

Unit 10
(TCOLE 2120)

Crisis Communications

10.1.0 **Unit Goal:** Identify techniques used in dealing with persons with mental illness.

10.1.1 **Learning Objective:** Define the term mental illness.

- “Mental illness refers to a wide range of mental health conditions—disorders that affect your mood, thinking, and behaviors.” Examples of mental illness include depression, anxiety, schizophrenia, bipolar disorder, borderline personality disorder, eating disorders and addictive behaviors.
- “Numerous people develop mental health concerns from time to time which becomes a mental illness when ongoing signs and symptoms cause frequent stress and affect ability to function.”

Mental Illness. Mayo Clinic, Diseases & Conditions, Overview. Retrieved March 5, 2019. <https://www.mayoclinic.org/diseases-conditions/mental-illness/symptoms-causes/syc-20374968>

- “A mental illness is a condition impacting a person’s thinking, feeling or mood and may affect his or her ability to relate to others and function on a daily basis. Each person will have a different experience, even those with the same diagnosis”. National Alliance for Mental Illness (NAMI).
- The NAMI estimates 43.8 million adults (1 in 5) experience a mental illness each year. Approximately 10 million adults (nearly 1 in 25) live with a serious mental illness. Depression is the leading cause of disability worldwide. Underlying mental illness contributes to 90% of suicides.

Mental Health Conditions. National Alliance on Mental Illness (NAMI), Mental Health Conditions. Retrieved March 5, 2019. <https://www.nami.org/learn-more/mental-health-conditions>

- Telecommunicators are likely to process multiple calls involving persons with mental illness. The safety of the caller, responder, and bystanders is dependent on the Telecommunicator effectively processing the call. Telecommunicators must be able to recognize persons with mental illness, ask appropriate questions, and communicate relevant information to responders.

Course Curriculum Materials and Updates. Legislatively Mandated Courses. Crisis Intervention Training (40 HR). Part 1 – Course Materials – updated abstract. Page 8-9. April 2018. <http://tcole.texas.gov/content/course-curriculum-materials-and-updates-0>

10.1.2 **Learning Objective:** Identify behaviors associated with personality disorders.

- A personality disorder has the characteristics of an enduring pattern of thinking, feeling, and behaviors relatively stable (inflexible) over time that deviates markedly from the person’s culture. This deviation may affect one’s perceptions

of themselves and others, emotional reactions, the ability to maintain healthy interpersonal relationships and/or the ability to manage impulses.

- Individuals with personality disorders often become evident in adolescence or early adulthood, exhibit some form of depression, anxiety concerns and frequent substance abuse. Most are caused by a combination of environmental and genetic factors, which could include childhood history of instability, verbal/physical abuse, and poor peer relationships.
- Personality disorders most frequently encountered by peace officers include paranoid, antisocial, borderline, and narcissistic.
- Indicators include a pervasive distrust and suspiciousness of others with a tendency to interpret the actions of others as deliberately threatening or demeaning; belief others are exploiting, harming, or deceiving him/her; perceiving attacks on his/her character, quick to react in anger and initially appear objective, rational, and unemotional.
- Antisocial Personality Disorder is a pervasive pattern of disregard for and violation of the rights of others occurring since age 15 with a pattern of rule-breaking, failure to conform to social norms and/or consistently engaging in illegal behavior. Indicators include lying, use of aliases, or conning others for personal gain; history of repeated physical altercations (with weapons) and/or harming animals; consistent irresponsibility such as failure to sustain employment, honor financial obligations with a lack of remorse, and willingness to accept accountability or consequences of his/her actions. This disorder is most often diagnosed in males.
- Borderline Personality Disorder is a pervasive pattern of instability of interpersonal relationships, self-image, emotional expression, and poor impulse and anger control as well as recurrent suicidal behavior; self-damaging impulsivity (excessive spending, promiscuous unprotected sex, substance abuse, other recklessness). Other indicators include poor impulse and anger control as well as recurrent suicidal behavior. This disorder is most often diagnosed in females.
- Narcissistic Personality Disorder is persistent grandiosity with a need for admiration; exaggerating achievements and talents expecting to be recognized as superior; belief of being special and that they are the “chosen leader” of the world or universe; demonstrate arrogant, haughty, or judgmental behaviors/attitudes.

What Are Personality Disorders? American Psychiatric Association, Personality Disorders. Retrieved March 11, 2019. <https://www.psychiatry.org/patients-families/personality-disorders/what-are-personality-disorders>

Course Curriculum Materials and Updates. Legislatively Mandated Courses. Crisis Intervention Training (40 HR). Part 1 – Course Materials – updated abstract. Page 15-17. April 2018. <http://tcole.texas.gov/content/course-curriculum-materials-and-updates-0>

10.1.3 **Learning Objective:** Identify behaviors associated with mood disorders.

- Mood disorders indicate one's emotional experience (mood) inconsistent with his/her circumstances, include a complex imbalance in the brain's chemical activity and may have a genetic component (run in families). Environmental factors can also trigger or buffer against the onset.
- Some examples of mood disorders include Major Depressive Disorder (MDD) and Dysthymia. MDD is not just feeling sad or "blue." It can be intense, lasting for weeks or more. Dysthymia is a mild/moderate level of depression persisting for years. Depression is one of the most common mental disorders.
- Nearly twice as many women as men suffer major depressive episodes.
 - The average age of onset is mid-twenties; depressive episodes can start much earlier.
 - Common symptoms include:
 - Prolonged feelings of hopelessness, helplessness, or excessive guilt.
 - Loss of interest in usual activities.
 - Difficulty concentrating or making decisions.
 - Low energy or fatigue.
 - An inability to enjoy usually pleasurable activities.
 - Appetite change resulting in weight loss or gain.
 - Changes in sleeping habits
- The single most common factor in suicide is depression.
- Bipolar Disorder involves cycles between extreme activity and emotional highs (manic) and depression. The emotional high may include poor insight into one's disorder or behaviors and poor judgment. For example, a person's financial accounts or important relationships may be in such disarray as to lead to adverse outcomes, including loss of important friends and family support or connections, serious financial setbacks, job losses, legal problems, and homelessness.

Mood Disorders. Mayo Clinic, Patient Care & Health Information, Diseases & Conditions. Retrieved March 11, 2019. <https://www.mayoclinic.org/diseases-conditions/mood-disorders/symptoms-causes/syc-20365057>

Course Curriculum Materials and Updates. Legislatively Mandated Courses. Crisis Intervention Training (40 HR). Part 1 – Course Materials – updated abstract. Page 17-19. April 2018. <http://tcole.texas.gov/content/course-curriculum-materials-and-updates-0>

10.1.4 **Learning Objective:** Identify behaviors associated with thought disorders.

- A thought disorder can include psychosis or a schizophrenia spectrum diagnosis. Psychosis can be present with other diagnoses, such as substance intoxication, bipolar disorder, and even major depressive disorder. Physical circumstances can also induce a psychotic state. Potential conditions include organic brain disorders (brain injury or infections to the brain) and drug or alcohol withdrawal.
- Psychosis is an illness involving distortion of reality accompanied by delusions and/or hallucinations. The individual may have sensory experiences that are not

real (see or hear things that others cannot see or hear) or may believe things that have no factual basis.

Thought Disorder. Science Direct Journals & Books. Retrieved March 11, 2019.

<https://www.sciencedirect.com/topics/medicine-and-dentistry/thought-disorder>

Arciniegas, David B. MD. Psychosis, NCBI Resources. PMCID: PMC4455840. Retrieved

March 11, 2019. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4455840/>

Course Curriculum Materials and Updates. Legislatively Mandated Courses. Crisis

Intervention Training (40 HR). Part 1 – Course Materials – updated abstract. Page 19-

21. April 2018. <http://tcole.texas.gov/content/course-curriculum-materials-and-updates-0>

10.1.5 **Learning Objective:** Identify symptoms and behaviors associated with cognitive disorders.

- Cognitive disorders include Alzheimer’s Disease and other forms of dementia, as well as Traumatic Brain Injury (TBI). Cognitive disorders consist of significant cognitive decline in one or more areas:
 - Ability to sustain attention to a task; ability to pay attention to something despite other distractions; ability to do two things at once.
 - Judgment/decision making.
 - Learning, language and memory such as ability to recall recent information; ability to find the correct labels or words for an object or situation; misuse of names, verbs, or other word choices; comprehension.
 - Eye-hand/body coordination.
- Traumatic Brain Injury (TBI) is “caused by impact to the head, or other mechanisms of rapid movement or displacement of the brain within the skull, as can happen with blast injuries.”
 - TBI can occur from proximity to a blast, blunt force trauma, and penetrating injuries; is the leading cause of death in adults under age 45 (motor vehicle accidents) and is the second leading cause of death adults over 65.
 - Symptoms and severity is often delineated between mild, moderate and severe.
- Dementia can be best described as “a name for a group of symptoms caused by disorders that affect the brain.”
 - It is a degeneration of mental functioning involving thinking, memory, and reasoning. Dementia severity can range from mild to severe. Although memory loss is a common sign of dementia, memory loss alone does not mean someone has dementia though it can be found in half of people over the age of 85. Dementia can be caused by a number of different health conditions, including vascular disease, brain damage, stroke, as well as other conditions. “Six out of 10 people with Alzheimer’s will wander,” either on foot or via car and “if not found within 24 hours, up to half of those who wander risk serious injury or death.”
- Some communication considerations include speaking clearly and concisely, resisting the urge to speak loudly, and, due to potential difficulty with language

comprehension, consider using 'yes' or 'no' questions. If the person appears to have difficulty with verbal comprehension, you may try using nonverbal prompt and/or written prompts. Be patient if the subject does not immediately follow requests or commands and/or if the subject is having difficulty communicating him/herself. The subject is likely not being intentionally resistive, but is likely to be acting out of fear, confusion, and may have some delusional thought processes. Always provide reassurance of the person's safety and consider checking for an identification bracelet, pendant, key chain, wallet card, or clothing number that may have the person's Safe Return ID number and emergency contact.

Mild Cognitive Impairment. Mayo Clinic. Patient Care & Health Information, Diseases & Conditions. Retrieved March 11, 2019. <https://www.mayoclinic.org/diseases-conditions/mild-cognitive-impairment/symptoms-causes/syc-20354578>

Course Curriculum Materials and Updates. Legislatively Mandated Courses. Crisis Intervention Training (40 HR). Part 1 – Course Materials – updated abstract. Page 24-28. April 2018. <http://tcole.texas.gov/content/course-curriculum-materials-and-updates-0>

10.1.6 **Learning Objective:** Discuss common myths regarding mental illness.

- Myth: Mental health problems don't affect me.
Fact: Mental health problems are actually very common. In 2014, about:
 - One in five American adults experienced a mental health issue.
 - One in 10 young people experienced a period of major depression.
 - One in 25 Americans lived with a serious mental illness, such as schizophrenia, bipolar disorder, or major depression.
 - Suicide is the 10th leading cause of death in the United States. It accounts for the loss of more than 41,000 American lives each year, more than double the number of lives lost to homicide. Learn more about mental health problems.
- Myth: Children don't experience mental health problems.
Fact: Even very young children may show early warning signs of mental health concerns. These mental health problems are often clinically diagnosable, and can be a product of the interaction of biological, psychological, and social factors.
 - Half of all mental health disorders show first signs before a person turns 14 years old, and three quarters of mental health disorders begin before age 24.
 - Unfortunately, less than 20% of children and adolescents with diagnosable mental health problems receive the treatment they need. Early mental health support can help a child before problems interfere with other developmental needs.
- Myth: People with mental health problems are violent and unpredictable.
Fact: The vast majority of people with mental health problems are no more likely to be violent than anyone else. Most people with mental illness are not violent and only 3%–5% of violent acts can be attributed to individuals living with a serious mental illness. In fact, people with severe mental illnesses are over 10 times more likely to be victims of violent crime than the general population. You probably know someone with a mental health problem and don't even realize it,

because many people with mental health problems are highly active and productive members of our communities.

- Myth: People with mental health needs, even those who are managing their mental illness, cannot tolerate the stress of holding down a job.
Fact: People with mental health problems are just as productive as other employees. Employers who hire people with mental health problems report good attendance and punctuality as well as motivation, good work, and job tenure on par with or greater than other employees.
 - When employees with mental health problems receive effective treatment, it can result in:
 - Lower total medical costs;
 - Increased productivity;
 - Lower absenteeism; and
 - Decreased disability costs.
- Myth: Personality weakness or character flaws cause mental health problems. People with mental health problems can snap out of it if they try hard enough.
Fact: Mental health problems have nothing to do with being lazy or weak and many people need help to get better.
Many factors contribute to mental health problems, including:
 - Biological factors, such as genes, physical illness, injury, or brain chemistry;
 - Life experiences, such as trauma or a history of abuse;
 - Family history of mental health problems; and
 - People with mental health problems can get better and many recover completely.
- Myth: There is no hope for people with mental health problems. Once a friend or family member develops mental health problems, he or she will never recover.
Fact: Studies show that people with mental health problems get better and many recover completely. Recovery refers to the process in which people are able to live, work, learn, and participate fully in their communities. There are more treatments, services, and community support systems than ever before, and they work.
- Myth: Therapy and self-help are a waste of time. Why bother when you can just take a pill?
Fact: Treatment for mental health problems varies depending on the individual and could include medication, therapy, or both. Many individuals work with a support system during the healing and recovery process.
- Myth: I can't do anything for a person with a mental health problem.
Fact: Friends and loved ones can make a big difference. Only 44% of adults with diagnosable mental health problems and less than 20% of children and adolescents receive needed treatment. Friends and family can be important influences to help someone get the treatment and services they need by:
 - Reaching out and letting them know you are available to help
 - Helping them access mental health services

- Learning and sharing the facts about mental health, especially if you hear something that isn't true
- Treating them with respect, just as you would anyone else; and
- Refusing to define them by their diagnosis or using labels such as "crazy"
- Myth: Prevention doesn't work. It is impossible to prevent mental illnesses.
Fact: Prevention of mental, emotional, and behavioral disorders focuses on addressing known risk factors such as exposure to trauma that can affect the chances that children, youth, and young adults will develop mental health problems. Promoting the social-emotional well-being of children and youth leads to:
 - Higher overall productivity;
 - Better educational outcomes;
 - Lower crime rates;
 - Stronger economies;
 - Lower health care costs;
 - Improved quality of life;
 - Increased lifespan; and
 - Improved family life.

Mental Health Myths and Facts. MentalHealth.gov, Let's Talk About It. Retrieved March 11, 2019. <https://www.mentalhealth.gov/basics/mental-health-myths-facts>
Mental Health Myths & Facts. Time to Change, YouTube. Retrieved March 11, 2019. <https://www.youtube.com/watch?v=XanUpMSHhBQ>

10.1.7 Learning Objective: Identify clues and patterns to indicate a person has a mental illness.

- Verbal clues include the following:
 - Sharing a combination of unrelated or abstract topics;
 - Expressing thoughts of greatness;
 - Indicating ideas of being harassed or threatened; and
 - Illogical thoughts such as exhibiting a preoccupation with death, germs, guilt, or other similar ideas.
- Unusual speech patterns
 - Nonsensical speech or chatter;
 - Word repetition;
 - Pressured speech; and
 - Extremely slow speaking.
- Verbal hostility or excitement
 - Talking excitedly or loudly;
 - Being argumentative, belligerent, or unreasonably hostile; and
 - Threatening harm to self or others.
- Behavioral Cues include:
 - Physical appearance; and
 - Inappropriate to environment.

- Bodily movements
 - Strange postures or mannerisms;
 - Lethargic, sluggish movements;
 - Pacing, agitation;
 - Repetitive, ritualistic movements;
 - Seeing, smelling, or hearing things that cannot be confirmed;
 - Confusion about or unawareness of surroundings;
 - Lack of emotional response;
 - Causing injury to self;
 - Nonverbal expressions of sadness or grief; and
 - Inappropriate emotional reactions.
- Environmental Cues include:
 - Decorations; and
 - Strange trimmings, misuse of household items.
- Waste matter/trash
 - Accumulation of trash i.e. pack-ratting;
 - Presence of feces or urine on the floor or wall; and
 - Fascination with childish objects,

Possible Indicators of Mental Illness. Georgia Association of Chiefs of Police Mental Health Ad Hoc Committee. Retrieved May 14, 2018.

<http://services.prod.iaff.org/ContentFile/Get/17074>

10.1.8 Learning Objective: Recognize techniques used to process calls from mentally ill callers.

- Use a firm, calm, evenly modulated non-judgmental tone of voice.
- Do not argue or attempt to correct their delusions utilizing active listening skills.
 - To them, the hallucination or delusion is real, by arguing or challenging their perception, you confirm that they have a reason to be paranoid-you really are against them.
- Ask them to describe the situation using paraphrasing techniques.
- Focus on problem-solving by re-focusing on real, not imagined, problems.
- Allow rapport to build over time.
- Anticipate angry responses and respond by requesting more information, clarification and by paraphrasing responses.
- Attempt to gain focus on a real issue or question and guide the subject through to a response, refocusing on the subject as needed.
- Address the subject's fears, providing constant reassurance.
- Acknowledge their need to feel safe.

Washington State Criminal Justice Training Commission Telecommunicator Program Office. Telecommunicator I. Basic Call Taker. 2011. Retrieved February 26, 2019.

<http://services.prod.iaff.org/ContentFile/Get/17074>

Unit 10.1 Mental Health Resources

- *Mental Health Myths & Facts. Time to Change, YouTube. Retrieved March 11, 2019.*
<https://www.youtube.com/watch?v=XanUpMSHhBQ>
- Mental Health Statistics in American. 3 minutes 18 seconds video from youtube.com
https://www.youtube.com/watch?v=aCyd_3zqkhY
- Mental Health Conditions. National Alliance on Mental Illness (NAMI), Mental Health Conditions. Retrieved March 5, 2019. <https://www.nami.org/learn-more/mental-health-conditions>
- Texas Commission on Law Enforcement Course Curriculum Materials and Updates. Legislatively Mandated Courses. Crisis Intervention Training (40 HR). Part 1 April 2018.
<http://tcole.texas.gov/content/course-curriculum-materials-and-updates-0>
- *May Clinic Mental Illness, Diseases & Conditions, and Overview. Retrieved March 5, 2019.*
<https://www.mayoclinic.org/diseases-conditions/mental-illness/symptoms-causes/syc-20374968>
- *Georgia Association of Chiefs of Police Mental Health Ad Hoc Committee Possible Indicators of Mental Illness. Retrieved May 14, 2018.*
<http://services.prod.iaff.org/ContentFile/Get/17074>
- *Washington State Criminal Justice Training Commission Telecommunicator Program Office. Telecommunicator I. Basic Call Taker. 2011. Retrieved February 26, 2019.*
<http://services.prod.iaff.org/ContentFile/Get/17074>

Glossary/Acronyms

National Alliance on Mental Illness (NAMI)

Major Depressive Disorder (MDD)

Traumatic Brain Injury (TBI)

10.2.0 **Unit Goal:** Identify techniques used when dealing with suicidal persons.

10.2.1 **Learning Objective:** Define terms related to suicide.

- Suicide – The act or an instance of taking one's own life voluntarily and intentionally.
Definition of Suicide. Merriam-Webster. 1, a. Retrieved May 14, 2018.
<https://www.merriam-webster.com/dictionary/suicide>
- Suicide is defined as death caused by self-directed injurious behavior with intent to die as a result of the behavior.
- A suicide attempt is a non-fatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior. A suicide attempt might not result in injury.
- Suicidal ideation refers to thinking about, considering, or planning suicide
Suicide Definitions. The National Institute of Mental Health. Retrieved February 9, 2019. <https://www.nimh.nih.gov/health/statistics/suicide.shtml>

10.2.2 **Learning Objective:** Identify warning signs for suicidal persons.

- Suicide warning signs or suicidal thoughts include:
 - Talking about suicide — for example, making statements such as "I'm going to kill myself," "I wish I were dead" or "I wish I hadn't been born".
 - Getting the means to take your own life, such as buying a gun or stockpiling pills.
 - Withdrawing from social contact and wanting to be left alone.
 - Having mood swings, such as being emotionally high one day and deeply discouraged the next.
 - Being preoccupied with death, dying or violence.
 - Feeling trapped or hopeless about a situation.
 - Increasing the use of alcohol or drugs.
 - Changing the normal routine, including eating or sleeping patterns.
 - Doing risky or self-destructive things, such as using drugs or driving recklessly.
 - Giving away belongings or getting affairs in order when there's no other logical explanation for such actions.
 - Saying goodbye to people as if they won't be seen again.
 - Developing personality changes, being severely anxious or agitated, particularly when experiencing warning signs.
- Warning signs aren't always obvious and vary from person to person. Some people make their intentions clear, while others keep suicidal thoughts and feelings secret.

Mayo Clinic. Suicide and Suicidal Thoughts. Retrieved February 9, 2019.

<https://www.mayoclinic.org/diseases-conditions/suicide/symptoms-causes/syc-20378048>

10.2.3 **Learning Objective:** Relate important statistics and information related to suicide.

- In 2016: Suicide was the tenth leading cause of death overall in the United States, claiming the lives of nearly 45,000 people.
Centers for Disease Control and Prevention (CDC) Web-based Injury Statistics Query and Reporting System Leading Causes of Death Reports 2017.
<https://www.cdc.gov/injury/wisqars/fatal.html>
- Suicide was the second leading cause of death among individuals between the ages of 10 and 34, and the fourth leading cause of death among individuals between the ages of 35 and 54.
- There were more than twice as many suicides (44,965) in the United States as there were homicides (19,362).
- In 2016, firearms were the most common method used in suicide deaths in the United States, accounting for almost half of all suicide deaths (22,963).
 - Among males, the most common method of suicide was a firearm (56.6%).
 - Among females, the most common methods of suicide were poisoning (33.0%) and firearm (32.1%).
- In 2016, 9.8 million adults aged 18 or older reported having serious thoughts about trying to kill themselves, and 1.3 million adults attempted suicide during the past year. Among those adults who attempted suicide, 1.0 million also reported making suicide plans.
National Institute of Mental Health (NIH). Retrieved May 15, 2018.
https://www.nimh.nih.gov/health/statistics/suicide.shtml#part_154968

10.2.4 **Learning Objective:** Distinguish between the risk factors for suicide.

- A combination of individual, relationship, community, and societal factors contribute to the risk of suicide. Risk factors associated with suicide, but not necessarily the direct cause, include:
 - A family history of suicide.
 - A family history of child maltreatment.
 - Previous suicide attempt(s).
 - History of mental disorders, particularly clinical depression.
 - History of alcohol and substance abuse.
 - Feelings of hopelessness.
 - Impulsive or aggressive tendencies.
 - Cultural and religious beliefs (e.g., belief that suicide is a noble resolution of a personal dilemma).
 - Local epidemics of suicide.
 - Isolation, a feeling of being cut off from other people.
 - Barriers to accessing mental health treatment.
 - Loss (relational, social, work, or financial).
 - Physical illness.
 - Easy access to lethal methods.
 - Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or to suicidal thoughts.

Centers for Disease Control and Prevention. *Suicide: Risk and Protective Factors*. February 9, 2019. <https://www.mayoclinic.org/diseases-conditions/suicide/symptoms-causes/syc-20378048>

10.2.5 Learning Objective: Differentiate suicidal risk factors for persons of certain groups.

- Persons with cancer/terminal illness:
 - Cancer/Dying Patients with advanced illness are at highest risk, perhaps because they are most likely to have such complications as pain, major depression, delirium, and deficit symptoms. Suicidal ideation has also been reported as an uncomfortable activating, disinhibiting, or a depressive side effect of medications that may be prescribed for patients with cancer, including antidepressants, steroids, opioids, benzodiazepines, asthma medications, interferon, and hypnotics.
 - Uncontrolled pain in patients with cancer is a dramatically important risk factor for suicide. In several studies, the vast majority of cancer-related suicides were committed by patients with severe pain, which was often inadequately controlled with an inability to tolerate the pain.

Roth, Andrew J., MD. The ASCO Post, Evaluating Risk for Suicide in People Diagnosed or Living with Cancer. 2011, August 15. Risk Factors.

<http://www.ascopost.com/issues/august-15-2011/evaluating-risk-for-suicide-in-people-diagnosed-or-living-with-cancer>

- Adult Males (ages 24-64) - Young men and older men are particularly vulnerable groups. The suicide rate peaks in men between the ages of 20 to 24. Older people suffer from the loss of loved ones and friends and can feel isolated, ignored, valueless, or overly dependent on others. Not every attempt at suicide results in completion, although unsuccessful first attempts are often followed by successful second attempts. The most common risk factors are:
 - Using drugs and/or alcohol to help cope with emotions, relationships, the pressure of work or other issues.
 - Social isolation or living alone.
 - Not being able to form or sustain meaningful relationships.
 - Divorce or relationship breakdowns.
 - A history of physical and sexual abuse.
 - Imprisonment.
 - Being bullied at school, college or work.
 - Unemployment.
 - Loss of a loved one through trauma or disease.
 - Mental illness, particularly where this is related to depression and painful or debilitating illnesses or conditions. In older men, suicide is most strongly associated with depression, physical pain and illness, living alone and feelings of hopelessness and guilt.

Kennard, Jerry. *Understanding Suicide among Men, Why more men take their own lives*. Verywellmind.com, 2018, January 25. <https://www.verywellmind.com/men-and-suicide-2328492>

- Adult Female (ages 24-64) - The majority of clinical risk factors for suicide is similar in men and women. Although the prevalence of depression is higher in women, more men die by suicide. Depression is the most common risk factor for serious suicidal behavior in both men and women, and occurs twice as often in women as in men. The higher prevalence of depression in women appears related to an earlier age of first onset (rather than to persistence or recurrence of the disorder), with the gender difference first emerging in puberty and being paralleled by a similar gender difference in the emergence of suicidal ideation and suicide attempt.
 - Eating disorders occur more often in women than men and are linked with suicidal behavior. Women with anorexia are estimated to have a 50-fold increased risk of suicide, and suicide is the second leading cause of death in those with anorexia. Both bulimia and anorexia are linked with increased risk of suicide attempt, with suicide attempts reported in up to 20% of patients with anorexia and up to 35% of those with bulimia.
 - Women with borderline personality disorder have a higher prevalence of suicidal behavior.
 - Sociocultural factors include childhood adversities including physical, emotional and sexual abuse lead to substantially higher risk for suicide. Wife abuse is one of the most significant precipitants of female suicide.

Vijayakumar, Lakshmi. *Suicide in Women*. UCB. *Clinical Risk Factors*. 2015, July. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4539867/>

- Teenagers who talk or write about killing themselves are sometimes dismissed as overly dramatic—obviously, they don't mean it! But a threat of suicide should never be dismissed, even from a kid who cries "Wolf!" so many times it's tempting to stop taking him or her seriously. It's important to respond to threats and other warning signs in a serious and thoughtful manner. They don't automatically mean that a child is going to attempt suicide. But it's a chance you can't take. Warning signs for teens include changes in personality or behavior that might not be obviously related to suicide. When a teenager becomes sad, more withdrawn, more irritable, anxious, tired, or apathetic—things that used to be fun aren't fun anymore, we should be concerned. Changes in sleep patterns or eating habits can also be red flags.
 - A recent or serious loss. This might include the death of a family member, a friend or a pet.
 - The separation or divorce of parents, or a breakup with a boyfriend or a girlfriend, can also be felt as a profound loss, along with a parent losing a job, or the family losing their home.
 - A psychiatric disorder, particularly a mood disorder like depression, or a trauma and stress-related disorder.
 - Prior suicide attempts increase the risk for another suicide attempt.

- Alcohol and other substance use disorders, as well as getting into a lot of trouble, having disciplinary problems, engaging in a lot of high-risk behaviors.
- Struggling with sexual orientation in an environment that is not respectful or accepting of that orientation. The issue is not whether a child is gay or lesbian, but whether he or she is struggling to come out in an unsupportive environment.
- A family history of suicide is something that can be really significant and concerning, as is a history of domestic violence, child abuse or neglect.
- Lack of social support. A child who doesn't feel support from significant adults in his/her life, as well as his/her friends, can become so isolated that suicide seems to present the only way out of his/her problems.
- We know that being a victim of bullying is a risk factor, but there's also some evidence that kids who are bullies may be at increased risk for suicidal behavior.
- Access to lethal means, like firearms and pills.
- The stigma associated with asking for help. One of the things we know is that the more hopeless and helpless people feel, the more likely they are to choose to hurt themselves or end their life. Similarly, if they feel a lot of guilt or shame, or if they feel worthless or have low self-esteem.
- Barriers to accessing services might be difficult in getting much-needed services to include lack of bilingual service providers, unreliable transportation, and the financial cost of services.
- Cultural and religious beliefs that suicide is a noble way to resolve a personal dilemma.

Kaslow, Nadine PhD. Teen Suicides: What are the Risk Factors? Child Mind Institute. Retrieved May 15, 2018. <https://childmind.org/article/teen-suicides-risk-factors/>

- Elderly (people over 65) people who attempt suicide are more likely to be successful in ending their life than younger adults, especially when attempted by men.
 - Depression.
 - Prior suicide attempts.
 - Marked feelings of hopelessness; lack of interest in future plans.
 - Feelings of loss of independence or sense of purpose.
 - Medical conditions that significantly limit functioning or life expectancy,
 - Impulsivity due to cognitive impairment.
 - Social isolation.
 - Family discord or losses (i.e. recent death of a loved one).
 - Inflexible personality or marked difficulty adapting to change.
 - Access to lethal means (i.e. firearms, other weapons, etc.).
 - Daring or risk-taking behavior.
 - Sudden personality changes.
 - Alcohol or medication misuse or abuse.
 - Verbal suicide threats such as, "You'd be better off without me" or "Maybe I won't be around".

- Giving away prized possessions.

Preventing Suicide in Older Adults. Mental Health in Older Adults, Mental Health America MHA, Retrieved May 15, 2018.

<http://www.mentalhealthamerica.net/preventing-suicide-older-adults>

10.2.6 **Learning Objective:** Relate call handling methods and specialized techniques involving suicidal callers.

- Don't be afraid to ask.
 - Ask directly and openly if the person is intending to kill him/herself.
- Assess for immediate risk and determine if this is an attempt in progress.
 - YES - Follow department protocols for the dispatch of immediate rescue.
 - NO - Has the caller expressed intent to kill him/herself?
 - Has a plan for killing him/herself been developed?
 - Does the caller have access to means for killing him/herself?
 - Separate the caller from means.
- Explore further risk factors:
 - History of suicide attempts.
 - History of violence to others.
 - History of exposure to suicide (family, friends, other).
 - Intoxication.
 - Extreme agitation.
 - Symptoms of mental illness.
 - Hopelessness.
 - Helplessness.
 - The perceived burden on others.
 - Feeling trapped.
 - Feeling intolerably alone.
- There may be occasions when PSAP staff are speaking with a caller that is expressing suicidal thoughts but who is not forthcoming about details (such as plan or location – particularly relevant with cell phone calls) that could facilitate the dispatch of emergency rescue. Beyond an understanding of the information needed to assess for risk, it is important for PSAP staff to know techniques that can assist in eliciting information and keeping the caller engaged until emergency services can locate him/her. This can be a particularly stressful time for PSAP staff and the more tools available to staff, the more equipped staff will feel to manage such calls. It is recommended that any training that focuses on the suicidal caller also cover the following:
 - Establishing good contact with the caller:
 - Effectively connecting with the caller.
 - Using active listening skills.
 - Building Rapport.
 - Collaborative problem solving:
 - Identifying the event that precipitated the call.
 - Exploring what the caller has tried to do to solve the problem.

- Identifying alternatives that will work for him/her.
- Avoiding taking responsibility to fix the problem.
- Avoiding judgment.
- Effectively eliciting information – Exploring protective factors (or buffers):
 - Immediate supports.
 - General social supports.
 - Ambivalence for living/dying.
 - Planning for the future.
 - Core values/beliefs.

NENA Suicide Prevention Standard. NENA-STA-001.1 – 2013, June 15. 4.1 Assessment, page 12-13.

http://c.ymcdn.com/sites/www.nena.org/resource/resmgr/Standards/NENA-STA-001.1.1-2013_Suicid.pdf

Unit 10.2 Suicide Resources

- The Suicide Crisis Line: An Education in Listening. Dylan Gunaratne. TEDxCalStateLA. June 5, 2017. <https://www.youtube.com/watch?v=HlewIZR0aNQ&feature=youtu.be>
- Applied Suicide Intervention Skills Training. Lifeline Aotearoa. June 16, 2011. https://www.youtube.com/watch?v=81F_XYOvmcE&feature=youtu.be
- Introduction to Asist. Living Works, February 3, 2010. <https://www.youtube.com/watch?v=lQ3VyXJ827A&feature=youtu.be>
- Stebily, Andrew. "Signs." Short Film-A first responder battle. October 20, 2017. <https://www.youtube.com/watch?v=tcISX0yetto&feature=youtu.be>

Glossary/Acronyms

Suicide – The act or an instance of taking one's own life voluntarily and intentionally.

Anorexia - An eating disorder in which people have an intense fear of gaining weight and can become dangerously thin. Signs of anorexia include less than normal weight, negative body image, and obsession with food.

Bulimia - A serious, potentially life-threatening eating disorder characterized by a cycle of bingeing and compensatory behaviors such as self-induced vomiting designed to undo or compensate for the effects of binge eating.

10.3.0 **Unit Goal:** Review processing techniques for family violence calls for service.

10.3.1 **Learning Objective:** Define the term family violence.

- Domestic violence is defined as assault against a family member, household member, current or past dating partner including:
 - Intentionally, knowingly or recklessly causing bodily injury to another person;
 - Intentionally or knowingly threatening another person with imminent bodily injury; or
 - Intentionally or knowingly causing physical contact with another that the offender knows or reasonably should know the victim will find provocative or offensive.

Texas Legislature. Penal code. Title 5. Offenses against the Person. Chapter 22.

Assaultive Offenses. Sec. 22.01. Assault. Retrieved February 10, 2019.

<https://statutes.capitol.texas.gov/Docs/PE/htm/PE.22.htm>

- The American Psychological Association (APA) Presidential Task Force on Violence and the Family, defines family violence and abuse as including a range of physical, sexual and emotional maltreatment by one family member against another; according to this definition, the term family includes a variety of relationships beyond those of blood or marriage.

Violence and the Family: Report of the APA Presidential Task Force on Violence and the Family – Executive Summary. Public Interest Initiatives, Retrieved May 15, 2018.

http://www.nnflp.org/apa/APA_task_force.htm

- The general definition of family violence defines such as an act by a member of a family or household against another member intended to result in physical harm, bodily injury, assault, or a threat that reasonably places the member in fear of imminent physical harm. The law excludes the reasonable discipline of a child and defines abuse as a physical injury resulting in substantial harm or a genuine threat, sexual contact, intercourse or conduct, or compelling or encouraging the child to engage in sexual conduct.
- By definition and for the purposes of family violence reports, ‘family’ includes individuals related by blood or affinity, marriage or former marriage, biological parents of the same child, foster children, foster parents, and members or former members of the same household (including roommates). Senate Bill 68 of the 77th Legislature amended the Family Code to include dating violence. The dating relationship means between individuals who have or have had a continuing relationship of a romantic or intimate nature.

Family Violence. Department of Public Safety, TX. Chapter 5, Definition. Retrieved

May 15, 2018 page 47 <https://www.dps.texas.gov/crimereports/08/citCh5.pdf>

10.3.2 **Learning Objective:** Identify telecommunicator responsibilities related to family violence.

- It is vitally important that telecommunicators are prepared to competently address evidentiary considerations while thoughtfully responding to a victim who

may be in crisis. We must also understand that it may not be the victim calling but a bystander, family member, or friend. There is not one typical reaction demonstrated by victims of family violence; therefore, it is important to refrain from judging or discounting any victim. To ensure appropriate handling of these calls, as well as responder safety, telecommunicators should receive specialized training in the dynamics of intimate or family violence incidents.

- The immediate safety of the victim should always be the top priority for all telecommunicators. The following priorities should be included in agency policy for responding to family violence calls:
 - Assign a priority response to all calls, whether the assailant is on the scene or not.
 - Dispatch a minimum of two officers to the call when at all possible.
 - Immediately notify a supervisor of a situation involving law enforcement personnel, as a suspect or victim, regardless of the jurisdiction he/she serves.
- During the initial call, telecommunicators will attempt to elicit any and all information from the victim assisting the responding and investigating responders to help assess the situation.
 - The immediate safety of the caller and individuals at the scene is a priority.
 - The nature of the incident, verbal or physical, violent or non-violent and whether EMS should respond or be placed on standby should be answered.
 - Suspect's relationship to the victim should be identified.
 - List any and all weapons involved, present, being used to threaten someone, etc.
 - Any other hazards should be noted (including dangerous animals).
 - Information concerning the location (i.e. gate locked, house or apartment, back door).
 - Description of the location and directions to the location if needed (rural setting or multiple story building).
 - Language barriers for responders should be noted.
 - Use of or under the influence of alcohol, legal or illegal drugs.
 - Suspect on the scene, left the scene (direction and mode of travel).
 - Description of suspect (head to toe outside to inside), the time delay of the suspect leaving. Telecommunicators should obtain basic information on the suspect as well including date of birth, vehicle owned/driving, etc.
 - Others involved, including children (age, description, and whereabouts of the child).
 - Whether law enforcement has been called before, number of times, etc.
 - Current protective order or warrants on a suspect.
 - Previous history of violence towards law enforcement.
- In speaking with victim callers of family violence, keep in mind the following:
 - The victim may be in crisis; behaviors can range from hysteria, crying and rage to laughter, calmness, and unresponsiveness. There isn't one typical reaction and all should be treated with dignity and respect.

- In order to minimize victim frustration, it is important to explain the questions asked will not delay the dispatch of help.
- Remember threats might not appear as such without considering the context. For example, a particular word, look or gesture by the suspect may have significant meaning to the victim.
- Telecommunicators should not ask the caller if they desire prosecution. Law enforcement once on the scene will determine the circumstances of the crime committed.
- After obtaining initial information telecommunicator should shift their priority to the responders:
 - Relay all vital information to responding officers and supervisors including language or other communication barriers, weapons displayed or being used, past or current orders of protection and any additional information that will enhance the safety of the victim, witnesses, and responders.
 - Keep the caller on the phone if the caller is a victim or witness after ascertaining that it is safe for the caller to do so, in order to relay ongoing information to responders. Know that it might not be safe to do so; consider an alternative which may be to ask the caller to place the phone down but leave the line open.
 - Have ready access to department records indicating whether the parties involved have been involved previously, previous incidents involving weapons or where there is protective order in play.
 - Preserve documentation of the facts and circumstances of each call, including the 9-1-1 phone call for potential use in the criminal investigation.

The International Association of Police Chiefs. Page 10-11.

<https://www.theiacp.org/sites/default/files/all/i-IACPIntimatePartnerViolenceResponsePolicyandTrainingGuidelines2017.pdf>

10.3.3 **Learning Objective:** Review statistics related to domestic violence incidents.

- On average, nearly twenty people per minute are physically abused by an intimate partner in the United States. In one year, this equates to more than ten million women and men.

Note: Instructors are encouraged to validate and research current statistics and trends.

Statistics. National Statistics, NCADV. Retrieved May 15, 2018,

<https://ncadv.org/statistics>

10.3.4 **Learning Objective:** Discuss the causes of family violence.

- Abusers may feel this need to control their partner because of low self-esteem, extreme jealousy, difficulties in regulating anger and other strong emotions, or when they feel inferior to the other partner in education and socioeconomic background.

- Some people with very traditional beliefs may think they have the right to control their partner, and that women aren't equal to men. Others may have an undiagnosed personality disorder or psychological disorder. Still, others may have learned this behavior from growing up in a household where domestic violence was accepted as a normal part of being raised in their family.
- Children who witness or are the victims of violence may learn to believe that violence is a reasonable way to resolve the conflict between people. Although women are most often the victim of domestic violence, gender roles can and are reversed sometimes.
- No cause of domestic violence justifies the actions of the abuser.

Goldsmith, Toby D. MD. *What Causes Domestic Violence?* Psych Central. 2017, July 16. <https://psychcentral.com/lib/what-causes-domestic-violence/>

10.3.5 **Learning Objective:** Review the traits of an abuser.

- Abuse is defined as: improper or excessive use or treatment; physical maltreatment.

Abuse. Merriam-Webster, Retrieved March 14, 2019. <https://www.merriam-webster.com/dictionary/abuser>

- The abuser will question the victim about who the victim talks to, accuse the victim of flirting or become jealous of time spent with others. The abuser may call the victim frequently during the day, drop by unexpectedly, and refuse to let the victim work, check the car mileage, or ask friends to watch the victim.
- An abuser will attribute controlling behavior to concern for the victim (for example, the victim's safety or decision-making skills) and may assume all control of finances or prevent the victim from coming and going freely.
- A victim often has known or dated the abuser for a brief period of time before getting engaged or living together. The abuser will pressure the victim to commit to the relationship. A victim may be made to feel guilty for wanting to slow the pace or end the relationship.
- An abuser expects the victim to meet all of the abuser's needs, to take care of everything emotionally and domestically.
- An abuser will attempt to isolate the victim by severing ties to outside support and resources. The abuser may block the victim's access to use of a vehicle, work, or telephone service in the home.
- An abuser will blame others for all problems or for the abuser's own shortcomings. Someone is always out to get the abuser or is an obstacle to the abuser's achievements.
- The abuser punishes animals brutally or is insensitive to their pain. The abuser may expect children to perform beyond their capability.
- "Playful" use of force in sex including restraining partners against their will during sex, acting out fantasies in which the partner is helpless, initiating sex when the partner is asleep, or demanding sex when the partner is ill or tired.

- Verbal abuse involves saying things that are intended to be cruel and hurtful, cursing or degrading the victim, or putting down the victim's accomplishments.
- Dual personality "Dr. Jekyll and Mr. Hyde" - Explosive behavior and moodiness, which can shift quickly to congeniality, are typical of people who beat their partners.
- Threats of violence consist of any threat of physical force meant to control the partner. Most people do not threaten their mates, but an abuser will excuse this behavior by claiming "everyone talks like that."
- Breaking or striking objects is used as a punishment or to terrorize the victim.
- Any force during an argument may involve an abuser holding down the victim, physically restraining the victim, pushing or shoving.

Abuser Tricks. New Hope for Women. Retrieved May 15, 2018.

<https://newhopeforwomen.org/abuser-tricks>

- Dating violence - dating violence is controlling, abusive, and aggressive behavior in a romantic relationship. It can happen in straight or gay relationships. It can include verbal, emotional, physical, or sexual abuse or a combination.
 - Controlling behavior may not let you hang out with your friends, calling you frequently to find out where you are, whom you're with, and what you're doing; telling you what to wear or having to be with you all the time;
 - Anyone can be a victim of dating violence. Both boys and girls are victims, but boys and girls abuse their partners in different ways. Girls are more likely to use verbal abuse or threaten to hurt themselves. Boys are more likely to use force to injure their partners, injure girls and force them to participate in unwanted sexual activity.

Bulletins for Teens: Dating Violence. The National Center for Victims of Crime. What is it? <http://victimsofcrime.org/help-for-crime-victims/get-help-bulletins-for-crime-victims/bulletins-for-teens/dating-violence>

10.3.6 **Learning Objective:** Review why victims do not leave abusive situations.

- "You're telling me that your husband beat you up. I would never put up with that abuse. Why don't you just leave him?" We often put ourselves in the place of the victims and imagine ourselves leaving at the first signs of abuse. But breaking free of abuse is not simply a matter of walking out the door. Leaving is a process. It can be difficult for many people to understand why a person would stay in an abusive relationship. But there are many reasons. Strong emotional and psychological forces keep the victim tied to the abuser. Sometimes situational realities like a lack of money keep the victim from leaving. The reasons for staying vary from one victim to the next, and they usually involve several factors.
- Emotional reasons for staying belief is the abusive partner will change because of his remorse and promises to stop abusing; fear of threats being carried out, lack of emotional support from others, guilt over the failure of the relationship, of the abuser who threatens to kill the victim if abuse is reported to anyone, love they

still have for their partner, and one of the most common reason is feeling responsible for what made their abuser angry.

- Other factors contributing to victims' staying in the situation include economic dependence, fear of harm to the children, social isolation, lack of knowledge of resources available to the victim, belief that law enforcement can't or won't help them, and cultural or religious beliefs.

Why do Abuse Victims Stay? Domestic Violence Roundtable. Retrieved May 15, 2018, <http://www.domesticviolenceroundtable.org/abuse-victims-stay.html>

10.3.7 Learning Objective: Discuss the complication of strangulation during a family violence incident.

- To strangle is to choke to death by compressing the throat with something; to obstruct seriously or fatally the normal breathing; to die from or as if from interference with breathing.

Strangle. Merriam-Webster, Retrieved March 14, 2019. <https://www.merriam-webster.com/dictionary/strangulation>

- Victims of strangulation often present unique problems to 9-1-1 call-takers and law enforcement officers. In addition to the inherent minimization of the events, some victims are unable to describe the event using the technical terms or they may have momentarily lost consciousness and "blacked out". Understanding the signs and symptoms of strangulation can help a victim get the medical assistance they need, as well as direct the victim to the appropriate services for a victim of escalating, and potentially lethal, family violence.
- Choking is an internal obstruction of the airway with an object or tongue. Strangulation is grabbing, suppression, squeezing, or crushing of the throat.
- Manual strangulation is usually done with hands, but can also be performed with forearms, or by standing or kneeling on the victim's throat.
- Signs and Symptoms - Call takers should be familiar with the following signs and symptoms of strangulation:
 - Neck swelling or stiffness.
 - Raspy breath, difficulty speaking - voice changes will occur in up to 50 percent of victims and can be as mild as hoarseness to complete lack of voice.
 - Difficulty breathing or inability to breathe.
 - Complaints of a sore throat.
 - Difficulty swallowing, painful swallowing.
 - Uncontrollable shaking.
 - Memory loss.
 - Nausea.
 - Involuntary urination and defecation.
 - Rope or cord burns or other linear injuries caused by an object used to throttle the victim.
 - Chin abrasions are common as the victim lowers the chin to protect the neck.

- The call-taker should ask the victim if the offender strangled them. Even if the answer is no, they should question the victim as to if the offender put his hands around the victim's neck and squeezed. If the answer is yes to either question, the call taker should then inquire about the following:
 - What was used?
 - How long was it used?
 - Did the victim lose consciousness?
 - Has it happened before and how often?
- The call-taker should also ask whether the suspect made any statements before, during, or after he had his hand(s) or object around his/her neck.
- Strangulation questions and appropriate identification and documentation are important because there are few visible external injuries, even if there are substantial internal injuries. When strangulation causes death, there are often no external injuries. However, pathologists frequently discover broken hyoid bones and other indications of strangulation that were not outwardly apparent. The use of a weapon is likely to be lethal. In the call, use "choke" in quotes if this is how the victim referred to it. Victims are much more likely to respond to the word "choking" as reflecting their experience, although strangulation is a more accurate medical (and criminal justice) term.

National Domestic Violence Hotline <https://www.thehotline.org/2016/03/15/the-dangers-of-strangulation>

10.3.8 **Learning Objective:** Discuss possible head injuries in family violence incidents.

- It is common in family violence incidents for head injuries to occur. Research has found that the head is a primary target in attacks against family violence victims and the effect of the assaults can result in cumulative brain injury. Due to the violence involved in these types of incidents, injuries may occur without the victim being aware. The common signs of head injuries include:
 - Headaches.
 - Dizziness.
 - Depression.
 - Memory loss or poor memory.
 - Difficulty concentrating, reading, writing, or performing tasks.
- The call-taker should question the victim regarding:
 - Was the victim hit on the head? How many times?
 - Was the victim slammed into a wall?
 - Was the victim hit with an object, fist or pushed into something?
 - Did the victim fall down or were they pushed down?
 - Did the victim lose consciousness?
 - How often has this happened?
 - Was the victim shaken severely?

Domestic Abuse and Traumatic Brain Information Guide. Office for Prevention of Domestic Violence, State of New York. Retrieved March 14, 2019.
https://www.opdv.ny.gov/professionals/tbi/dvandtbi_infoguide.html

Unit 10.3 Family Violence Resources

- *Texas Legislature. Penal code. Title 5. Offenses against the Person. Chapter 22. Assaultive Offenses. Sec. 22.01. Assault.* <https://statutes.capitol.texas.gov/Docs/PE/htm/PE.22.htm>
- *American Psychological Association: Violence and the Family: Report of the APA Presidential Task Force on Violence and the Family – Executive Summary. Public Interest Initiatives.* http://www.nnflp.org/apa/APA_task_force.htm
- *Texas Department of Public Safety Chapter 5, Definition Page 47* <https://www.dps.texas.gov/crimereports/08/citCh5.pdf>
- *The International Association of Police Chiefs Page 10-11* <https://www.theiacp.org/sites/default/files/all/i-IACPIntimatePartnerViolenceResponsePolicyandTrainingGuidelines2017.pdf>
- *National Coalition of Against Domestic Violence Statistics.* <https://ncadv.org/statistics>
- *Goldsmith, Toby D. MD. What Causes Domestic Violence? Psych Central. 2017, July 16* <https://psychcentral.com/lib/what-causes-domestic-violence>
- *New Hope for Women Organization: Abuser Tricks.* <https://newhopeforwomen.org/abuser-tricks>
- *The National Center for Victims of Crime: Bulletins for Teens: Dating Violence.* <http://victimsofcrime.org/help-for-crime-victims/get-help-bulletins-for-crime-victims/bulletins-for-teens/dating-violence>
- *Domestic Violence Roundtable. Why do Abuse Victims Stay?* <http://www.domesticviolenceroundtable.org/abuse-victims-stay.html>

Glossary/Acronyms

Family Violence - Abuse as including a range of physical, sexual and emotional maltreatment by one family member against another; according to this definition, the term family includes a variety of relationships beyond those of blood or marriage.

10.4.0 **Unit Goal:** Recognize call taking techniques for stalking incidents.

10.4.1 **Learning Objective:** Define the term stalking.

- Stalking is a pattern of behavior that makes you feel afraid, nervous, harassed, or in danger. It is when someone repeatedly contacts you, follows you, sends you things, talks to you when you don't want them to, or threatens you.

Bulletins for Teens: Stalking. The National Center for Victims of Crime. Retrieved March 12, 2019. <http://victimsofcrime.org/help-for-crime-victims/get-help-bulletins-for-crime-victims/bulletins-for-teens/stalking>

- A person commits an offense if the person, on more than one occasion and pursuant to the same scheme or course of conduct that is directed specifically at another person, knowingly engages in conduct that:
 - constitutes an offense under Section [42.07](#) (see below), or that the actor knows or reasonably should know the other person will regard as threatening:
 - bodily injury or death for the other person;
 - bodily injury or death for a member of the other person's family or household or for an individual with whom the other person has a dating relationship; or
 - that an offense will be committed against the other person's property;
 - causes the other person, a member of the other person's family or household, or an individual with whom the other person has a dating relationship to be placed in fear of bodily injury or death or in fear that an offense will be committed against the other person's property, or to feel harassed, annoyed, alarmed, abused, tormented, embarrassed, or offended; and
 - would cause a reasonable person to:
 - fear bodily injury or death for himself or herself;
 - fear bodily injury or death for a member of the person's family or household or for an individual with whom the person has a dating relationship;
 - fear that an offense will be committed against the person's property; or
 - feel harassed, annoyed, alarmed, abused, tormented, embarrassed, or offended.

Texas Legislature. Penal code. Title 9. Offenses Against Public Order and Decency. Chapter 42. Disorderly Conduct and Related Offenses. Sec. 42.072. Stalking. Retrieved February 10, 2019. <https://statutes.capitol.texas.gov/Docs/PE/htm/PE.42.htm>

- While legal definitions of stalking vary from one jurisdiction to another, a good working definition of stalking is a course of conduct directed at a specific person that would cause a reasonable person to feel fear.

Stalking Prevention, Awareness, and Resource Center. Stalking Fact Sheet. 2017. Retrieved February 10, 2019. https://www.stalkingawareness.org/wp-content/uploads/2019/01/SPARC_StalkingFactSheet_2018_FINAL.pdf

10.4.2 **Learning Objective:** Review statistical data related to stalking victimization.

- An estimated 6-7.5 million people are stalked in a one-year period in the United States.
- Nearly 1 in 6 women and 1 in 17 men have experienced stalking victimization at some point in their lifetime.
- Using a less conservative definition of stalking, which considers any amount of fear (i.e., a little fearful, somewhat fearful, or very fearful), 1 in 4 women and 1 in 13 men reported being a victim of stalking in their lifetime.
- About half of all victims of stalking indicated that they were stalked before the age of 25.
- Stalkers use many tactics including:
 - Approaching the victim or showing up in places when the victim didn't want them to be there;
 - making unwanted telephone calls;
 - leaving the victim unwanted messages (text or voice); or
 - watching or following the victim from a distance, or spying on the victim with a listening device, camera, or GPS.
- The majority of stalking victims are stalked by someone they know. Many victims are stalked by a current or former intimate partner, or by an acquaintance.
- People aged 18-24 have the highest rate of stalking victimization.
- Almost half of stalking victims experience at least one unwanted contact per week.
- 11% of stalking victims have been stalked for 5 years or more.
- 1 in 4 victims report being stalked through the use of some form of technology (such as e-mail or instant messaging).
- 10% of victims report being monitored with global positioning systems (GPS), and 8% report being monitored through video or digital cameras, or listening devices.
- Impact of Stalking on Victims:
 - 46% of stalking victims fear not knowing what will happen next.
 - 29% of stalking victims fear the stalking will never stop.
 - 1 in 8 employed stalking victims lose time from work as a result of their victimization and more than half lose 5 days of work or more.
 - 1 in 7 stalking victims move as a result of their victimization.
 - Stalking victims suffer much higher rates of depression, anxiety, insomnia, and social dysfunction than people in the general population.
- Stalking Offenders:
 - 2/3 of stalkers pursue their victims at least once per week, many daily, using more than one method.
 - 78% of stalkers use more than one means of approach.
 - Weapons are used to harm or threaten victims in 1 out of 5 cases.
 - Almost 1/3 of stalkers have stalked before.
 - Intimate partner stalkers frequently approach their targets, and their behaviors escalate quickly.

Stalking Prevention, Awareness, and Resource Center. Stalking Fact Sheet. 2017.
Retrieved February 10, 2019. https://www.stalkingawareness.org/wp-content/uploads/2019/01/SPARC_StalkingFactSheet_2018_FINAL.pdf

10.4.3 Learning Objective: Describe the impact to stalking victims.

- Effects on mental health:
 - Denial, confusion, self-doubt, questioning if what is happening is unreasonable, wondering if they are over-reacting.
 - Frustration.
 - Guilt, embarrassment, self-blame.
 - Apprehension, fear, the terror of being alone or that they, others or pets will be harmed.
 - Feeling isolated and helpless to stop the harassment.
 - Depression (all symptoms related to depression).
 - Anxiety, panic attacks, agoraphobia (frightened to leave the house, never feeling safe).
 - Difficulty concentrating, attending and remembering things.
 - Inability to sleep – nightmares, ruminating.
 - Irritability, anger, homicidal thoughts.
 - Emotional numbing.
 - Symptoms of Post-traumatic Stress disorder e.g. hypervigilance (always on the lookout), flashbacks of frightening incidents, easily startled
 - Insecurity and inability to trust others, problems with intimacy.
 - Personality changes due to becoming more suspicious, introverted or aggressive.
 - Self-medication alcohol/ drugs or using prescribed medications.
 - Suicidal thoughts and/or suicide attempts.
- Effects on physical health:
 - Fatigue from difficulty sleeping, being constantly on guard, symptoms of depression.
 - Effects of chronic stress including headaches, hypertension.
 - Gastrointestinal problems.
 - Fluctuations in weight due to not eating or comfort eating.
 - Development or exacerbation of pre-existing conditions e.g. asthma, gastric ulcers, and psoriasis.
 - Dizziness.
 - Shortness of breath.
 - Impact on health of increased use of alcohol, cigarettes or drugs.
 - Sexual dysfunction.
 - Physical injury due to not concentrating or being under the influence of substances.
 - Heart palpitations and sweating.
- Effects on work and school:

- Deteriorating school/work performance.
- Increased sick leave.
- Leaving a job or being sacked.
- Changing career.
- Dropping out of school – poorer education and career opportunities.
- Effects on social life:
 - Insecurity and inability to trust others impacting on current and future relationships and friendships.
 - Problems with physical and emotional intimacy.
 - Avoidance of usual activities e.g., going to the gym, going out.
 - Isolation through trying to protect others, feeling misunderstood or psychological symptoms.
 - Others withdrawing from the victim because they don't believe the victim, they are unable to cope with the victim's mental state or as a direct consequence of third-party victimization.
 - Victim moving to a new area, changing their phone number, name or even their appearance.
- Effects on finances:
 - Loss of wages due to sick leave, leaving a job or changing career.
 - Costs incurred through legal fees.
 - The expense of increasing home and personal security.
 - The cost involved in repairing property damage.
 - Seeking psychological counseling and medical treatment.
 - The cost involved in breaking leases on rented properties.
 - The expense of relocation.

StalkInc. Stalking Risk Profile. Impact of Stalking on Victims. 2011. Retrieved February 11, 2019. <https://www.stalkingriskprofile.com/victim-support/impact-of-stalking-on-victims>

10.4.4 **Learning Objective:** Review the five types of stalkers.

- Rejected Stalkers:
 - Most common and dangerous type.
 - The victim is often a former intimate partner.
 - Pursue the victim after the relationship ends.
 - Display a volatile mix of desire for reconciliation and revenge.
 - Likely to have a criminal history.
- Intimacy-Seeking Stalkers:
 - Wants an intimate relationship with a victim they believe is their “true love”.
 - Tend to instill their victims with special desirability, excellence, and other qualities consistent of romanticized love.
 - Most have erotomaniac delusions, the rest have morbid infatuations with the victim.
 - Unperturbed by legal sanctions, viewing them as the price to pay for “true love”.

- Incompetent Stalkers:
 - Know the victim is disinterested but hopes their behavior will lead to a relationship.
 - Stalking may be viewed as crude or “incompetent” attempts to court the victim.
 - Often intellectually limited.
 - Feel entitled to a partner but has underdeveloped social skills.
 - Do not give the victim unique qualities like intimacy-seekers.
- Resentful Stalkers:
 - Tend to frighten and distress the victim.
 - Many have paranoid personalities or delusional disorders.
 - May pursue a vendetta against a specific victim or feel generally aggrieved and randomly choose a victim.
 - Feel persecuted and may go about stalking with a righteous indignation.
 - Legal sanctions may inflame this type of stalker.
- Predatory Stalkers:
 - Stalk to prepare for a sexual assault.
 - Stalk to discover the victim’s vulnerabilities and seldom give warnings.
 - The victim is often unaware of the danger.
 - Suffer from sexual perversion and sexual deviation and have prior convictions for sexual offenses.

MDEdge. Psychiatry. Stalking Intervention: Know the 5 Stalker Types, Safety Strategies for Victims. May 2007. Retrieved February 11, 2019.

<https://www.mdedge.com/psychiatry/article/62668/stalking-intervention-know-5-stalker-types-safety-strategies-victims>

10.4.5 **Learning Objective:** Identify common forms of stalking behavior.

- 78% of stalkers use more than one means to obtain information about victims, to harass victims, or contact victims. Victims can be stalked and not even know it, or it can be glaringly obvious.
- Following or showing up wherever the victim is. They may or may not make contact with the victim, but it doesn’t matter. Watching someone repeatedly is a form of harassment.
- Sending persistent, unwanted gifts, letters, notes, e-mails, texts or messages via social media.
- Damaging the victim’s home, car, or other property.
- Monitoring the victim’s phone, computer use or social media accounts to learn about the victim, their family, personal life and whereabouts.
- Using technology, like hidden cameras or global positioning systems (GPS), to track where their victims go.
- Driving by or hanging out at or near the victim’s home, school, or work.

- Threatening the victim, their family, friends, or pets. They may also threaten to reveal information (true or not) that could damage the victim's reputation or relationships.
- Seeking information about the victim via public records, online search services, private investigators, or by going through the victim's garbage or personal property. They may also contact the victim's friends, family, neighbors, or co-workers to gain access or information about the victim.
- Posting personal information or spreading harmful rumors about the victim.
- Creating or manipulating situations in order to have contact with the victim, such as applying for a job where the victim works or calling with a personal emergency to make the victim feel guilty or sorry for them.

A Secure Life. Indicators of Stalking Behaviors. 2017. Retrieved February 11, 2019.

<http://www.langston.edu/title-ix/indicators-stalking-behavior>

10.4.6 **Learning Objective:** Define the term cyberstalking.

- Cyberstalking refers to the use of the Internet, e-mail, or other telecommunication technologies to harass or stalk another person.
- It is not the mere annoyance of unsolicited e-mail. It is methodical, deliberate, and persistent.
- The communications, whether from someone known or unknown, does not stop even after the recipient has asked the sender to cease all contacts, and are often filled with inappropriate, and sometimes disturbing, content.
- Cyberstalking is an extension of the physical form of stalking.

Marshall University. Women's Center. Cyberstalking. What is Cyberstalking? 2018.

Retrieved February 11, 2019.

<https://www.marshall.edu/wcenter/stalking/cyberstalking/>

10.4.7 **Learning Objective:** Describe the techniques used by cyberstalkers.

- They may initially use the Internet to identify and track their victims.
- They may then send unsolicited e-mails, including hate, obscene or threatening mail. Live chat harassment abuses the victim directly or through electronic sabotage (for example, flooding the Internet chat channel to disrupt the victim's conversation).
- With newsgroups, the cyberstalker can create postings about the victim or start rumors that spread through the bulletin board system.
- A cyberstalker may also set up a web page on the victim with personal or fictitious information or solicitations to readers.
- Another technique is to assume the victim's persona online, such as in chat rooms, for the purpose of discrediting the victim's reputation, posting details about the victim, or soliciting unwanted contacts from others.
 - Cyberstalking is a course of conduct that takes place over a period of time and involves repeated, deliberate attempts to cause distress to the victim

- Rapidly advancing technology also makes it possible for abusers to use spyware which is computer software or possibly a hardware device that allows someone to monitor and get information about someone else's computer use.
 - The presence of the spyware is usually totally unknown to the victim.
 - Once installed, the spyware can allow the abuser to monitor what is done on the computer, cell phone or other handheld device.
 - This is usually done remotely so that the victim remains unaware that he/she is being monitored.
- Additionally, technology continues to produce cameras that can be hidden in smaller and less obvious places, such as a child's toy, the bedroom lamp or smoke detector.
 - This makes it possible for abusers to obtain photographs which can then be enhanced and/or modified using various programs
 - A victim might find these pictures on offensive websites, posted on the victim's own webpage or distributed throughout the Internet.
 - Some of the cameras also have built-in microphones so the abuser can hear what is being said as well as take pictures

*Marshall University. Women's Center. Cyberstalking. What is Cyberstalking? 2018.
Retrieved February 11, 2019.*

<https://www.marshall.edu/wcenter/stalking/cyberstalking/>

Unit 10.4 Stalking Resources

- SRC. *Connecting the Dots – Recognizing and Responding to Stalking*. Published on June 5, 2015. Retrieved February 9, 2019, <https://www.youtube.com/watch?v=Q2BHO8eXvxA&t=317s>
- Outrageous.org. *Stalking Can Happen to Anyone*. Posted on March 4, 2015. Retrieved on February 9, 2019. https://www.youtube.com/watch?v=TTPZL20_ucY

Glossary/Acronyms

Stalking - A pattern of behavior that makes you feel afraid, nervous, harassed, or in danger. It is when someone repeatedly contacts you, follows you, sends you things, talks to you when you don't want them to, or threatens you.

Cyberstalking - Refers to the use of the Internet, e-mail, or other telecommunication technologies to harass or stalk another person.

10.5.0 **Unit Goal:** Review processing techniques for sexual assault calls for service.

10.5.1 **Learning Objective:** Define the term sexual assault.

- Illegal sexual contact that usually involves force upon a person without consent or is inflicted upon a person who is incapable of giving consent (as because of age or physical or mental incapacity) or who places the assailant (such as a doctor) in a position of trust or authority.

Sexual Assault. Merriam-Webster Retrieved March 12, 2019. <https://www.merriam-webster.com/dictionary/sexual%20assault>

- A sexual assault offense is committed in Texas when a person intentionally or knowingly:
 - causes the penetration of the anus or sexual organ of another person by any means, without that person's consent;
 - causes the penetration of the mouth of another person by the sexual organ of the actor, without that person's consent; or
 - causes the sexual organ of another person, without that person's consent, to contact or penetrate the mouth, anus, or sexual organ of another person, including the actor; or regardless of whether the person knows the age of the child at the time of the offense, the person intentionally or knowingly:
 - causes the penetration of the anus or sexual organ of a child by any means;
 - causes the penetration of the mouth of a child by the sexual organ of the actor;
 - causes the sexual organ of a child to contact or penetrate the mouth, anus, or sexual organ of another person, including the actor;
 - causes the anus of a child to contact the mouth, anus, or sexual organ of another person, including the actor; or
 - causes the mouth of a child to contact the anus or sexual organ of another person, including the actor.
- A sexual assault under Subsection (a)(1) is without the consent of the other person if:
 - the actor compels the other person to submit or participate using physical force, violence, or coercion;
 - the actor compels the other person to submit or participate by threatening to use force or violence against the other person or to cause harm to the other person, and the other person believes that the actor has the present ability to execute the threat;
 - the other person has not consented, and the actor knows the other person is unconscious or physically unable to resist;
 - the actor knows that as a result of mental disease or defect the other person is at the time of the sexual assault incapable either of appraising the nature of the act or of resisting it;

- the other person has not consented, and the actor knows the other person is unaware that the sexual assault is occurring;
- the actor has intentionally impaired the other person's power to appraise or control the other person's conduct by administering any substance without the other person's knowledge;
- the actor compels the other person to submit or participate by threatening to use force or violence against any person, and the other person believes that the actor has the ability to execute the threat;
- the actor is a public servant who coerces the other person to submit or participate;
- the actor is a mental health services provider or a health care services provider who causes the other person, who is a patient or former patient of the actor, to submit or participate by exploiting the other person's emotional dependency on the actor;
- the actor is a clergyman who causes the other person to submit or participate by exploiting the other person's emotional dependency on the clergyman in the clergyman's professional character as spiritual adviser; or
- the actor is an employee of a facility where the other person is a resident unless the employee and resident are formally or informally married to each other under Chapter 2, Family Code

Texas Legislature. Penal code. Title 5. Offenses Against the Person. Chapter 22. Assaultive Offenses. Sec. 22.011. Sexual Assault. Retrieved February 10, 2019. <https://statutes.capitol.texas.gov/Docs/PE/htm/PE.22.htm>

10.5.2 **Learning Objective:** Define the term Aggravated Sexual Assault.

- Aggravated sexual assault is a felony sexual offense governed by state laws, which vary by state. It is typically defined as a sexual assault that maims, wounds, or disfigures the victim, or involves a victim who is physically or mentally incapacitated. It may also be defined to include a sexual assault that is aided or abetted by another person, occurs during commission of another crime, or involves use of a deadly weapon. Local laws should be consulted for specific requirements and applicable penalties.

Aggravated Sexual Assault Law and Legal Definition. USLegal.com, Retrieved March 14, 2019. <https://definitions.uslegal.com/a/aggravated-sexual-assault/>

- An aggravated sexual assault offense is committed in Texas when a person intentionally or knowingly:
 - causes the penetration of the anus or sexual organ of another person by any means, without that person's consent;
 - causes the penetration of the mouth of another person by the sexual organ of the actor, without that person's consent; or
 - causes the sexual organ of another person, without that person's consent, to contact or penetrate the mouth, anus, or sexual organ of another person,

including the actor; or regardless of whether the person knows the age of the child at the time of the offense, intentionally or knowingly:

- causes the penetration of the anus or sexual organ of a child by any means;
- causes the penetration of the mouth of a child by the sexual organ of the actor;
- causes the sexual organ of a child to contact or penetrate the mouth, anus, or sexual organ of another person, including the actor;
- causes the anus of a child to contact the mouth, anus, or sexual organ of another person, including the actor; or
- causes the mouth of a child to contact the anus or sexual organ of another person, including the actor; and if the person:
 - causes serious bodily injury or attempts to cause the death of the victim or another person in the course of the same criminal episode;
 - by acts or words places the victim in fear that any person will become the victim of an offense under Section 20A.02(a)(3), (4), (7), or (8) or that death, serious bodily injury, or kidnapping will be imminently inflicted on any person;
 - by acts or words occurring in the presence of the victim threatens to cause any person to become the victim of an offense under Section 20A.02(a)(3), (4), (7), or (8) or to cause the death, serious bodily injury, or kidnapping of any person;
 - uses or exhibits a deadly weapon in the course of the same criminal episode;
 - acts in concert with another who engages in conduct described by Subdivision (1) directed toward the same victim and occurring during the course of the same criminal episode; or with the intent of facilitating the commission of the offense, administers or provides to the victim of the offense any substance capable of impairing the victim's ability to appraise the nature of the act or to resist the act; or
 - the victim is younger than 14 years of age, regardless of whether the person knows the age of the victim at the time of the offense; or
 - the victim is an elderly individual or a disabled individual

Texas Legislature. Penal code. Title 5. Offenses Against the Person. Chapter 22. Assaultive Offenses. Sec. 22.021. Aggravated Sexual Assault. Retrieved February 10, 2019. <https://statutes.capitol.texas.gov/Docs/PE/htm/PE.22.htm>

10.5.3 **Learning Objective:** Review statistics related to sexual assault.

- Sexual assault in the United States:
 - One in five women and one in 71 men will be raped at some point in their lives.
 - In the U.S., one in three women and one in six men experience some form of contact sexual violence in their lifetime.

- Cost and impact of sexual assault:
 - 81% of women and 35% of men report significant short- or long-term impacts such as Post-Traumatic Stress Disorder (PTSD.)
 - Health care is 16% higher for women who were sexually abused as children and 36% higher for women who were physically and sexually abused as children.
- Child sexual abuse:
 - One in four girls and one in six boys will be sexually abused before they turn 18 years old.
 - The average age at which girls first become victims of prostitution is 12-14 years old, and the average age at which boys first become victims of prostitution is 11-13 years old.
 - Only 12% of child sexual abuse is ever reported to the authorities
- Campus sexual assault:
 - 20% - 25% of college women and 15% of college men are victims of forced sex during their time in college.
 - More than 90% of sexual assault victims on college campuses do not report the assault.
- Crime reports:
 - Rape is the most under-reported crime; 63% of sexual assaults are not reported to police.

National Sexual Violence Resource Center. Get Statistics. 2017. Retrieved February 10, 2019. <https://www.nsvrc.org/statistics>

- Perpetrators of sexual violence:
 - 19.5% of sexual assaults are committed by a stranger.
 - 39% of sexual assaults are committed by an acquaintance.
 - 33% of sexual assaults are committed by a current or former spouse, boyfriend, or girlfriend.
- Perpetrators with juvenile victims:
 - 93% of juvenile victims know the perpetrator.
 - 59% were acquaintances.
 - 34% were family members.
 - 7% were strangers to the victim.
- The perpetrators:
 - 50% of sexual assault perpetrators are 30 years or older.
 - 25% of sexual assault perpetrators are between the ages of 21-29.
 - 9% of sexual assault perpetrators are between the ages of 18-20.
 - 15% of sexual assault perpetrators are younger than 17 years old.
 - 90% of sexual assaults are perpetrated by one offender.
 - 10% of sexual assaults are perpetrated by two or more offenders.
- Forms of violence:
 - In 11% of rape and sexual assault incidents, the perpetrator used a weapon.
 - In 6% of the cases, the suspect used a gun.

- In 4% of the cases, the suspect used a knife.
- In 1% of the cases, the suspect used some other weapon.
- In 2 out of 3 cases, the perpetrator used personal weapons—such as hands, feet, or teeth.

Rape, Abuse, & Incest National Network. Perpetrators of Sexual Violence. 2019. Retrieved February 10, 2019. <https://www.rainn.org/statistics/perpetrators-sexual-violence>

10.5.4 **Learning Objective:** Discuss victim responses to sexual assault.

- Each individual victim of sexual assault has their own personal and private experience. The way they respond to the assault is determined by a multitude of factors. However, just as there are common patterns of sexual assault, there are common responses to sexual assault. These responses will be experienced by most victim/survivors at some point in time.
 - Powerlessness and loss of control: "I feel so helpless. Will I ever be in control again?"
 - Emotional numbness? "I feel so numb. Why am I so calm? Why can't I cry?"
 - Denial: "Was it really sexual assault? I'm okay. I'll be alright."
 - Disturbed sleep
 - Flashbacks: Memories of the assault often return without warning.
 - Guilt/self-blame: "I feel as if I did something to make this happen. If only I hadn't..."
 - The offender is always at fault, never the victim. Nothing a victim does is 'asking for it'. Equally, the victim's strategies for surviving the assault are issues for affirmation, not condemnation.
 - Embarrassment/shame: "I feel so dirty like there is something wrong with me now. Can you tell that I've been raped? What will people think?"
 - Loss of confidence: "I feel I can't do anything anymore.... even the simplest things."
 - Mood changes: "I feel like I'm going crazy!"
 - Low self-esteem: "I'm disgusted by myself, by the memories. I'm just worthless."
 - Depression: "How am I going to go on? I feel so tired and hopeless."
 - Fear: "I'm constantly jumpy. A sudden noise, an angry voice, moving bushes and I am afraid."
 - Anxiety: "I feel so tense. I'm a nervous wreck."
 - Hostility: Many victims of sexual assault experience feelings of hostility towards the gender of their offenders.
 - Anger: "I want to kill him; I hate him, everything, and everyone."
 - Sexual confidence: "I just can't bear to be touched."
 - Alienation/isolation: Feelings of differentness, alienation, isolation, and despair are often experienced by sexual assault survivors if they are unable to share their experiences with others.

South Eastern CASA. *Feelings After Sexual Assault*. 2019. Retrieved February 10, 2019.
<https://www.mass.gov/files/documents/2018/07/31/2017-sexual-assault-law-enforcement-guidelines.pdf>

10.5.5 **Learning Objective:** Review the telecommunicator's role in sexual assault calls for service.

- Communications personnel or the initial call-taker plays a critical role in obtaining important information from the reporting party. The information obtained is pivotal in determining the initial police response and ensuring the appropriate personnel are dispatched.
- The dispatcher should respond in a calm and supportive manner while simultaneously obtaining, at a minimum, the following information:
 - Name, address, and telephone number of the reporting party;
 - If reporting party is not the victim, obtain the name, address and phone number of the victim, his/her current location, and status (safe, injured, alone, etc.);
 - Identify the caller's relationship to the victim and the caller's basis of knowledge;
 - Dispatch immediate medical assistance if needed;
 - If it's determined to be an "active" scene, promptly dispatch patrol officers to the victim's location and to the crime scene (if different);
 - If, in the dispatcher's assessment, the victim is in imminent danger, advise the victim to move to a safe location (e.g. to the home of a neighbor or family friend, a police station, a church) as long as re-locating can be accomplished with minimal risk;
 - Determine if a weapon was used during the assault. If yes, what type;
 - Determine the suspect's current location and status (safety issues, aware of police involvement, etc.);
 - Obtain detailed information regarding the identity and/or description of the suspect (e.g. name, gender, physical description, clothing, vehicle description);
 - If the assailant has fled the scene, broadcast as much identifying information as quickly as possible;
 - Determine the relationship between suspect and victim (if any);
 - Furnish the responding officers with any available information with special consideration given to:
 - the dangerousness of the offender;
 - specifics about the incident;
 - past domestic violence events and/or assaultive behaviors (prior criminal history, other relevant sources); and
 - if in possession of a firearms license
 - If possible, remain on the line with the victim until officers arrive on scene;

- If for some reason communications cannot be maintained, the victim should also be tactfully advised against bathing, douching, eating, drinking, changing clothes, or touching anything at the scene. The victim of the assault is now analogous with a crime scene;
- If the victim has changed clothes, advise them not to wash the clothes and to leave them as they are;
- Do NOT cancel a law enforcement response to a complaint of sexual assault, regardless of a request to cancel;
- If a request to cancel is made during the initial response, advise the responding officers of this request; and
- Record and preserve the victim's "excited utterances" and 9-1-1 tapes for evidentiary purposes.

The Commonwealth of Massachusetts Executive Office of Public Safety and Security. Adult Sexual Assault Law Enforcement Guidelines. Pages 25-26. 2017. Retrieved February 10, 2019.

<https://www.mass.gov/files/documents/2018/07/31/2017-sexual-assault-law-enforcement-guidelines.pdf>

Unit 10.5 Sexual Assault Resources

- *Bustle. Women Tell Us Why They Didn't Report their Sexual Assault. Published on October 26, 2016. Retrieved on February 9, 2019. <https://www.youtube.com/watch?v=rSWwX7IBEGk>*

Glossary/Acronyms

Sexual Assault - Illegal sexual contact that usually involves force upon a person without consent or is inflicted upon a person who is incapable of giving consent (as because of age or physical or mental incapacity) or who places the assailant (such as a doctor) in a position of trust or authority.

Aggravated Sexual Assault - Sexual assault or rape refers to the crime of forcing sexual intercourse, sodomy or some form of sexual penetration on another, against the person's will and without the person's consent. Most, if not all states, define sexual penetration as penetration of the vagina with a part of the body or an object. Sodomy consists of oral sex (contact between a person's mouth and genitalia) or penetration of the anus with a part of the body or an object.

10.6.0 **Unit Goal:** Review processing techniques for human trafficking calls for service.

10.6.1 **Learning Objective:** Define the term human trafficking.

- Human trafficking is modern-day slavery and involves the use of force, fraud, or coercion to obtain some type of labor or commercial sex act. Traffickers use force, fraud, or coercion to lure their victims and force them into labor or commercial sexual exploitation. They look for people who are susceptible for a variety of reasons, including psychological or emotional vulnerability, economic hardship, and lack of social safety net, natural disasters, or political instability. The trauma caused by the traffickers can be so great that many may not identify themselves as victims or ask for help, even in highly public settings.

Texas Legislature. Penal code. Title 5. Offenses against the Person. Chapter 20A.

Trafficking of Persons. Sec. 20A.02. Trafficking of Persons. Retrieved February 25, 2019. <https://statutes.capitol.texas.gov/Docs/PE/htm/PE.20A.htm>

- The United Nations defines human trafficking as the recruitment, transportation, transfer, harboring, or receipt of persons by improper means (such as force, abduction, fraud, or coercion) for an improper purpose including forced labor or sexual exploitation. It takes on many forms today including domestic servitude, sex trafficking, forced labor, forced marriage, or child labor.

End Slavery Now. Slavery Today. What is the definition of human trafficking? 2019.

Retrieved February 25, 2019. <http://www.endslaverynow.org/learn/slavery-today>

10.6.2 **Learning Objective:** Define Texas law pertaining to trafficking of persons.

- A person commits an offense if, during a period that is 30 or more days in duration, the person engages two or more times in conduct that constitutes an offense under Section 20A.02 against one or more victims.

Texas Legislature. Penal code. Title 5. Offenses Against the Person. Chapter 20A.

Trafficking of Persons. Sec. 20A.02. Trafficking of Persons. Retrieved February 25, 2019. <https://statutes.capitol.texas.gov/Docs/PE/htm/PE.20A.htm>

10.6.3 **Learning Objective:** Discuss statistics related to human trafficking.

- The International Labor Organization estimates that there are 40.3 million victims of human trafficking globally estimating a \$150 billion dollar industry worldwide.
 - 81% of them are trapped in forced labor.
 - 25% of them are children.
 - 75% are women and girls.
- An estimated 1 out of 7 endangered runaways reported to the National Center for Missing and Exploited Children (NCMEC) were likely child sex trafficking victims. Of those, 88% were in the care of social services or foster care when they ran.
- There is no official estimate of the total number of human trafficking victims in the United States, though Polaris estimates that the total number of victims nationally reaches into the hundreds of thousands when estimates of both adults and minors and sex trafficking and labor trafficking are aggregated.

Polaris. The Facts. 2019. Retrieved February 25, 2019.

<https://polarisproject.org/human-trafficking/facts>

10.6.4 Learning Objective: Discuss human trafficking victims' mindset and common barriers to victim identification.

- Captivity/confinement including being locked indoors, held in guarded compounds or locked in trunks of cars.
- Frequent accompaniment/guarded where victim interaction with the public are mediated, monitored or entirely controlled. In certain severe cases, victims have been controlled by armed guards.
- Severe physical retaliation (e.g., beatings, rape, sexual assault, torture) are combined with threats to hold victims in a constant state of fear and obedience.
- Fear manifests in many ways in a trafficking situation, including fear of physical retaliation, of death, of arrest, or of harm to one's loved ones along with the use of reprisals and threats of reprisals against loved ones or third parties.
- Victims from all cultures and in both sex and labor cases may be profoundly ashamed about the activities they have been forced to perform.
- In the face of an extremely psychologically manipulative situation, trafficked persons may engage in self-blaming attitudes and blame themselves for being duped into a situation beyond their control. Self-blaming attitudes are often reinforced by the traffickers and can serve to impede the victim from testifying against or faulting the trafficker.
- Traffickers create inflated debts that victims cannot realistically payoff. These debts are often combined with accruing interest or small fees to ensure that the victim stays in the debt situation.
- In many trafficking cases, victims have exhibited commonly-known behaviors of traumatic bonding due to violence and psychological abuse.
- Feelings of unfamiliarity or fear of the unknown provide obstacles to leaving a trafficking situation. These feelings are exacerbated by language and social barriers.
- In many cases, traffickers are known to brainwash victims into a false distrust of law enforcement, government officials, and service providers. Victims also may have had negative past experiences with institutional systems, which also impact trust levels.
- Traffickers purposefully isolate victims from a positive support structure and foster controlled environments where the victim is kept in a state of complete dependency. High levels of dependency and learned helplessness often lead victims to prefer the "hell" they know rather than face the uncertainty of adapting to a new world of independence.
- Traffickers use sophisticated methods of manipulating the human desire to hope through false promises and lies about a future better life. Victims who are children are especially vulnerable to these false promises.

- In the face of extreme control, violence, and captivity, notions of hope may fade over time towards states of hopelessness and resignation.
- In certain trafficking networks, traffickers provide addictive substances to their victims to foster longer-term drug addiction and monetary dependency.
- Many trafficking victims experience significant levels of psychological trauma due to the levels of abuse they have endured. In certain cases, this trauma leads to disassociation, depression, anxiety disorders, and post-traumatic stress disorder (PTSD), which in turn affects daily functioning and levels of anxiety.
- Victims may not leave a situation due to a lack of awareness of any resources or services designed to help them. Traffickers purposefully control the information that victims receive.
- The majority of trafficking victims do not self-identify as victims of human trafficking. They may be unaware of the elements of the crime or the Federal criminal paradigm designed to protect them.
- Over a long period of enduring severe levels of trauma, physical abuse, and psychological manipulation, victims demonstrate resilience strategies and defense mechanisms that normalize the abuse in their minds. In a relative mental assessment, what once may have been viewed as abuse may now be experienced as a normal part of everyday life. This changing “lens” on viewing the world impacts the ability to self-identify as a victim.
- Trafficking victims may believe that no one cares to help them, a belief that is reinforced both by traffickers lies but also when community members do not take a strong stance against trafficking. When the community is silent on the issue, traffickers power is increased and feelings of hopelessness are sustained.
- The frequent movement of victims fosters a low likelihood of multiple encounters with law enforcement or service providers. Victims may not be in one place long enough for a meaningful intervention and may be trained to tell lies or canned stories to the organizations that are there to help them. Victims rarely come into contact with institutional systems.

Polaris Project. In Their Shoes: Understanding Victims' Mindsets and Common Barriers to Victim Identification. Retrieved February 25, 2019.

<http://humantraffickingsearch.org/wp-content/uploads/2017/06/Understanding-Victims-Mindsets.pdf>

10.6.5 **Learning Objective:** Review the effective processing of a human trafficking calls for service.

- Many potential victims are unaware of what trafficking is and that they are protected under U. S. law. In a suspected case of human trafficking, it is sometimes helpful to educate callers about trafficking to lessen their anxiety and aid in your assessment of the call. A brief conversation about human trafficking can help potential victim callers feel more comfortable answering questions.
- The information gathered in the first 3 minutes of a call from a VICTIM is crucial. Location information and a possible callback number is crucial to obtain in

emergency situations handled by telecommunicators. Questions specific to this type of call include:

- Does the residence/business have any kind of surveillance? What kind?
- Any areas where people are hidden?
- Is there a security door?
- Any dangerous animals present?
- Is the suspect present?
- Are you free to leave? Can you stay on the phone?
- Are you being held against your will?
- Are there locks on the doors/windows so you cannot get out?
- Is anyone pressuring you to do anything you do not want to do?
- Do you have your identification documents in your own control?

NENA Protocol for Handling Calls Regarding Human Trafficking Information Document.

Page 20-25, NENA Executive Board Approval: 07/13/2017

https://cdn.ymaws.com/www.nena.org/resource/resmgr/standards/NENA-INF-022.2-2017_Human_Tr.pdf

Unit 10.6 Human Trafficking Resources

- Note to Instructor: formal definitions and specific details regarding the human trafficking laws can be found in the Texas Penal Code (see link below and under resources for this unit).
- *KSAT 12. Video: Human Trafficking Epidemic Among Worst in Nation. Published on April 5, 2019. Retrieved on February 25, 2019. <https://www.youtube.com/watch?v=GZObcUky4tw>*
- *NENA Protocol for Handling Calls Regarding Human Trafficking. Page 20-25, Page September 22, 2009. Retrieved February 25, 2019. [NENA Protocol for Handling Calls Regarding Human Trafficking. Page 20-25, Page September 22, 2009. Retrieved February 25, 2019.](#)*
- *Polaris Project. In Their Shoes: Understanding Victims' Mindsets and Common Barriers to Victim Identification. [Polaris Project. In Their Shoes: Understanding Victims' Mindsets and Common Barriers to Victim Identification.](#)*
- *Texas Legislature. Penal code. Title 5. Offenses against the Person. Chapter 20A. Trafficking of Persons. Sec. 20A.02. Trafficking of Persons. <https://statutes.capitol.texas.gov/Docs/PE/htm/PE.20A.htm>*
- *End Slavery Now. Slavery Today. What is the definition of human trafficking? <http://www.endslaverynow.org/learn/slavery-today>*
- *<https://www.texasattorneygeneral.gov/initiatives/human-trafficking>*

Glossary/Acronyms

Human trafficking - is modern-day slavery and involves the use of force, fraud, or coercion to obtain some type of labor or commercial sex act. Traffickers use force, fraud, or coercion to lure their victims and force them into labor or commercial sexual exploitation.

10.7.0 **Unit Goal:** Review processing techniques for hostage and barricaded persons calls for service.

10.7.1 **Learning Objective:** Define terms related to hostage calls for service.

- Hostage - a person held by one party in a conflict as a pledge pending the fulfillment of an agreement; a person taken by force to secure the taker's demands; one that is involuntarily controlled by an outside influence.

Hostage. (Definition) Merriam-Webster, 2018, May 5. <https://www.merriam-webster.com/dictionary/hostage>

- When responding to a critical incident involving a hostage taker or barricaded subject, crisis negotiators generally confront one of two types of behavior-instrumental or expressive.
 - Instrumental behavior is characterized by substantive demands and clearly recognizable objectives that, if attained, will benefit the subject.
 - Expressive behavior is designed to communicate the subject's frustration, outrage, passion, despair, anger, or other feelings. The actions of a subject who is in an expressive mode often appear illogical and highly emotional, given the lack of substantive or goal-oriented demands. Moreover, the critical incident itself may be of a self-destructive nature.

Noesner, Gary W. Crisis Intervention: Using Active Listening Skills in Negotiations. Law Enforcement Bulletin; 1997, August first paragraph. <https://leb.fbi.gov/file-repository/archives/august-1997.pdf/view>

10.7.2 **Learning Objective:** Review the different types of kidnappings.

- Basic Kidnapping –the most common form of kidnapping, this can be accomplished in most parts of the world with minimal preparation, with a relatively low risk of failure. Kidnappers will generally target local businessmen or their families; those regarded as being “well-off,” without having sufficient resources to spend a great deal of money on security precautions. The kidnappers’ goal is a fast, easy payoff.
- High Net Worth Individual Kidnapping – is the most cinematically popular form of kidnapping; the intended target is studied for some time prior to the actual kidnapping, allowing the perpetrators to gather intelligence on security procedures and personal habits. After the victim has been taken, his or her family or employer is contacted with the ransom demand. Generally, a negotiation process occurs. As most of these incidents are perpetrated by experienced kidnapping gangs, the victim is generally released if the ransom is paid.
- Tiger Kidnapping – a crime involving a hostage-taking in order to force the victim to commit or assist in a theft. The hostage or hostages is/are held until the victim has met the demands of the criminals. The victims may work in a location where cash is being handled, such as a bank, post office, currency exchange firms, etc.

- Express Kidnapping – the victim is abducted, then forced to withdraw their own ransom from a bank or ATM. If all goes well, the victim is released afterward. This type of kidnapping is popular in urban areas, due to prolific ATMs.
- Virtual Kidnapping – is a scam. The perpetrators will wait until their target is unreachable then contact the victim's family or company, claiming they have kidnapped the victim. The victim is unaware that anything has occurred. Due to the need for haste, the ransoms demanded are generally relatively modest. Thus far, virtual kidnappings are most common in Latin America, specifically Argentina, Brazil, and Colombia, and Mexico.
- Political Kidnapping – conducted to extort political concessions from governments or security forces. It is more difficult to negotiate the kidnap victim's freedom as in many cases the political concessions or demands cannot be met.
- Bride Kidnapping – a form of forced marriage in which the groom "to be" kidnaps his bride. In many cases, the would-be couple has never met until the day of the kidnapping. This way of marriage is practiced in the Caucasus region, Central Asia, and some nations in Africa.

Types of Kidnappings. Threat Rate Risk Management. Retrieved May 16, 2018.

http://www.threatrate.com/pages/47-types-of-kidnappings#link_0

10.7.3 **Learning Objective:** Discuss the psychological and social issues of a hostage taker.

- Antisocial personality characteristics include lack of empathy, charming, impulsive, irresponsible and exploitative in personal relationships and likely criminal history with prison time.
- Goals for the telecommunicator to keep in mind during communicating include keeping the subject busy to prevent harassment of hostages, encourage the release of the hostage, and use a business-like approach.
- Emotionally unstable kidnappers' characteristics include undermining themselves as they near the goal, have a higher potential for suicide with a history of self-inflicting injuries, may experience psychotic-like behavior and have recurrent job losses, interrupted education and numerous broken intimate relationships as well as a history of child abuse. Their behavior can also include difficulty controlling their anger.
- Goals for the telecommunicator to keep in mind during communication include active listening skills, be alert for clues to impending suicide and reassure the kidnapper that help is available.

Smith, Jerry, Psy. D., Hostage Taker Profiles. Slide Share. 2009, Nov. 21. Slide 3-10.

<https://www.slideshare.net/satori999/hostage-taker-profiles-2556937>

10.7.4 **Learning Objective:** Explain the importance of active listening skills with a hostage taker.

- Minimal encouragements demonstrate attentive listening and focusing on the subject's words. The responses need not be lengthy. By giving occasional, brief, and well-timed vocal replies, telecommunicators demonstrate listening and

understanding. Simple phrases, such as "yes," "O.K.," or "I see," effectively convey active listening and will encourage continued talking.

- Paraphrasing consists of repeating the message back to the kidnapper in their own words. For example, the subject might say, "What's the use in trying to go on anymore? I've lost my job of eighteen years, my wife has left me for good, I have no money and no friends. I'd be better off dead." In response, the negotiator might express understanding by paraphrasing the subject's words, "You've lost your job and your wife, there is no one to turn to, and you're not sure if you want to go on living."
- Emotion labeling allows negotiators to attach a tentative label to the feelings expressed or implied by the subject's words and actions. When used effectively, emotion labeling becomes one of the most powerful skills because it helps identify the issues and feelings of the subject's behavior.
- Mirroring is repeating only the last words or main idea of the subject's message. It serves as both an attending and listening technique, as it indicates both interest and understanding. This technique allows us to follow verbally wherever the subject leads the conversation. Consequently, negotiators learn valuable information about the circumstances surrounding the incident.
- Open-ended questions stimulate the subject to talk. We should avoid asking "why" questions, which could imply interrogation. Effective negotiations focus on learning what the subject thinks and feels. Examples of effective open-ended questions include, "Can you tell me more about that?" "I didn't understand what you just said; could you help me better understand by explaining that further?" and "Could you tell me more about what happened to you today?"
- "I" Messages - By using "I" messages express how we feel when the subject does or says certain things. For instance, "We have been talking for several hours, and I feel frustrated that we haven't been able to come to an agreement." This technique also serves as an effective response when the subject verbally attacks the call taker, who can respond, "I feel frustrated when you scream at me because I am trying to help you." Use of "I" messages serves to personalize the call taker.
- Effective pauses - By deliberately using pauses, we can harness the power of silence for effect at appropriate times. People tend to speak to fill spaces in a conversation.
- Silence also is an effective response when subjects engage in highly charged emotional outbursts. Even the most emotionally overwrought will find it difficult to sustain a one-sided argument.
- In combination, active listening skills can help us demonstrate our desire to help the subject out of a difficult situation.
- Telecommunicators should look at these skills as tools. Like all tools, they should be used only to perform the jobs for which they are intended.

Noesner, Gary W. *Crisis Intervention: Using Active Listening Skills in Negotiations*. Law Enforcement Bulletin; 1997, August, Active Listening Skills. <https://leb.fbi.gov/file-repository/archives/august-1997.pdf/view>

10.7.5 **Learning Objective:** Discuss a crisis negotiator's response to a hostage taker.

- Crisis negotiators respond to critical incidents involving individuals who display a variety of behavioral traits. However, during the majority of critical incidents, negotiators confront subjects who manifest predominantly expressive behavior. Skilled and patient negotiators can significantly influence such a subject's behavior by being supportive and non-confrontational. By applying active listening skills, negotiators demonstrate that they are not a threat to the subject and that their goal is to help rather than harm. When negotiators demonstrate empathy and understanding, they build rapport, which, in turn, enables them to influence the subject's actions by providing nonviolent problem-solving alternatives. In short, by demonstrating support and empathy, negotiators often can talk an expressive subject into surrendering largely by listening.

Noesner, Gary W. *Crisis Intervention: Using Active Listening Skills in Negotiations*. Law Enforcement Bulletin; 1997, August, The Change Process. <https://leb.fbi.gov/file-repository/archives/august-1997.pdf/view>

10.7.0 Hostage and Barricaded Persons Resources

- Merriam-Webster, Definition of Hostage <https://www.merriam-webster.com/dictionary/hostage>
- The FBI Law Enforcement Bulletin (LEB). Noesner, Gary W. Crisis Intervention: Using Active Listening Skills in Negotiations. Law Enforcement Bulletin; 1997, August <https://leb.fbi.gov/file-repository/archives/august-1997.pdf/view>
- Threat Rate Risk Management Organization: Types of Kidnappings http://www.threatrate.com/pages/47-types-of-kidnappings#link_0
- Psych Break Through organization: Smith, Jerry, Psy. D., Hostage Taker Profiles. Slide Share. 2009, November 21. Slide 3-10. <https://www.slideshare.net/satori999/hostage-taker-profiles-2556937>
- The FBI Law Enforcement Bulletin (LEB). Noesner, Gary W. Crisis Intervention: Using Active Listening Skills in Negotiations. Law Enforcement Bulletin; 1997, August, Active Listening Skills http://www.au.af.mil/au/awc/awcgate/fbi/crisis_interven2.htm
- The FBI Law Enforcement Bulletin (LEB). Noesner, Gary W. Crisis Intervention: Using Active Listening Skills in Negotiations. Law Enforcement Bulletin; 1997, August, The Change Process. http://www.au.af.mil/au/awc/awcgate/fbi/crisis_interven2.htm

Glossary/Acronyms

Hostage - a person held by one party in a conflict as a pledge pending the fulfillment of an agreement; a person taken by force to secure the taker's demands; one that is involuntarily controlled by an outside influence.

10.8.0 **Unit Goal:** Summarize the process for handling calls involving explosive devices (bomb threats), suspicious packages, terrorism and other emergency calls for service.

10.8.1 **Learning Objective:** Review call processing methods for a suspicious package.

- The telecommunicator will not recommend evacuation of the building, this will be at the discretion of the person in charge of the facility.
- Individuals at the scene will be advised not to use portable radio and cellular telephone equipment.
- Notify on-call management (Department of Emergency Management / 9-1-1).
- While dispatch is proceeding, the call taker will attempt to keep the caller on the phone as long as possible.
- When there are multiple calls on the same incident the telecommunicators are to obtain the name, telephone number, and address of all callers.

Bomb Threats. Clearfield 911. Standard Operating Procedures.

<http://www.clearfield911.com/content/policesogs/File/5%2014%20Bomb%20threats.pdf>

10.8.2 **Learning Objective:** Review instructions for callers reporting an explosive device.

- Telecommunicators will encounter two situations involving bomb threats, each of which requires different processing procedures.
 - Receive a call from a person at a business or residence
 - Receive bomb threat call from the suspect.
- Instructions:
 - If a bomb threat is received by a handwritten note have the caller handle the note as minimally as possible.
 - If a bomb threat is received by email advise the caller to not delete the message.
 - Do not use two-way radios or cellular phone; radio signals have the potential to detonate a bomb.
 - Do not evacuate the building until the police arrive and evaluate the threat.
 - Do not activate the fire alarm.
 - Do not touch or move the package.
 - Is there a suspicious package?
 - Was there an explosion? Are there fires caused by the explosion?
Approximately how many injured are there?

Bomb Threat Call Procedures. Bomb Threat Checklist. U.S. Department of Homeland Security. PDF https://emilms.fema.gov/is906/assets/ocso-bomb_threat_samepage-brochure.pdf

Dispatcher's Guide for WMD Incidents. Edgewood Chemical Biological Center United States. Department of Defense. Homeland Security Digital Library. Page 14-15. <https://www.hsdl.org/?abstract&did=461028>

10.8.3 **Learning Objective:** Explain the different types of bomb threat levels.

- Low Level indicates the motive is to cause disruption. Suspect vague in his/her threat, merely stating that there is a bomb at the school, he/she provides no specifics and hangs up quickly.
- Medium Level is defined as suspect giving details such as the size, location, or type of bomb.
- High Level indicates the suspect is very detailed and describes the type, power, location or time of detonation.

Bomb Threat/Explosive Device Information. Loyola University Maryland. Emergency Preparedness. Determination of Threat Level

<https://www.loyola.edu/departments/emergency-preparedness/hazard-information/bomb>

10.8.4 **Learning Objective:** Review the general characteristics of a suspicious package, mail, or envelope containing a lethal substance or object.

- Recognizing a suspicious package.
 - Excessive postage, no postage, or non-canceled postage.
 - No return address or fictitious return address.
 - Improper spelling of names, titles or locations.
 - Unexpected envelopes from foreign countries.
 - Suspicious or threatening messages written on packages.
 - Postmark with a different location than the return address.
 - Distorted handwriting or cut-and-paste lettering.
 - Unprofessionally wrapped packages or excessive use of tape, strings, or another wrapping.
 - Packages marked "Fragile: Handle with Care," "Rush: Do Not Delay," "Personal" or "Confidential".
 - Rigid, uneven, irregular, or lopsided packages.
 - Packages discolored, oily or with an unusual odor.
 - Packages with soft spots, bulges, or excessive weight.
 - Protruding wires or aluminum foil.

Ensuring Building Security. Homeland Security. Handling Suspicious Mail.

<https://www.dhs.gov/ensuring-building-security#2>

10.8.5 **Learning Objective:** Discuss specific call processing methods for a suspicious package.

- Chemical Incident Questions:
 - Was there an unusual mist or liquid in the area?
 - If a liquid is present is it contained or traveling?
 - The caller should not re-enter the area to check for liquids.
 - The color of liquid?

- Radiological Incident Questions:
 - Are you in an area or facility that stores or uses radioactive material? Was there a verbal or written threat? Are there radioactive markings or warnings on a suspect package or device?
- Explosive Incident Questions:
 - Did you notice any characteristics of the device: size, batteries, timers, wires, etc.? Is it accompanied by a verbal or written threat?
 - Was there an explosion? Are there fires caused by the explosion?
Approximately how many injured are there?

Dispatcher's Guide for WMD Incidents. Edgewood Chemical Biological Center United States. Department of Defense. Homeland Security Digital Library. Page 5-13.

<https://www.hsdl.org/?abstract&did=461028>

10.8.6 Learning Objective: Identify the process of responding to calls involving issues of weapons of mass destruction such as terrorism, biological agents/outbreaks, suspicious packages, and other warning indicators.

- Weapons of Mass Destruction (WMD) Title 18 U.S.C. §2332a(c)(2) defines weapons of mass destruction as:
- A destructive device, such as an explosive or incendiary bomb, rocket, or grenade;
- A weapon that is designed to cause death or serious injury through toxic or poisonous chemicals;
- A weapon that contains a biological agent or toxin; or
- A weapon that is designed to release dangerous levels of radiation or radioactivity.

Weapons of Mass Destruction. FBI. What we investigate. WMD Basics, Definition of WMD. <https://www.fbi.gov/investigate/wmd>

<https://www.law.cornell.edu/uscode/text/18/2332a>

- Terrorism on an international scale is perpetrated by individuals and/or groups inspired by or associated with designated foreign terrorist organizations or nations (state-sponsored). Domestic terrorism is defined as being perpetrated by individuals and/or groups inspired by or associated with primarily U.S.-based movements that espouse extremist ideologies of a political, religious, social, racial, or environmental nature.

Terrorism. FBI. What we investigate. Terrorism Definitions.

<https://www.fbi.gov/investigate/terrorism>

- The 9-1-1 Communications Center presents the first opportunity to identify a potential chemical incident exists. A chemical terrorist attack can yield an abundance of calls for assistance. Through close scrutiny of the information provided and rapid cross-checking of the numerous reports, a well-trained telecommunicator should be alerted to the possibility the incident is not routine. Identifying the incident, relaying potential threat information and utilizing

precautionary measures for all responding units may be the key to saving the lives of first responders on the scene.

Guidelines for Responding to a Chemical Weapons Incident. United States Department of Transportation. 9-1-1 Operators. (Page 1-1 to 3-1) November 2000.

https://www.transit.dot.gov/sites/fta.dot.gov/files/docs/cwirp_guidelines.pdf

10.8.7 **Learning Objective:** Recognize the signs of a hazardous materials incident.

- Telecommunicators should always be alert to the possibility of dispatching responders to a chemically contaminated scene or individual. Telecommunicators should be vigilant in making sure all responders are aware of a *possible* hazardous material incident. The involvement of hazardous materials should be considered a possibility on every call.
- The manual (*Recognizing and Identifying Hazardous Materials*) (produced by the National Fire Academy and the National Emergency Training Center) states that there are six primary clues that may signify the presence of hazardous materials. These clues are included below to facilitate and expedite the prompt and correct identification of any hazardous materials at the scene of an incident.
 - Occupancy and Location.
 - Container Shape;
 - Markings/Color;
 - Placards/Labels;
 - Shipping Papers; and
 - Senses.

INSTRUCTOR NOTE: Review the above six clues in detail in the document referenced below:

Emergency Medical Services Response to Hazardous Materials Incidents. Agency for Toxic Substances and Disease Registry. Hazard Recognition. (Page 13-14).

<https://www.atsdr.cdc.gov/MHMI/mhmi-v1-2.pdf>

10.8.8 **Learning Objective:** Discuss common bacteria and toxins used in bioterrorism attacks.

- Anthrax (bacteria)

Anthrax. Centers for Disease Control and Prevention. Basic Information, Symptoms, Bioterrorism. <https://www.cdc.gov/anthrax/basics/index.html>

- Botulism/Botulinum toxin (toxin)

Botulism. Centers for Disease Control and Prevention. Signs and Symptoms.

<https://www.cdc.gov/botulism/symptoms.html>

<https://www.cdc.gov/botulism/index.html>

- Plague

Plague. Centers for Disease Control and Prevention. Plague/Diagnosis.

<https://www.cdc.gov/plague/diagnosis/index.html>

10.8.9 **Learning Objective:** Define the mindset of a terrorist.

- These individuals are prepared to hurt or kill people for a higher cause (ideological, political or religious). It involves degrees of dehumanization using destructive and indiscriminate violence. The mindset may develop in individuals and groups in different contexts, in various terrorist groups (fundamentalist, political, vigilant etc.), as state organized violence or in the context of organized military or paramilitary activity. Humiliation and traumatization of groups or nations are seen as producing preconditions for the development of terrorist mindsets.

Terrorist Mindsets: Destructive Effects of Victimization and Humiliation. Sverre Varvin.

Page 1. <https://tidsskrift.dk/psyke/article/download/8621/7194>

10.8.10 **Learning Objective:** Review potential targets of terrorism.

- Military Bases

Faddis, Charles. Willful Neglect: The Dangerous Illusion of Homeland Security 2010, Retrieved July 16, 2018, <https://books.google.com/books?isbn=1493003186>

- Rail and Metro Systems
- Chemical Plants
- Liquid Natural Gas (LNG)
- Dams
- Bio Labs

Alex Kingsbury. 6 Vulnerable Potential Terrorist Targets. US News. March 29, 2010

<https://www.usnews.com/news/slideshows/six-vulnerable-potential-terrorist-targets/2?slide=2>

10.8.0 Explosive and Suspicious Packages Resources

- *Bomb Threats. Clearfield 911. Standard Operating Procedures.*
http://www.clearfield911.com/content/policesogs/File/5_14_Bomb_threats.pdf
- *Bomb Threat Call Procedures. Bomb Threat Checklist. U.S. Department of Homeland Security.*
https://emilms.fema.gov/is906/assets/ocso-bomb_threat_samepage-brochure.pdf
- *Dispatcher's Guide for WMD Incidents. Edgewood Chemical Biological Center United States. Department of Defense. Homeland Security Digital Library. Page 14-15.*
<https://www.hsdl.org/?abstract&did=461028>
- *Bomb Threat/Explosive Device Information. Loyola University Maryland. Emergency Preparedness. Determination of Threat Level*
<https://www.loyola.edu/departments/emergency-preparedness/hazard-information/bomb>
- *Ensuring Building Security. Homeland Security. Handling Suspicious Mail*
<https://www.dhs.gov/ensuring-building-security#2>
- *Dispatcher's Guide for WMD Incidents. Edgewood Chemical Biological Center United States. Department of Defense. Homeland Security Digital Library. Page 5-13.*
<https://www.hsdl.org/?abstract&did=461028>
- *Weapons of Mass Destruction. FBI. What we investigate. WMD Basics, Definition of WMD. Retrieved June 28, 2018.* <https://www.fbi.gov/investigate/wmd>
- *Terrorism. FBI. What we investigate. Terrorism Definitions.*
<https://www.fbi.gov/investigate/terrorism>
- *Guidelines for Responding to a Chemical Weapons Incident. United States Department of Transportation. 9-1-1 Operators. (Page 1-1 to 3-1) November 2000.*
https://www.transit.dot.gov/sites/fta.dot.gov/files/docs/cwirp_guidelines.pdf
- *Emergency Medical Services Response to Hazardous Materials Incidents. Agency for Toxic Substances and Disease Registry. Hazard Recognition. (Page 13-14).*
<https://www.atsdr.cdc.gov/MHMI/mhmi-v1-2.pdf>
- *Anthrax. Centers for Disease Control and Prevention. Basic Information, Symptoms, Bioterrorism.* <https://www.cdc.gov/anthrax/basics/index.html>
- *Botulism. Centers for Disease Control and Prevention. Signs and Symptoms.*
<https://www.cdc.gov/botulism/symptoms.html>
- *Plague. Centers for Disease Control and Prevention. Plague/Diagnosis.*
<https://www.cdc.gov/plague/diagnosis/index.html>
- *Faddis, Charles. Willful Neglect: The Dangerous Illusion of Homeland Security 2010, Retrieved July 16, 2018,* <https://books.google.com/books?isbn=1493003186>
- *Alex Kingsbury. 6 Vulnerable Potential Terrorist Targets. US News. March 29, 2010*
<https://www.usnews.com/news/slideshows/six-vulnerable-potential-terrorist-targets/2?slide=2>
- *Terrorist Mindsets: Destructive Effects of Victimization and Humiliation. Sverre Varvin. Page 1.*
<https://tidsskrift.dk/psyke/article/download/8621/7194>

Glossary/Acronyms

Weapons of Mass Destruction (WMD) - Title 18 U.S.C. §2332a defines weapons of mass destruction as:

- A destructive device, such as an explosive or incendiary bomb, rocket, or grenade;
- A weapon that is designed to cause death or serious injury through toxic or poisonous chemicals;
- A weapon that contains a biological agent or toxin; or
- A weapon that is designed to release dangerous levels of radiation or radioactivity.

10.9.0 **Unit Goal:** Summarize the emergency management role as it relates to a telecommunicator's responsibilities.

10.9.1 **Learning Objective:** Define the Incident Command System (ICS) as the standard for incident management.

- Incident Command System (ICS) is a standardized management tool meeting the demands of small or large emergency or nonemergency situations and is a key feature of the National Incident Management System (NIMS). It represents best practices and has become the standard for emergency management across the country.
- May be used for planned events, natural disasters, and acts of terrorism.
- Designed to enable effective and efficient domestic incident management by integrating a combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, designed to enable effective and efficient domestic incident management.
- ICS features common terminology, establishment and transfer of command.
 - Chain of Command refers to the orderly line of authority within the ranks of the incident management organization.
- Unity of Command means every individual has a designated supervisor to whom he or she reports at the scene of the incident.
- Planning/Organizational Structure including accountability of all responders, an action plan and command.
- Facilities and Resources:
 - Communications/Information Management
 - Telecommunicators and equipment should respond only when requested or dispatched by an appropriate authority.

National Incident Management System. FEMA. October 2017, Page 1-4.

https://www.fema.gov/sites/default/files/2020-07/fema_nims_doctrine-2017.pdf

10.9.2 **Learning Objective:** Identify ICS Training educational resources for Telecommunicators.

- ICS-100 – 400 and ICS 700-800

Resource Center, Emergency Management Institute, FEMA, ICS Training Courses.

<https://training.fema.gov/emiweb/is/icsresource/index.htm>

10.9.3 **Learning Objective:** Define the components of the National Incident Management System (NIMS).

- NIMS is a comprehensive, national approach to incident management that is applicable at all jurisdictional levels and across functional disciplines. The intent of NIMS is to be applicable across a full spectrum of potential incidents and hazard scenarios, regardless of size or complexity and improve coordination and

cooperation between public and private entities in a variety of domestic incident management activities.

- To provide standards for domestic incident response, President George W. Bush signed HSPD-5 authorizing the Secretary of Homeland Security to develop the National Incident Management System. NIMS provides for interoperability and compatibility among all responders.

National Incident Management System (NIMS). Facilitator Guide, FMEA. August 2004, Page 1-3. <https://training.fema.gov/emiweb/downloads/nims-facilitatorsguide.pdf>

10.9.4 **Learning Objective:** Identify types of disasters.

- Natural disasters include flood, fire, earthquake, tornado, and windstorms affect thousands of people every year.

Natural Hazards. FEMA. Unit 2, Page 47. https://www.fema.gov/media-library-data/20130726-1549-20490-4629/natural_hazards_1.pdf

- Technological disasters include dam failures, hazardous materials, nuclear accidents, national security incidents, and massive power/electrical failures and telecommunications failures.

Technological Hazards. FEMA Media Library. Introduction: page 26.

https://www.fema.gov/media-library-data/20130726-1545-20490-2423/mhira_te.pdf

The Hazard Mitigation Planning Process. Human-Caused Hazards. FEMA Version 1.0, Pave V. September 2002. <https://www.fema.gov/media-library-data/20130726-1524-20490-4314/3howto7fwdintro.pdf>

Theory, Principles, and Fundamentals of Hazards, Disasters, and U.S. Emergency Management. FEMA, Hazard Taxonomies. Session No. 3 062518.

<https://training.fema.gov/hiedu/.../session%203%20--%20hazard%20taxonomies.doc>

David A. McEntire (in progress). Disaster Response Operations and Management. Instructor Guide. FEMA: Emmitsburg, MD.

10.9.5 **Learning Objective:** Review different approaches to public safety disaster preparedness.

In formulating your plans, the goal is to develop and implement strategies that ensure the continued operation of facilities before, during, and after an incident. Hence, the main steps are preparation, response, and recovery.

- Preparation: Communications and Continuity of Operations (COOP)
- Redundant/Backup Communications - Assess communication systems in order to determine which systems and/or databases require redundancy.

Emergency Planning: Public Safety Answering Points. FCC. Public Safety and Homeland Security. August 25, 2016, <https://www.fcc.gov/research-reports/guides/emergency-planning-public-safety-answering-points>

10.9.6 **Learning Objective:** Discuss the Telecommunicator Emergency Response Taskforce (TERT) as it relates to disaster mutual-aid.

- Telecommunicator Emergency Response Taskforce (TERT) involves a comprehensive program that includes assistance to individual states in developing programs that would lead to the establishment of predetermined and selected trained teams of individuals who can be mobilized quickly and deployed to assist communications centers during disasters.
 - As the public safety communications community prepares for future disasters, the APCO/NENA National TERT Joint Initiative (NJTI) recommends that communications centers be prepared for inoperable systems, loss of power, security, and personnel. In addition, communications centers should focus on training and plan for system restoration, multi-agency response, and evacuation. APCO and NENA signed a formal Memorandum of Understanding to establish the National Joint TERT Initiative (NJTI).
 - The NJTI is working with the following government agencies and allied associations to implement TERT and provide mission critical assistance to communications centers nationwide in the aftermath of natural and/or man-made disasters:
 - The Office of the National Incident Management System (NIMS)
 - The National Emergency Managers Association (NEMA)
 - The International Association of Emergency Managers (IAEM)
 - Telecommunications experts to develop and establish a standardized TERT training curriculum, with assistance from the Emergency Management Institute of the Department of Homeland Security
 - TERT coordinators from individual states to standardize the process and procedures related to TERT, including FEMA required paperwork for reimbursement.

NJTI-TERT. About TERT: APCO/NENA <https://www.njti-tert.org/>

- State - Through the efforts of dedicated professionals and countless hours of planning and development, Texas has a governing body to assure resources are available to implement aid, follow FEMA and NIMS protocols, and provide standardized training for all Texas telecommunicators during a TERT deployment.
- TX TERT involves a comprehensive program that includes assistance to the Public Safety Answering Point (PSAP) and leads to the establishment of predetermined and selected teams of individuals who can be mobilized quickly and deployed to assist communications centers during disasters.

Texas Telecommunicator Emergency Response Taskforce (Tx-TERT).
<http://www.tx-tert.org/>

10.9.7 **Learning Objective:** Review the common types of epidemic and pandemic disasters seen in the United States.

- **Avian Influenza (Bird Flu)** - Although avian influenza A viruses usually do not infect people, rare cases of human infection with these viruses have been reported. Infected birds shed avian influenza virus in their saliva, mucous and feces. Human infections with bird flu viruses can happen when enough virus gets into a person's eyes, nose or mouth, or is inhaled. This can happen when virus is in the air (in droplets or possibly dust) and a person breathes it in, or when a person touches something that has virus on it then touches their mouth, eyes or nose. Rare human infections with some avian viruses have occurred most often after unprotected contact with infected birds or surfaces contaminated with avian influenza viruses. However, some infections have been identified where direct contact was not known to have occurred. Illness in people has ranged from mild to severe.

Avian Influenza. Centers for Disease Control and Prevention. Information on Avian Influenza. Avian Influenza A Virus Infections in Humans/Current Situation.

<https://www.cdc.gov/flu/avianflu/avian-in-humans.htm>

- **Ebola Virus** - Ebola Virus Disease (EVD) is a rare and deadly disease in people and nonhuman primates. The viruses that cause EVD are located mainly in sub-Saharan Africa. People can get EVD through direct contact with an infected animal (bat or nonhuman primate) or a sick or dead person infected with Ebola virus.

Viral Hemorrhagic Fevers (VHFs). Centers for Disease Control and Prevention. Ebola Virus Disease/Signs and Symptoms. <https://www.cdc.gov/vhf/ebola/index.html>

- **Swine Influenza** - Swine influenza (swine flu) is a respiratory disease of pigs caused by type A influenza viruses that regularly cause outbreaks of influenza in pigs. Swine flu viruses can cause high levels of illness in swine herds, but usually cause few deaths. Common signs in sick pigs include fever, depression, coughing (barking), discharge from the nose or eyes, sneezing, breathing difficulties, eye redness or inflammation, and going off feed. However, influenza-infected pigs also may not appear ill or be only mildly ill. Swine influenza viruses may circulate among swine throughout the year, but most outbreaks occur during the late fall and winter months similar to outbreaks of seasonal influenza in humans.

Swine Flu. Centers for Disease Control and Prevention. Key Facts about Human Infections with Variant Viruses.

<https://www.cdc.gov/flu/swineflu/keyfacts-variant.htm>

- **Viral Hepatitis** - Hepatitis means inflammation of the liver. The liver is a vital organ that processes nutrients, filters the blood, and fights infections. When the liver is inflamed or damaged, its function can be affected. Heavy alcohol use, toxins, some medications, and certain medical conditions can cause hepatitis. However,

hepatitis is often caused by a virus. In the United States, the most common types of viral hepatitis are [hepatitis A](#), [hepatitis B](#), and [hepatitis C](#).

Viral Hepatitis. Centers for Disease Control and Prevention. Hepatitis A. Hepatitis B. Hepatitis C. <https://www.cdc.gov/hepatitis/index.htm>

- **Zika Virus** - Zika virus was first discovered in 1947 and is named after the Zika Forest in Uganda. In 1952, the first human cases of Zika were detected and since then, outbreaks of Zika have been reported in tropical Africa, Southeast Asia, and the Pacific Islands. Zika outbreaks have probably occurred in many locations. Before 2007, at least 14 cases of Zika had been documented, although other cases were likely to have occurred and were not reported. Because the symptoms of Zika are like those of many other diseases, many cases may not have been recognized. Many people infected with Zika virus won't have symptoms or will only have mild symptoms. The most common symptoms of Zika are Fever, Rash, Headache, Joint pain, Red eyes, and Muscle pain. Symptoms can last for several days to a week. People usually don't get sick enough to go to the hospital, and they very rarely die of Zika. Once a person has been infected with Zika, they are likely to be protected from future infections. Zika infection during pregnancy can cause a birth defect of the brain called [microcephaly](#) and other severe brain defects. It is also linked to other problems, such as miscarriage, stillbirth, and other birth defects. There have also been increased reports of [Guillain-Barré syndrome](#), an uncommon sickness of the nervous system, in areas affected by Zika.

Zika Virus. Centers for Disease Control and Prevention. About Zika. Symptoms, Testing & Treatment. <https://www.cdc.gov/zika/about/index.html>

- COVID-19 - People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:
 - Fever or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - New loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea

This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19. Influenza (Flu) and COVID-19 are both

contagious respiratory illnesses, but they are caused by different viruses. COVID-19 is caused by infection with a new coronavirus (called SARS-CoV-2) and flu is caused by infection with [influenza viruses](#). Because some of the symptoms of flu and COVID-19 are similar, it may be hard to tell the difference between them based on symptoms alone, and testing may be needed to help confirm a diagnosis. Flu and COVID-19 share many characteristics, but there are some key differences between the two. While more is learned every day, there is still a lot that is unknown about COVID-19 and the virus that causes it. This [page](#) compares COVID-19 and flu, given the best available information to date.

Coronavirus Disease 2019 (COVID-19), Centers for Disease Control and Prevention.

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

Unit 10.9 Emergency Management Resources

- *Incident Command System. FEMA. May 2008, Page 1-4.*
<https://training.fema.gov/emiweb/is/icsresource/assets/reviewmaterials.pdf>
- *Resource Center, Emergency Management Institute, FEMA, ICS Training Courses.*
<https://training.fema.gov/emiweb/is/icsresource/index.htm>
- *National Incident Management System (NIMS). Facilitator Guide, FMEA. August 2004, Page 1-3.* <https://training.fema.gov/emiweb/downloads/nims-facilitatorsguide.pdf>
- *Natural Hazards. FEMA. Unit 2, Page 47.* https://www.fema.gov/media-library-data/20130726-1549-20490-4629/natural_hazards_1.pdf
- *Technological Hazards. FEMA Media Library. Introduction: page 26.*
https://www.fema.gov/media-library-data/20130726-1545-20490-2423/mhira_te.pdf
- *The Hazard Mitigation Planning Process. Human-Caused Hazards. FEMA Version 1.0, Page V. September 2002.* <https://www.fema.gov/media-library-data/20130726-1524-20490-4314/3howto7fwdintro.pdf>
- *Theory, Principles, and Fundamentals of Hazards, Disasters, and U.S. Emergency Management. FEMA, Hazard Taxonomies. Session No. 3 062518.*
<https://training.fema.gov/hiedu/.../session%203%20--%20hazard%20taxonomies.doc>
- *David A. McEntire (in progress). Disaster Response Operations and Management. Instructor Guide. FEMA: Emmitsburg, MD.*
- *Emergency Planning: Public Safety Answering Points. FCC. Public Safety and Homeland Security. August 25, 2016,* <https://www.fcc.gov/research-reports/guides/emergency-planning-public-safety-answering-points>
- *NJTI-TERT. About TERT: APCO/NENA* <https://www.njti-tert.org/>
- *NCTR-TERT. North Central Texas Regional Telecommunicator Emergency Response Taskforce.* https://www.nctcog.org/cs/911/pdf/NCTR-TERT_Brochure.pdf
- *Center for Disease Control*
- <https://www.cdc.gov/flu/avianflu/avian-in-humans.htm>
- <https://www.cdc.gov/vhf/ebola/index.html>
- <https://www.cdc.gov/flu/swineflu/keyfacts-variant.htm>
- <https://www.cdc.gov/hepatitis/index.htm>
- <https://www.cdc.gov/zika/about/index.html>

Glossary/Acronyms

Incident Command System (ICS) - is a standardized management tool meeting the demands of small or large emergency or nonemergency situations and is a key feature of the National Incident Management System (NIMS). It represents best practices and has become the standard for emergency management across the country.

NIMS - is a comprehensive, national approach to incident management that is applicable at all jurisdictional levels and across functional disciplines. The intent of NIMS is to be applicable across a full spectrum of potential incidents and hazard scenarios, regardless of size or complexity and improve coordination and cooperation between public and private entities in a variety of domestic incident management activities.

Telecommunicator Emergency Response Taskforce (TERT) - involves a comprehensive program that includes assistance to individual states in developing programs that would lead to the establishment of predetermined and selected trained teams of individuals who can be mobilized quickly and deployed to assist communications centers during disasters.

10.10.0 **Unit Goal:** Summarize call recognition, handling and classification procedures for involving missing and exploited children.

10.10.1 **Learning Objective:** Define the role of the National Center for Missing and Exploited Children (NCMEC).

- NCMEC is a non-profit corporation whose mission is to help find missing children, reduce child sexual exploitation, and prevent child victimization.
- NCMEC serves as the national clearinghouse and resource center for families, victims, private organizations, law enforcement and the public on issues relating to missing and sexually exploited children.

National Center for Missing and Exploited Children. About Us. (2018)

<http://www.missingkids.com/footer/aboutus>

10.10.2 **Learning Objective:** Identify types of cases in which NCMEC is able to assist agencies.

- Runaways, family abductions, attempted abductions, infant abductions, autism & wandering, and long-term missing, children missing from care, critically missing children and young adults.
- Online exploitation including sextortion and child victim identification.
- Child sexual exploitation

National Center for Missing and Exploited Children. The Issues. (2018)

<http://www.missingkids.com/theissues>

10.10.3 **Learning Objective:** Review statistics related to NCMEC Missing Children cases.

- In 2017, NCMEC assisted law enforcement and families with more than 27,000 cases of missing children. Case types:
 - Ninety-one percent endangered runaways.
 - Five percent family abductions.
 - Three percent critically missing young adults, ages 18 to 20.
 - One percent nonfamily abductions.
 - Less than 1 percent lost, injured or otherwise missing children.
 - Of the nearly 25,000 runaways reported to NCMEC in 2017, one in seven were likely victims of child sex trafficking. Of those, 88 percent were in the care of social services when they went missing.

National Center for Missing and Exploited Children. Key Facts. (2018)

<http://www.missingkids.com/keyfacts>

- Identify current statistics for Missing and Exploited Children.

NCMEC Data. The National Center for Missing and Exploited Children.

<http://www.missingkids.com/ourwork/ncmecdata>

<http://www.missingkids.com/keyfacts>

10.10.4 **Learning Objective:** Summarize different types of missing children cases.

- Runaways - Reports of missing children, under the age of 18, who have run away from a parent, guardian or state care facility.
- Family abductions consist of missing children abducted, wrongfully retained or concealed by a parent or other family member.
- Attempted abductions consists of reports attempted abductions, short-term “abduct and release” incidents, and other suspicious incidents involving children.
- Infant abductions
- Autism & wandering
- Long term missing and unidentified children
- Children missing from care to include missing or abducted foster children.
- Critically missing children & young adults is concerned with the circumstances surrounding the child’s disappearance.

National Center for Missing and Exploited Children. The Issues. (2018)

<http://www.missingkids.com/theissues>

10.10.5 **Learning Objective:** Review the definition of an attempted abduction.

- Though there is no definitive definition, an attempted abduction may include:
 - Nonverbal actions and/or behaviors demonstrated by the perpetrator.
 - A verbal exchange between the perpetrator and the child.
 - Physical contact, sexual or otherwise.
 - A short-term/short distance abduction from which the child is able to escape or the perpetrator releases the child.

National Center for Missing and Exploited Children. The Issues. Incident Collection and Event Types (2018) Page 8

http://www.missingkids.com/content/dam/ncmec/en_us/desktop/publications/nc200.pdf

10.10.6 **Learning Objective:** Summarize the difference between a family and non-family abduction.

- A family abduction occurs when, in violation of a custody order, a decree, or other legitimate custodial rights, a member of the child’s family, or someone acting on behalf of a family member, takes or fails to return a child. Also referred to as parental kidnapping and custodial interference.
- A non-family abduction involves a child wrongfully taken by a non-family perpetrator by the use of physical force, persuasion, or threat of bodily harm.

National Center for Missing and Exploited Children. Checklist for Public-Safety Telecommunicators when Responding to Calls Pertaining to Missing, Abducted, and Sexually Exploited Children. (2010) Page 8.

- Risk factors for family abductions include prior threats of or actual abduction, parent suspects or believes abuse has occurred and friends and family members support these concerns, parent is paranoid delusional and/or severely sociopathic and/or parent with dual citizenship.

U.S. Department of Justice. Early Identification of Risk Factors for Parental Abduction. (2001, March), (Page 2-3 & 6-7)

http://www.missingkids.com/content/dam/ncmec/en_us/desktop/publications/nc200.pdf

10.10.7 Learning Objective: Identify the difference between a runaway child and a throwaway child.

- A runaway is any child under the age of 17 (or under 18 per Texas Law) who leaves their home voluntarily for a variety of reasons.
 - Reasons include abuse, dissolving of family through divorce, death, birth or financial issues; problems at school, abuse of drugs and alcohol.

KidsHealth. Running Away. (2013, August) <https://kidshealth.org/en/kids/running-away.html>

- Throwaway children are abandoned/deserted or been asked to leave home and/or whose caretaker makes no recovery effort

National Center for Missing and Exploited Children. Checklist for Public-Safety Telecommunicators when Responding to Calls Pertaining to Missing, Abducted, and Sexually Exploited Children. (2010) Page 16.

http://www.missingkids.com/content/dam/ncmec/en_us/desktop/publications/nc200.pdf

Texas Constitution and Statutes. Code of Criminal Procedure. Title 1. Code of Criminal Procedure. Chapter 63. Missing Children and Missing Persons. Subchapter A. General Provisions. Art. 63.3001. Definitions. (1-a). (2018)

<http://www.statutes.legis.state.tx.us/Docs/CR/htm/CR.63.htm>

10.10.8 Learning Objective: Identify indicators of a high-risk runaway.

- Reported missing on four or more occasions in the 24-month period preceding the date of the current report.
- The missing child is in foster care or in the conservatorship of the Department of Family and Protective Services (DFPS) and reported missing on two or more occasions in the 24-months preceding the date of the current report.
- The missing child is under 14 years of age and otherwise determined by the local law enforcement agency or the Department of Public Safety to be at a high risk of human trafficking, sexual assault, exploitation, abuse, or neglectful supervision.
- When entering information into the NCIC missing person file, the local law enforcement agency shall indicate that the child is at high risk of harm and include any relevant information regarding prior occasions.

- Check Child safety check alert list

Texas Constitution and Statutes. Code of Criminal Procedure. Title 1. Code of Criminal Procedure. Chapter 63. Missing Children and Missing Persons. Subchapter A. General Provisions. Art. 63.0091. Law Enforcement Requirements Regarding Reports of Certain Missing Children. (2018)

<http://www.statutes.legis.state.tx.us/Docs/CR/htm/CR.63.htm>

10.10.9 **Learning Objective:** Discuss the programs and resources available through NCMEC.

- Code Adam

Code Adam. National Center for Missing and Exploited Children. Retrieved March 18, 2019 <http://codeadam.missingkids.org/>

- Project ALERT

Project Alert. National Center for Missing and Exploited Children. Retrieved March 18, 2019. <https://api.missingkids.org/ProjectALERT>

- AMBER (America's Missing: Broadcast Emergency Response) alert program.

Amber Alert. Office of Justice Programs. Retrieved March 19, 2019.

<https://www.amberalert.gov> <http://www.missingkids.com/gethelpnow/amber>
<https://www.dps.texas.gov/dem/Operations/Alerts/AmberOverview.htm>

- Online Exploitation/Solicitation/Sextortion

Is a child being exploited online? National Center for Missing and Exploited Children. Retrieved March 18, 2019. <http://www.missingkids.com/gethelpnow/cybertipline>

- Team HOPE

Team HOPE. National Center for Missing and Exploited Children. Retrieved March 18, 2019. <http://www.missingkids.com/ourwork/support/teamhope>

- Help ID Me

Help ID Me. National Center for Missing and Exploited Children. Retrieved March 18, 2019. <http://www.missingkids.com/theissues/helpidme>

- Long-term missing

Long-Term Missing. National Center for Missing and Exploited Children. Retrieved March 18, 2019. <http://www.missingkids.com/theissues/longtermmissing>

- Missing from care

National Center for Missing and Exploited Children. Retrieved March 18, 2019.

National Center for Missing and Exploited Children. Retrieved March 18, 2019.

<http://www.missingkids.com/theissues/cmfc>

- Autism

Autism and Wandering. National Center for Missing and Exploited Children. Retrieved March 18, 2019. <http://www.missingkids.com/theissues/autism>

- Infant abductions

Infant Abductions. National Center for Missing and Exploited Children. Retrieved March 18, 2019. <http://www.missingkids.com/theissues/infantabductions>

- Suzanne's Law

Critically Missing Children. National Center for Missing and Exploited Children. Retrieved March 18, 2019. <https://api.missingkids.org/CriticallyMissing>

- Reporting attempted abduction through Texas DPS

Missing Children and Missing Persons. Chapter 63. Code of Criminal Procedure. <http://www.statutes.legis.state.tx.us/Docs/CR/htm/CR.63.htm>

10.10.10 Learning Objective: Identify goals for initial intake of missing, abducted, or sexually exploited children.

- Obtain and verify the incident location along with the caller's contact information.
- Obtain information methodically and strategically through systematic inquiry to capture in the agency's intake format.
- Recognize the potential urgency of the missing-child incident and immediately begin the proper notifications consistent with agency policy.
- Perform all information entries and dissemination including mandatory, accurate entry of information into NCIC.

National Center for Missing and Exploited Children. Checklist for Public-Safety Telecommunicators when Responding to Calls Pertaining to Missing, Abducted, and Sexually Exploited Children. (2010) Page 2 and 5-7.

http://www.missingkids.com/content/dam/ncmec/en_us/desktop/publications/nc200.pdf

10.10 Missing and Exploited Children Resources

- National Center for Missing and Exploited Children. About Us.
<http://www.missingkids.com/footer/aboutus>
- National Center for Missing and Exploited Children. The Issues.
<http://www.missingkids.com/theissues>
- National Center for Missing and Exploited Children Data
<http://www.missingkids.com/ourwork/ncmecdata>
- National Center for Missing and Exploited Children Key Facts
<http://www.missingkids.com/keyfacts>
- National Center for Missing and Exploited Children. The Issues. Incident Collection and Event Types (2018) Page 8
http://www.missingkids.com/content/dam/ncmec/en_us/desktop/publications/nc200.pdf
- U.S. Department of Justice. Early Identification of Risk Factors for Parental Abduction. (2001, March), (Page 2-3 & 6-7)
http://www.missingkids.com/content/dam/ncmec/en_us/desktop/publications/nc200.pdf
- KidsHealth. Running Away. (2013, August) <https://kidshealth.org/en/kids/running-away.html>
- National Center for Missing and Exploited Children. Checklist for Public-Safety Telecommunicators when Responding to Calls Pertaining to Missing, Abducted, and Sexually Exploited Children. (2010) Page 16.
http://www.missingkids.com/content/dam/ncmec/en_us/desktop/publications/nc200.pdf
- Texas Constitution and Statutes. Code of Criminal Procedure. Title 1. Code of Criminal Procedure. Chapter 63. Missing Children and Missing Persons. Subchapter A. General Provisions. Art. 63.3001. Definitions. (1-a).
<http://www.statutes.legis.state.tx.us/Docs/CR/htm/CR.63.htm>
- Texas Constitution and Statutes. Code of Criminal Procedure. Title 1. Code of Criminal Procedure. Chapter 63. Missing Children and Missing Persons. Subchapter A. General Provisions. Art. 63.0091. Law Enforcement Requirements Regarding Reports of Certain Missing Children.
<http://www.statutes.legis.state.tx.us/Docs/CR/htm/CR.63.htm>
- National Center for Missing and Exploited Children
 - <http://codeadam.missingkids.org/>
 - <https://api.missingkids.org/ProjectALERT> <https://www.amberalert.gov>
<http://www.missingkids.com/gethelpnow/amber>
<http://www.missingkids.com/gethelpnow/cybertipline>
 - <http://www.missingkids.com/ourwork/support/teamhope>
 - <http://www.missingkids.com/theissues/helpidme>
 - <http://www.missingkids.com/theissues/longtermmissing>

- <http://www.missingkids.org/theissues/missingfromcare>
- <http://www.missingkids.com/theissues/autism>
- <http://www.missingkids.com/theissues/infantabductions>
- <https://api.missingkids.org/CriticallyMissing>
- Texas Department of Public Safety Reporting Requirements
<http://www.statutes.legis.state.tx.us/Docs/CR/htm/CR.63.htm>
- Texas Department of Public Safety Amber Overview
<https://www.dps.texas.gov/dem/Operations/Alerts/AmberOverview.htm>
- National Center for Missing and Exploited Children Checklist
http://www.missingkids.com/content/dam/ncmec/en_us/desktop/publications/nc200.pdf

Glossary/Acronyms

AMBER Alert – broadcasts abducted children through radio, television, road signs and all available technology.

Attempted Abductions - Reports of attempted abductions, short-term “abduct and release” incidents, and other suspicious incidents involving children.

Code Adam Program - Program designed to help businesses, parks, government buildings, and other establishments ensure that they have safety protocols in place to respond quickly and effectively to situations involving a missing child.

Children missing from care - Reports of missing or abducted foster children.

Critically missing children and young adults - A missing child or young adult who is at an elevated risk of danger if not located as soon as possible due to the circumstances surrounding the child’s disappearance.

Family abductions - Reports of missing children, including children abducted, wrongfully retained or concealed by a parent or other family member.

NCMEC – National Center for Missing and Exploited Children

Nonfamily abduction - A child taken by a nonfamily perpetrator by the use of physical force, persuasion, or threat of bodily harm.

Online enticement - A broad category of online exploitation, including sextortion, of a child, groomed to take sexually explicit images, and/or ultimately meet face to face with someone for sexual purposes or engage in sexual conversations online.

Runaway - Reports of missing children, under the age of 18, who have run away from a parent, guardian or state care facility.

Sextortion - a relatively new form of sexual exploitation that occurs primarily online and in which coercion and blackmail are used to acquire sexual content (like photos or videos) of a minor, to extort the child for money, or to meet and engage in sex with the child.

Suzanne's Law - requires law enforcement agencies to extend the same reporting and investigative procedures already provided to children younger than 18 to individuals under the age of 21.

Throwaway/Throwaway Child - a child whose caretaker makes no recovery effort after the child has run away, who has been abandoned/deserted, or asked to leave his or her home and not allowed to return.