

TO: Police Chiefs, Public Safety Directors, and Fund Commissioners

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DATE: June 4, 2020

RE: The Looming Urgency: Identifying the Unseen Victims of the Pandemic  
Law Enforcement Bulletin 2020-05

The COVID-19 outbreak and the recent significant civil unrest has greatly challenged law enforcement. It is unknown what impact this weekend's protests and riots will have on the COVID-19 virus. However, the pandemic's social isolation measures may likely increase domestic violence, physical and sexual abuse, active shooter/hostile events, and suicides. The below information describes the many likely outcomes of the pandemic. This past week's events will further exacerbate many of these outcomes. I felt it was vital for you to have this information as some of the consequences listed could have significant wellness and safety ramifications for communities, officers, and their families both now and for years to come.

*The Looming Urgency: Identifying the Unseen Victims of the Pandemic*

The nation is eager to get back to *normal*. The desire to fill coffee shops, movie theaters, and baseball fields to satisfy our calling for human socialization and be a part of the economic recovery is well understood. However, for young people isolated at home, or healthcare providers, first responders, and anyone who left home to work during the pandemic, *normal* may be very different for them. Youth in homes rife with violence and neglect may have experienced trauma. The children of first responders and health care professionals endured anxiety as they worried about their parents, who may have been easily exposed to the virus. Social distancing was needed to help contain the virus, but such measures left some disconnected from persons in their lives who best protect them, exposed some children of the first responders and others on the front lines to vicarious trauma, and left many others at high risk of ongoing sexual abuse and exploitation, neglect, maltreatment, depression, or exposure to violence. Communities must act now so they can be prepared to identify and implement the necessary protective factors for the many victims of COVID-19 who were never sick with a virus but have suffered long-lasting mental and physical harm in isolation either directly, as a front line responder, or as a bystander.

The adverse effects of trauma on young people have become more widely known. Abuse, neglect, and traumatic events have been described as "Adverse Childhood Experiences" or "ACEs." There is a great risk to a child who has a significant history of exposure to neglect and trauma.<sup>1</sup> Traumatic incidents and events include emotional and physical abuse and neglect, sexual abuse, serious injury or death of a parent, exposure to family discord, domestic violence, substance abuse, and other traumatic and non-

nurturing experiences and environments.<sup>2</sup> Significant exposure to severe traumatic events can negatively affect a child's developing brain and result in a substantially impaired ability to develop healthy coping skills and adapt to life's challenges as the child becomes an adult.<sup>3</sup> Those exposed to ACEs have a higher likelihood of abusing tobacco, alcohol, prescription medications, illicit drugs, and other substances and are more likely to become directly engaged with law enforcement and the criminal justice system.<sup>4</sup> For some young people, the pandemic has resulted in trauma, and its consequences are likely to be included on a new list of ACEs triggers for years to come.

The International Association of Chiefs of Police recognized the challenges facing those exposed to trauma and violence. It adopted a 2018 Resolution calling on all law enforcement agencies internationally to become well informed about ACEs, to work with other professionals, and develop age-appropriate responses in providing protective factors for children and adults.<sup>5</sup> It is imperative that the criminal justice system, health care system, educators, social service agencies and anyone interacting with families and children to understand that the pandemic has brought the need for urgent attention to ACEs. We must begin to work together with new urgency in developing and deploying resources to everyone that has been or may be impacted in the future as a result of COVID-19.

The Coronavirus is a disaster that has crippled America, and for the first time in history, a major disaster declaration was issued in all fifty states due to the COVID-19 epidemic.<sup>6</sup> One advantage of a disaster is that past disasters can teach us valuable lessons. Hurricane Harvey, which battered Texas in 2017, offers some glimpse of the misery that can follow a disaster long after the homes are rebuilt. In the aftermath of Harvey, there were increased reports for felony-level domestic violence offenses, including strangulation, and an increase in domestic violence-related murders in the months following Hurricane Harvey than in the previous year.<sup>7</sup> The Journal of Research in Medical Sciences also reported that numerous studies reveal that being exposed to natural disasters such as a tsunami, hurricane, earthquake, and flood increases violence against women and girls, rape and sexual abuse, intimate partner violence, child PTSD, child abuse, and inflicted traumatic brain injury.<sup>8</sup> The research regarding the impact of a pandemic is limited, but it is likely that many of the same traumatic outcomes associated with disasters such as earthquakes and hurricanes are likely to occur on a much larger scale following the pandemic.

The need for America to recover financially from the COVID-19 disaster is well understood. Sadly, many are not aware of the undesirable outcomes for women who suffer severe emotional or physical abuse during times of economic stress. News broadcasts regularly report of Americans who can't pay their bills as a result of the pandemic. It is much disturbing that so many Americans are having difficulty making ends meet. Still, it's even more troubling because utility nonpayment, housing nonpayment, food insecurity, and no phone service are associated with increased odds of intimate partner violence.<sup>9</sup>

Economic declines also affect children with respect to violence. Three hospital-based studies suggest that abusive head trauma rose dramatically during the 2007-2009 U.S. financial crisis.<sup>10</sup> As efforts continually unfold to rebuild the economy from COVID-19, we must remember that for many, the economic fallout has sparked an increase in violence that will not go away even when the quarantines are gone. Economic difficulties from the pandemic will likely create a long term climate of abuse for many by withholding money, food, and the inability to leave a violent home.

The Coronavirus is harming Americans' mental health. A poll by the Kaiser Family Foundation conducted in March 2020 found that forty-five percent of adults said the Coronavirus had an impact on their mental health and nineteen percent report that it had a significant impact.<sup>11</sup> These findings should be of substantial concern as mental disorders are among the strongest risk factors for self-directed violence such as suicide and that such suicidal behavior may manifest years after a natural disaster.<sup>12</sup> This manifestation will be occurring at a time when Americans have set a record in seeking gun ownership. The FBI reported completing 3.7-million-gun background checks in March 2020 alone – the highest number it has ever recorded.<sup>13</sup> Absent action to help those mentally affected by the COVID-19 disaster, the factor of more people with mental illness, and record-setting gun purchases could potentially equal a rise in suicide and for those who wish to harm others – a surge in active shooter/hostile events for years to come. This risk of potential violence affects not only the individuals experiencing mental anguish, but also their families, and the police officers who will be called upon to handle these situations.

Police Officers not only face danger when they respond to calls involving subjects threatening suicide. Sadly, research suggests that officers may be more likely to die by suicide than in the line of duty.<sup>14</sup> There is also an increasing concern regarding doctors and suicide. Although the data is sparse, an estimated four hundred doctors take their own lives each year.<sup>15</sup> A recent study also found that doctors are at an increased risk of suicide and that even further research needs to be done, especially amongst other health care workers.<sup>16</sup> It is unclear what impact COVID-19 will have on the mental health of first responders and health care workers, but it is clear that wellness programs for these populations need significant reinforcement and further investment.

The quarantine was implemented to stop the spread of the virus. Still, the same actions that were put in place to protect people have helped hide abuse and neglect from the professionals who are commonly the first to report children being abused and neglected. It is incredibly alarming that professionals submitted 67.3 percent of the reports regarding child abuse and neglect in the U.S. in 2018. These professionals were educators, doctors, nurses, social service personnel, and law enforcement.<sup>17</sup> Child abuse is already a widespread problem. In the fiscal year 2018, there were an estimated 678,000 victims of child abuse and neglect in the U.S.<sup>18</sup> Now, just two years later, almost all of these professionals who

were responsible for the majority of the more than a half-million child abuse reports in 2018 are absent from young people's lives for a significant amount of time due to social distancing.

Sexual exploitation is of great concern during the COVID-19 crisis. Nearly one in five women and one in seventy-one men in the U.S. have been sexually assaulted at some time in their lives.<sup>19</sup> As discussed, the closed and locked doors of the pandemic provide increased opportunity and a lack of reporting opportunities for victims. The risk of Human Trafficking has remained high even during the quarantine as social media is a common means to recruit victims.<sup>20</sup> Furthermore, once quarantines are lifted, we must be prepared to deal with the potential wave of human trafficking. Once young people can leave their homes, close attention must be paid to those that are reported missing or absent from home - especially group homes. In one study in Milwaukee, 59% of those trafficked were reported missing at least once.<sup>21</sup>

Reports of increases in domestic violence during the pandemic are inconsistent. Some agencies have reported sharp inclines in domestic violence such as the Charlotte-Mecklenburg, North Carolina Police Department (17% increase), the Nassau County, New York, Police Department (10% increase), or the Gloucester Township Police Department, New Jersey (33% increase).<sup>22</sup> In contrast, the Chicago Police Department (Illinois), Austin Police Department (Texas), and the Chandler Police Department (Arizona) all had a decrease in domestic violence reports.<sup>23</sup> This does not necessarily mean there is less domestic violence, but just less domestic violence being reported.

Further study is needed to determine what barriers and collateral issues were created as a result of the pandemic that has affected domestic violence victims, advocates, and police officers. It is unclear if all victims were willing to seek a restraining order and other protective measures during the quarantine as they would have done so prior. The victim may have feared the offender could contract COVID-19 in jail and feel responsible if he became infected. Police officers may have faced challenges in having victims seek solace in safe houses due to fears of the Coronavirus and reduced services. Likely, the same social distancing measures implemented to help flatten the coronavirus curve have caused a spike in domestic violence reporting, but how all of those individual incidents were resolved is not yet fully known. This is especially important as the presence of a gun in a domestic violence situation increases the risk of homicide by 500%.<sup>24</sup> This, coupled with the previously discussed record number of gun permit applications, gives rise to ensuring that domestic violence offenders are held accountable.

Although the death rates associated with COVID-19 are fluid, there is a pattern that has emerged has solid and troublesome. It appears that African Americans may be more likely to die from Coronavirus. For example, in Shelby County Tennessee, 71% of the COVID-19 deaths are African American, while African Americans only make up half the population.<sup>25</sup> In Milwaukee County, Wisconsin, 81% of the

COVID deaths have been African Americans, where they make up just 26% of their population.<sup>26</sup> This in itself should be alarming, but when we look at other likely imminent ACEs related outcomes of this epidemic, such as increased domestic violence, unreported child abuse, human trafficking, and the impact on young people this disparity of death will grow to be more significant if appropriate actions are not taken now. There is already a growing national concern regarding suicide amongst black youth. The suicide death rate among black youth has been increasing faster than any other racial/ethnic group.<sup>27</sup> The mental illness and trauma associated with the disproportionate deaths of African Americans due to COVID-19 may result in significant ACEs for the youth of color that demands an immediate comprehensive national strategy.

The COVID-19 pandemic requires that we plan now to implement coordinated community-wide measures to help identify everyone who has suffered and connect them with appropriate protective factors. This includes not only the victims of domestic violence, sexual exploitation, child abuse, and the survivors of those lost to COVID-19, but also the front line personnel such as police officers, emergency medical workers, and healthcare workers who worked tirelessly in helping those during the pandemic. As discussed, ACEs are associated with an increased risk of abusing tobacco, alcohol, prescription medications, illicit drugs, and more likely to become negatively involved with law enforcement and the criminal justice system. If we wish to effectively prevent crime, addiction, suicide, and improve the safety and wellness of police officers, we must address ACEs.

We must take immediate action to identify the unseen victims of the pandemic, including those who were bystanders to the violence and trauma so they will not suffer long term mental anguish for years to come. It will be more efficient to dedicate funding and resources to assist the first responders and their children, domestic violence victims, children exposed to trauma, health care workers and their children, and those physically and sexually abused now, as opposed to allowing the pain and trauma to manifest for years. If we do not act now, we will then have to face the crime, suicide, violence, illness, disease, substance abuse, and other mental health challenges due to this *disaster*.

Suggested action items to help the unseen victims of the pandemic:

1. Implement the front line law enforcement officer *Risk Screening Tool*<sup>28</sup> or similar instrument for runaway and missing persons to learn of potential abuse, why they have left home, and identify the child's *Trusted Adult* at their school.
2. Implement the *Home Safety Worksheet*<sup>29</sup> or similar tool to identify children exposed to domestic violence, identify a child's *Trusted Adult* at school, and to assist victims of domestic violence.
3. Implement the *Exposure to Trauma and Arrest Form*<sup>30</sup> or another system to identify children exposed to trauma, including the death of a friend or loved one, exposure to violence, witnessing

a significant medical incident involving a friend or loved one, and also identifying the child's *Trusted Adult*.

4. Establishing a procedure of informing any identified *Trusted Adult* of a child exposed to violence, trauma, or has been reported missing.
5. Educate police officers, teachers, and health care professionals on child brain development and ACEs and how this can impact their potential involvement in the criminal justice system.
6. Implement diversion from the formal juvenile justice system for minor offenses.
7. Consider the impact of racial disparity in the juvenile justice system.
8. Ensure police officers, health care workers, educators, and social service providers, and anyone who has contact with children has a clear understanding of what the signs of abuse and neglect may be and how to make proper and timely notifications to the appropriate authorities.
9. Create a *Juvenile Huddle*<sup>31</sup> or other collaborative effort to help develop a community-wide action plan involving schools, police, and service providers for youth who have been exposed to ACEs, have run away from home or been previously reported missing, been truant from school, had a crisis or mental health issue, have been subject to violence including domestic violence, witnessed a parent/guardian or loved one arrested, or involved in a minor criminal offense.

#### About the Author

Harry Earle served as Chief of Police of the Gloucester Township Police Department from 2009-2019, where the measures mentioned above were developed in consultation with Licensed Clinical Social Worker Michelle Selfridge. These measures coupled with all members of the Gloucester Township Police Department's commitment to other traditional and community policing actions resulted in a 76% reduction in violent crime and a 41% reduction in non-violent crime in Gloucester Township from 2009 to 2019.<sup>32-33</sup>

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