

ACERT as Secondary Prevention: A Community Police Model to Address Childhood Trauma

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ACERT TAC

Behavioral
Health
Improvement
Institute

Keene
STATE COLLEGE



AMOSKEAG
HEALTH

Training Overview

Adverse Childhood Experiences
Response Team (ACERT)[®]

ACERT Components & Outcomes

ACERT Replication

The Adverse Childhood Experiences Response Team (ACERT)[®] model is rooted in research on ACEs & HOPE

Adverse Childhood Experiences - ACEs

- ACEs and Toxic Stress are associated with increased risks for health conditions in children and adults

Healthy Outcomes from Positive Experiences - HOPE

- Positive childhood experiences (PCEs) can influence child development even in the presence of ACEs

ACERT Origins

Manchester Police officers responding to domestic violence calls recognized a **historical lack of advocacy for children witnessing traumatic events.**

2015

Intern reads through all 2014 DV reports and notes all incidence of children mentioned in reports.



400+ children exposed to **domestic violence.**

27+ children exposed to **sexual assault** by another juvenile.

ACERT Operations Workflow





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HEALTH

ACERT: Serve, Learn, Strengthen

Incidents Overview

1/1/25-3/31/25

Number of incidents	335
Number of households	334
Number of children involved	443

A snapshot of Manchester's current reach



Core Components

Police/social service organization/school
collaboration



Incident Types



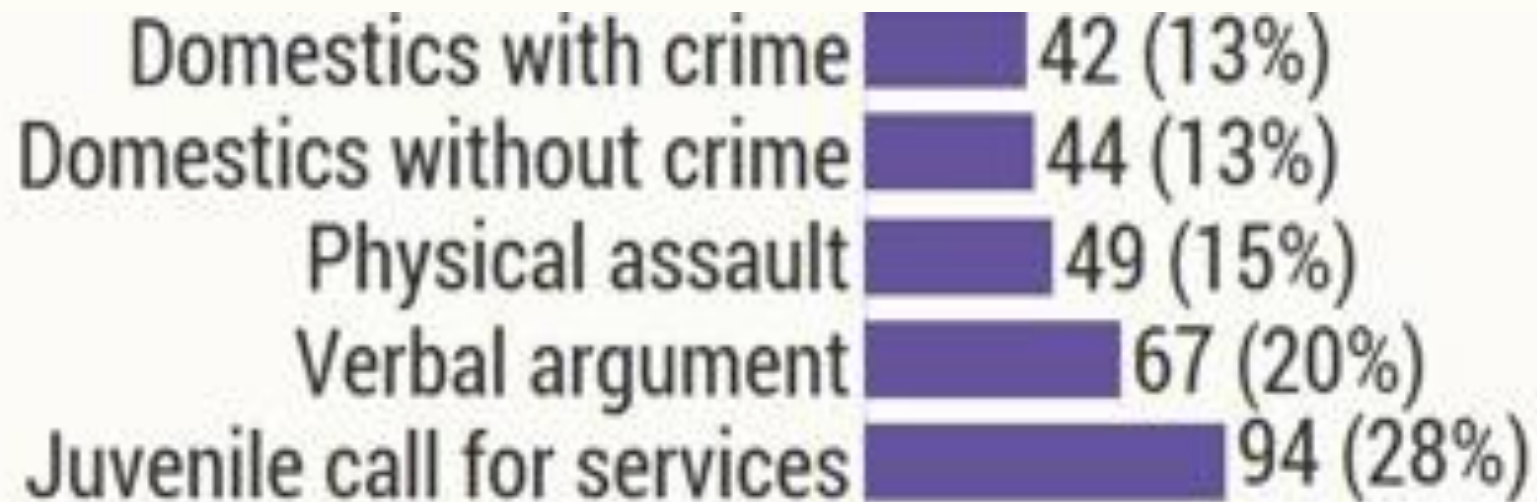
Related Offense(s):		[Redacted]									
6312-bl(a).MA03135 DV; Simple Assault; Physical Contact (13B MA)											
Involved Person(s):											
1	Other: [Redacted]	DOB: [Redacted]	Age: 5	Race: W	Sex: M	Hair: [Redacted]	Eye: [Redacted]	Height: [Redacted]	Weight: [Redacted]		
Address: [Redacted]		Phone 1: [Redacted]	Phone 2: [Redacted]		Email: [Redacted]						
Employer: [Redacted]		Occupation Type: [Redacted]				Work Phone: [Redacted]					
2	Other: [Redacted]	DOB: [Redacted]	Age: 9	Race: F	Sex: F	Hair: [Redacted]	Eye: [Redacted]	Height: [Redacted]	Weight: [Redacted]		
Address: [Redacted]		Phone 1: [Redacted]	Phone 2: [Redacted]		Email: [Redacted]						
Employer: [Redacted]		Occupation Type: [Redacted]				Work Phone: [Redacted]					

Narrative
INITIAL NARRATIVE
Offender Knows Where Victim Lives ***Juvenile Information***
2 Counts NH 631:2-bl(a) Simple Assault; Physical Contact, DV DCYF referral
On [Redacted], I, Officer [Redacted], was on patrol in full police uniform in Unit 1-1, a fully marked police vehicle. I was equipped with an Axon body camera and it appeared to be operational and recording at the time. I have not reviewed any camera footage, so the following is a synopsis of the events that occurred based off of my memory. Any notes I took during the course of the investigation have been shredded.
At approximately 0116 hours, I was dispatched to [Redacted] for a report of a domestic violence in progress. The caller stated that her husband hit her in the face and was still in the apartment. She stated that she was currently in the bedroom with her two children. She described the male wearing pink shorts, short haircut, white shirt, green cross. Upon arrival, I made contact with the female who was identified as: [Redacted]

- Adult / Child Physical Assault
- Adult / Child Sexual Assault, Abuse, Exploitation
- Child Abuse and Neglect
- Bullying / Cyberbullying
- Death in Home, family
- Destruction/Damage of Property, Vandalism, Theft
- Driving Violations
- Drug Possession, Use, Abuse & Overdoses
- Domestic Violence, w or w/out crime
- Hate Crimes
- Human Trafficking
- Mental Health Calls
- Juvenile Calls for Service
- Missing Juveniles
- Stalking
- Verbal Arguments, Threatening
- Weapons Law Violations

Types of incidents (n=439)

1/1/25-3/31/25



Manchester's top
5 incident types



Core Components

Home visits (literally "meeting families where they're at")

- Includes police



Family Support Tool

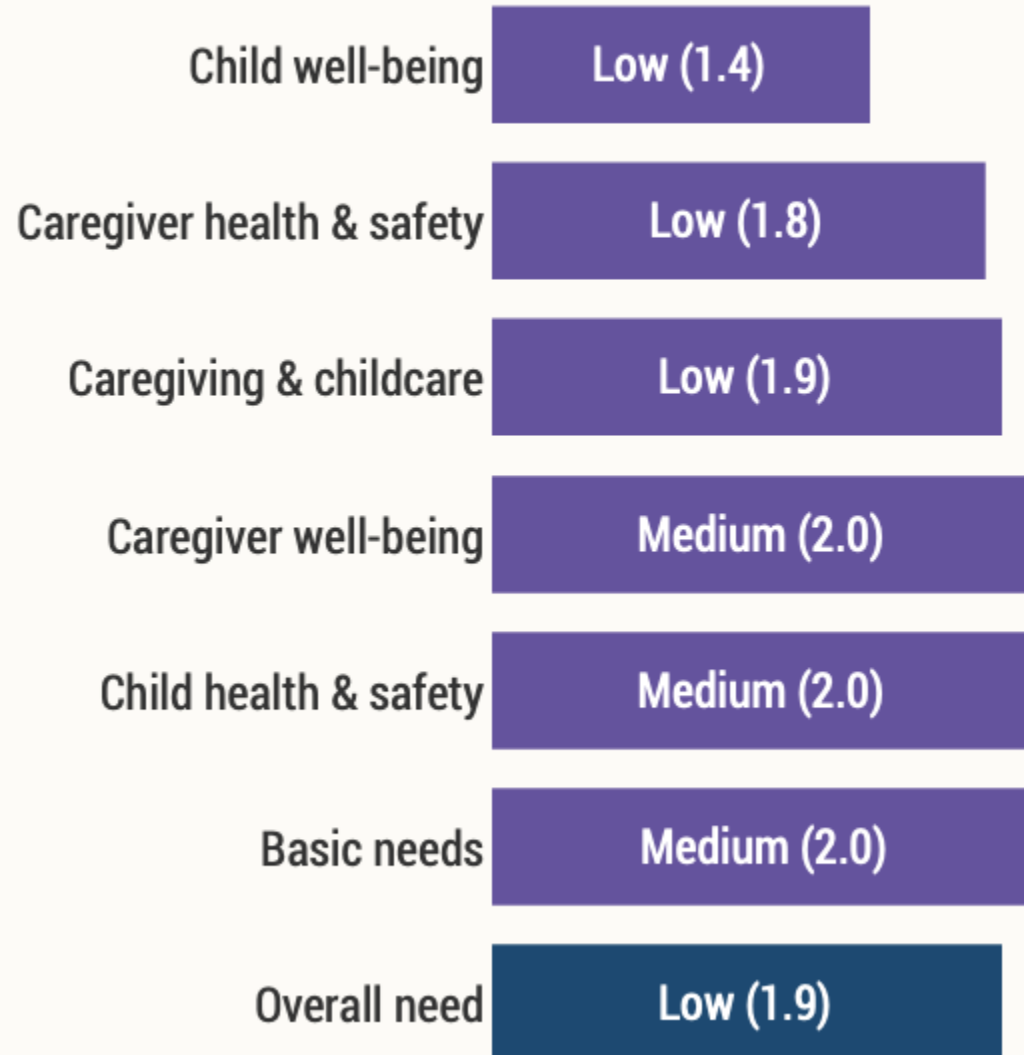
Basic Needs

Caregiver Needs

Children's Needs

Average level of need (n=54)

1/1/25-3/31/25



Manchester's
average level of
need



Core
Components

Multidisciplinary network of service
providers



Warm Handoffs

- Facilitated Referral
- Community Partners are briefed on family history (reason for ACERT)
- Community Partners reach out to families to bring them in for services



TYPES OF REFERRAL PARTNERS

Health Care
Services



Domestic
Violence Centers

Mental Health
Centers



Non- Traditional
Therapies



Equine Therapy
Art & Music Therapy
Grief Supports

Family
Resource
Centers



Housing &
Food Services

School District



Substance Use
Agencies

Developmental
Services



Summer Camps
& Childcare

Athletic Enrichment Mentoring



Core
Components

HOPE framework





2015 population study
in Wisconsin

Part of the BRFSS

Asked about ACEs

Asked about Positive
Childhood experiences

Correlated with mental
health

Developing the Positive Childhood Experiences (PCEs) score





Positive Childhood Experiences scale questions

As a child, how often did you ...

1. Feel able to talk to your family about feelings
2. Feel your family stood by you during difficult times
3. Enjoy participating in community traditions
4. Feel a sense of belonging in high school
5. Feel supported by friends
6. Have at least two non-parent adults who took genuine interest in you
7. Feel safe and protected by an adult in your home



HOPE shifts the narrative

- Promote children's health and well-being
- Allow children to form strong relationships and connections
- Cultivate positive self-image and self-worth
- Provide a sense of belonging
- Build skills that promote resilience

**Positive experiences affect health outcomes.
People are defined by their strengths as well
as the challenges they face.**

The Four Building Blocks of HOPE



RELATIONSHIPS



ENVIRONMENT



ENGAGEMENT




EMOTIONAL
GROWTH

Research indicates that the absence of PCEs may be more damaging to long-term health outcomes than the presence of ACEs.

Positive Childhood Experiences Reduce the Effects of ACEs



How does HOPE relate to the ACERT model?

- ACERT advocates provides psychoeducation on impacts of ACEs & PCEs
 - ACERT model emphasizes using the HOPE Framework & Positive Childhood Experiences to mitigate ACEs
 - ACERT model connects youth & families to programs and organizations who provide access and opportunities for the 4 Building Blocks
- 



Relationships

- Big Brothers Big Sisters
- Friends of Aine
- Girls at Work
- Parent Cafes

Environment

- Manchester Police Athletic League
- Girls at Work
- SEE Science Center
- Boys & Girls Club

Engagement

- Manchester TRUE Collaborative
- Parent Cafes
- YWCA
- Parks & Rec Clubs
- Faith-based/Places of Worship

Emotional Growth

- Mental Health Center
- UpReach
- Friends of Aine
- REACH
- Live Free Recovery Services



RELATIONSHIPS



ENVIRONMENT



ENGAGEMENT



EMOTIONAL
GROWTH




Core Components

Ongoing professional development
about trauma-informed care, ACEs, and
HOPE





Core Components

- Mutually beneficial allies
 - Regular partner meetings/established system of communication between partners
 - Closed loop referral and data collection system
 - Commitment to the model, its mission, its improvement, and each other
- 

Desired Outcomes

Trauma-Informed Coordinated System of Community Partners

Families easily access high-quality services that provide HOPE

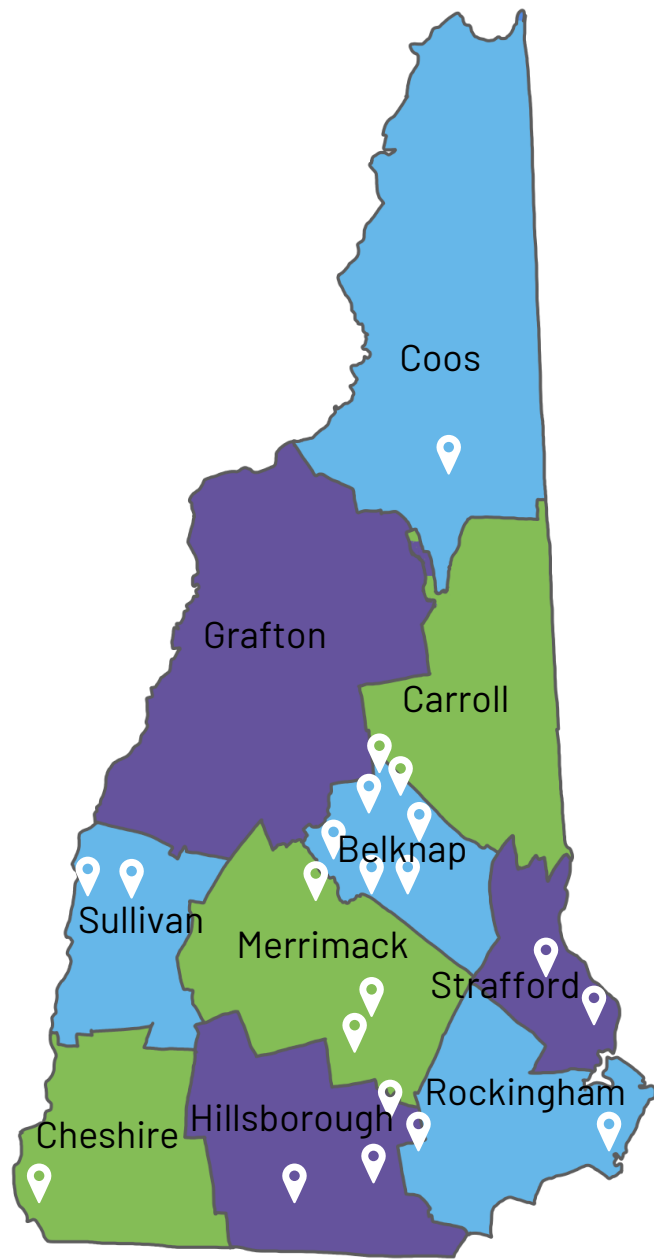
Improved family & community conditions; increased resilience

Increased trust in police, decrease in police involvement



Questions?





Existing ACERTs

- Claremont & Newport
- Concord
- Derry
- Hooksett
- Franklin
- Manchester
- Milford
- Seabrook
- Merrimack
- Winnepesaukee Collaborative
 - Belmont
 - Center Harbor
 - Gilford
 - Laconia
 - Meredith
 - Sanbornton
 - Tilton
- Lynn, MA

Emerging ACERTs

- Berlin
- Londonderry
- Somersworth
- Pembroke



Incidents overview

	Number of incidents	Number of households	Number of children
Community #1		26	40
Community #2		12	25
Community #3	13	13	24
Community #4		0	0
Community #5	311	329	419
Community #6	1	1	3
Community #7		2	3

ACERT TAC Report (4/1/25-6/30/25)

Incidents by type

	Community #1	Community #2	Community #3	Community #4	Community #5	Community #6	Community #7	All communities
Physical assault	6% (3)	7% (1)	9% (2)	0% (0)	11% (43)	0% (0)	0% (0)	9% (49)
Domestics without crime	10% (5)	21% (3)	4% (1)	0% (0)	11% (45)	0% (0)	29% (2)	10% (56)
Other	12% (6)	21% (3)	9% (2)	35% (25)	6% (24)	100% (1)	29% (2)	11% (63)
Verbal argument	0% (0)	29% (4)	0% (0)	0% (0)	15% (59)	0% (0)	0% (0)	11% (63)
Domestics with crime	14% (7)	0% (0)	13% (3)	58% (42)	10% (40)	0% (0)	0% (0)	16% (92)
Juvenile call for services	12% (6)	0% (0)	30% (7)	0% (0)	21% (84)	0% (0)	14% (1)	17% (98)

Top 6 incident types across all communities

ACERT TAC Report (4/1/25-6/30/25)

ACEs by type

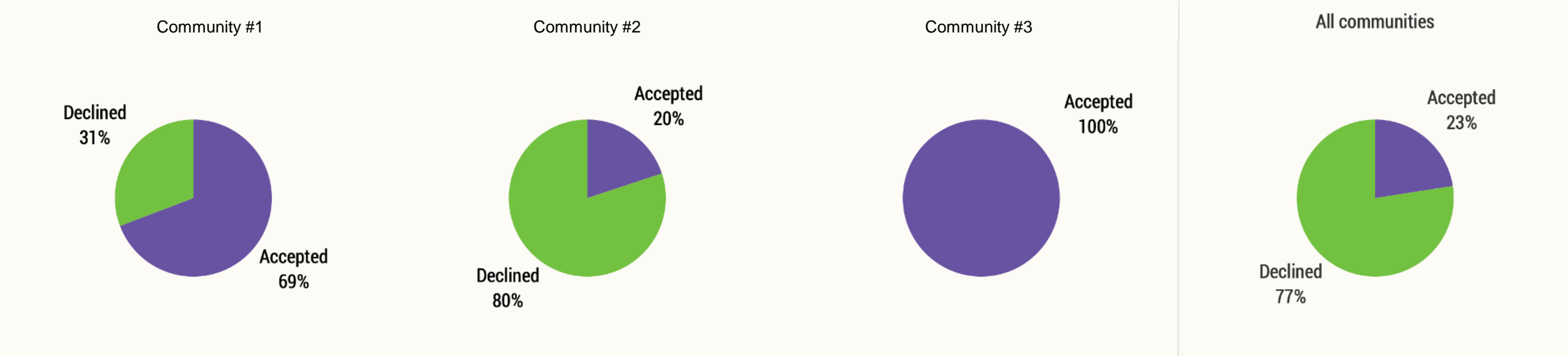
	Community #1	Community #2	Community #3	All communities
Incarceration of a family member	5% (1)	0% (0)	0% (0)	0% (1)
Emotional abuse	0% (0)	1% (5)	0% (0)	1% (5)
Emotional neglect	9% (2)	1% (3)	0% (0)	1% (5)
Loss of a parent to death or abandonment	5% (1)	2% (6)	100% (1)	2% (8)
Physical neglect	5% (1)	4% (16)	0% (0)	4% (17)
Sexual abuse	5% (1)	4% (16)	0% (0)	4% (17)
Bullying	0% (0)	7% (24)	0% (0)	6% (24)
Household substance abuse	9% (2)	7% (25)	0% (0)	7% (27)
Parental separation or divorce	5% (1)	7% (27)	0% (0)	7% (28)
Mental illness in household	18% (4)	8% (30)	0% (0)	9% (34)
Physical abuse	5% (1)	9% (33)	0% (0)	9% (34)
Unknown	18% (4)	20% (74)	0% (0)	20% (78)
Domestic violence against a parent	18% (4)	29% (108)	0% (0)	29% (112)

Incidents by location

	Community #1	Community #2	Community #3	All communities
Other residential	8% (1)	5% (15)		5% (16)
Other commercial	8% (1)	8% (25)		8% (26)
School		16% (50)		16% (50)
Home	85% (11)	71% (216)	100% (1)	71% (228)

ACERT TAC Report (4/1/25-6/30/25)

Accepted or declined ACERT?



Reason for decline

	Community #1	Community #2	All communities
Other		2% (5)	2% (5)
Not eligible		8% (16)	8% (16)
Already connected to services	25% (1)	8% (16)	8% (17)
Not interested	25% (1)	36% (75)	36% (76)
Unreachable	50% (2)	46% (97)	46% (99)

ACERT TAC Report (4/1/25-6/30/25)

Average level of need

	Community #1	Community #2	Community #3	All communities
Child well-being	Medium (2.4)	Medium (2.0)	Medium (2.0)	Medium (2.1)
Community #3 Caregiver well-being	Medium (2.6)	Medium (2.1)	Medium (2.4)	Medium (2.3)
Caregiving & childcare	Medium (2.6)	Medium (2.3)	Medium (2.3)	Medium (2.3)
Child health & safety	Medium (2.7)	Medium (2.2)	Medium (2.3)	Medium (2.4)
Caregiver health & safety	Medium (2.5)	Medium (2.3)	Medium (2.4)	Medium (2.4)
Basic needs	Medium (2.5)	Medium (2.4)	Medium (2.2)	Medium (2.4)
Overall need	Medium (2.6)	Medium (2.2)	Medium (2.3)	Medium (2.3)

ACERT TAC Report (4/1/25-6/30/25)

Referrals by type*

	Community #1	Community #2	Community #3	Community #4	Community #5	Community #6	Community #7	All communities
Basic needs (food, clothing)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)
Healthcare	5% (2)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	1% (2)
School Letter	5% (2)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	1% (2)
Substance use services	7% (3)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	1% (3)
Other	0% (0)	0% (0)	0% (0)	0% (0)	3% (4)	0% (0)	0% (0)	2% (4)
Financial services	9% (4)	5% (1)	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)	2% (5)
Housing services	11% (5)	5% (1)	0% (0)	0% (0)	1% (2)	0% (0)	0% (0)	3% (8)
Developmental support	5% (2)	5% (1)	0% (0)	0% (0)	4% (6)	0% (0)	13% (1)	4% (10)
Case management	0% (0)	0% (0)	13% (1)	0% (0)	11% (16)	0% (0)	0% (0)	7% (17)
Homevisiting/parent support	7% (3)	19% (4)	25% (2)	0% (0)	3% (5)	6% (1)	25% (2)	7% (17)
Individual/Group Counseling	20% (9)	33% (7)	0% (0)	0% (0)	0% (0)	0% (0)	13% (1)	7% (17)
Youth mentorship	0% (0)	0% (0)	0% (0)	0% (0)	10% (14)	25% (4)	0% (0)	7% (18)
Alternative therapy (equine, art)	14% (6)	0% (0)	0% (0)	0% (0)	12% (18)	6% (1)	0% (0)	10% (25)
Individual/group counseling	0% (0)	0% (0)	38% (3)	0% (0)	17% (25)	13% (2)	0% (0)	12% (30)
Afterschool/summer program	2% (1)	24% (5)	0% (0)	0% (0)	11% (16)	38% (6)	38% (3)	12% (31)
Domestic violence services	16% (7)	10% (2)	25% (2)	100% (14)	4% (6)	0% (0)	13% (1)	12% (32)
Youth enrichment program	0% (0)	0% (0)	0% (0)	0% (0)	24% (35)	13% (2)	0% (0)	14% (37)

ACERT TAC Report (4/1/25-6/30/25)

Referral status

	Community #1	Community #2	Community #3	Community #4	Community #5	Community #6	Community #7	All communities
Successful	18% (6)	58% (7)	45% (5)	(0)	8% (12)	0% (0)	17% (1)	14% (31)
Pending	24% (8)	25% (3)	55% (6)	(0)	43% (64)	94% (15)	33% (2)	43% (98)
Unsuccessful	58% (19)	17% (2)	0% (0)	(0)	49% (74)	6% (1)	50% (3)	43% (99)

Replication Successes + Challenges

Successes

- A range of community sizes have replicated with success
- PD "peer pressure" for other towns to adopt the model
- TAC's support of model implementation
- Seen preliminary evidence of intended outcomes

Challenges

- Navigating requirements from external compliance entities (PD lawyers, insurance)
- Funding
- Initiative-wide reporting
- Administrative "speed bumps"
- Model variation due to staff capacity and partner infrastructure



Think, Pair, Share



Questions?