job/career training for both themselves and their children.

The expressed need for both anger management and parenting classes also speaks to the

high stress environments that affect families living in the inner city. Such high stress impoverished settings are conducive to increased rates of domestic and other types of violence (Benson & Fox, 2004; Jeweks, 2002). In a similar vein, the high rankings for summer and after school programs relate to the importance of keeping youth occupied when school is not in session, both to enhance their social skills and to prevent youth-related violence. Interestingly, for both youth and adults, respondents tended to place a lower importance on the need for counseling services.

Comments from respondents were quite encouraging. Almost all those surveyed (95%) reported that police officers were respectful during their interactions. Our conjecture is that this high level of courtesy is related to an officer's desire to be helpful, an understanding of and empathy with the residents' problems, and an officer's belief in the efficacy of the PAR program. Ninety-seven percent of residents endorsed the idea that all police should have the ability to make referrals. This high rate of endorsement is supported by the written comments of respondents at the end of the survey. Clearly, individuals served by PAR believe that all officers should be able to help citizens through an ability to refer them for social services.

While respondents overwhelmingly believed that all police officers should be able to make referrals, a lower percentage (83%) reported that the referral card was helpful to them. This lower percentage probably reflects the fact that some residents did not report receiving a contact related to the PAR referral.

Very few respondents (2) reported that their opinion of police was worse as a result of participating in PAR. Surprisingly, 43% (26) reported that they had a better opinion of police as a result of their PAR referral. Such increases in citizens' perceptions of law enforcement officers are difficult to achieve. We believe that the increases are related to the expanded role of officers in providing referrals and officers' empathy/understanding of residents as noted in Figure 1.

Limitations and Conclusions

This study has several limitations. The modest sample size and limited geographic location prevent generalization to other populations/locations. While we would expect that individuals who do not live in public housing and/or live in different cities would report similar results, additional studies are needed. Longitudinal studies are necessary to adequately test our causal model as this study cannot infer causality. Our sample was also limited to adults. It would be important to study the impact of PAR or a similar program on children's and adolescents' opinions of police.

Our study nevertheless provides preliminary evidence of the importance of police officers as first social responders and of the potential benefits for both citizens and police to have access to social service referrals during a crisis. The literature is replete with examples of the importance of early problem identification and intervention, particularly with families who have young children and adolescents. Programs such as PAR can help provide timely services to high-risk populations, thereby lowering the probability of individuals in need remaining unidentified.

Another potential benefit is enhancing police and citizen relations. Participants in this study reported officers as being respectful and providing an important service to them. Given the importance of citizens' trust of police in facilitating their willingness to engage police by providing information on neighborhood crime and safety, programs such as PAR may also help both citizens and officers work together for their mutual benefit.

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Contact Information

Jenni M. B. Bartholomew
Begun Center for Violence Prevention
Research & Education
Jack, Joseph and Morton Mandel School
of Applied Social Sciences
Case Western Reserve University
10900 Euclid Avenue
Cleveland, OH 44106-7164
(216) 368-5155
E-mail: jmb319@case.edu