



FAQ

Handle With Care

1. What is childhood trauma?

Childhood trauma, often called Adverse Childhood Experiences (ACEs), is an event that can have negative, lasting effects on a child's mental and physical well-being. Trauma causes stress, which is anything that disrupts the physiologic or emotional balance of a child.

Traumatic events can include (but are not limited to):

- Physical, sexual, emotional abuse
- Physical and emotional neglect
- Divorce
- Domestic violence
- Parental issues (mental issues, incarceration, substance abuse, death)
- Witnessing violence or crime
- Witnessing drug-related issues
- Food insecurity
- Racism and bullying
- Chronic poverty
- Homelessness

Childhood trauma and the resulting stress can interrupt normal brain and body development; undermine a child's focus and ability to learn in school; increase risk for engagement in negative coping behaviors and involvement in the criminal justice system; and increase risk for chronic mental and physical health problems.



2. Do children in your community/school face trauma?

Yes. Probably more trauma than you may think.

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60% of U.S. children have been exposed to violence, crime, or abuse, according to a study.

Minority students are especially affected. A national study of 5,117 Latinos ages 18-74 found 77.8% experienced at least one ACE in childhood. The same study found that 28.7% of Latinos experienced four ACEs or more. Learn more in a [Salud America! Research Review](#).

Health experts worry about rises in [domestic violence](#) and [child abuse](#) during the coronavirus pandemic of 2020, while families are staying home while schools are shut down.

These children need support even while out of school.

3. Why should police, school, and mental health personnel care about childhood trauma?

Everyone should care about childhood trauma.

Childhood trauma can impair a child's brain development, socioemotional and behavioral development, academic learning and achievement, and overall health and [wellbeing](#).



Childhood trauma and related stress can impact a child's brain development, which can in turn affect their stress response; ability to interpret social cues and language; ability to wake, sleep, breathe, and relax; sexual behavior; and ability to plan, problem solve, use language, and develop higher-order thinking. When responding to the stress of trauma, a child's normal [developmental process](#) is interrupted. The body responds to stress in a "fight, flight or freeze" mode. Repeated or chronic activation of stress hormones bypass the thinking part of the brain and activate the survival part of the brain. The thinking part of the brain goes "offline" and the emotional part of the brain remains "activated."

Children facing trauma and related stress at home face higher referrals for behavioral problems, special education and diagnosis for ADHD, as well as absenteeism, suspension or expulsion, dropping out, or criminal activity. Trauma can impair focus, complex thought and learning, resulting in lower grades, more [suspensions and expulsions](#), and school failure. Children with trauma are 2.5 times more likely to have repeated a grade in school. Schools with [police officers](#) reported 3.5 times more arrests than schools without police. Trauma triggers can re-occur for years or the entire lifetime, increasing risk for engagement in unhealthy coping behaviors, such as substance abuse, early sexual activity, domestic violence, and involvement in

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the juvenile and criminal justice system. Latino kids face more adversity at home and in their community and face harsher and more frequent [punishment](#) in school than their white peers.

Children with histories of traumatic experiences are twice as likely to have chronic health conditions. Children and adolescents who have been traumatized have higher rates of smoking, substance abuse, teen pregnancy, suicide attempts, [anxiety](#), depression, [obesity](#), heart disease, diabetes, cancer, stroke, asthma, lupus, viral infections, and autoimmune diseases.

Helping children overcome trauma and succeed in school requires an understanding of children’s physical, emotional, and cognitive capacities and the creation of healing relationships and interventions in [schools and early care](#) settings, even if closed due to summer or pandemics.

4. What is Handle With Care?

Handle With Care is a program that enables local police to notify school districts when they encounter a child at a traumatic scene, so school personnel and mental health partners can provide appropriate trauma-sensitive interventions immediately.

Handle With Care requires:

1. Police to send notification to schools.
2. Schools to receive notifications and prepare trauma-sensitive support.
3. Mental healthcare providers to partner with schools for on-site therapy.

The goal is to set schools up to better help children exposed to trauma focus, behave appropriately, and learn, any time of the year.

[Watch this video about Handle With Care.](#) [Read this fact sheet about Handle With Care.](#)

5. What’s Expected of Police in Handle With Care?

Send a confidential notification. When police identify a child at the scene of a traumatic event (domestic violence, meth lab explosion, drug raid, shooting, etc.), they will send a confidential Handle With Care notification form (by email, text, or 911 dispatch) to the school district or childcare agency.

The confidential notification, which is documented in the police report, contains three pieces of information: the child’s name, age, and school, as well as a message to “Handle With Care.” The Handle With Care Notification Form also includes the following statement: “The child referenced below was on the scene of a police action in the last 24 hours and could exhibit academic, emotional and/or behavioral problems as a result of exposure to a traumatic event.”

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Nothing about the traumatic incident is shared with the school. Because it isn't anyone's place to judge how traumatic an event is, police will send a notification on every child.

A person from each of the school, police, and mental healthcare disciplines is expected to participate in regular Handle With Care meetings to assess academic achievements, truancies, disciplinary reports, and treatment outcomes.

6. What's Expected of Schools in Handle With Care?

School: Receive notification and prepare process for trauma-sensitive support. A school district, school, or childcare agency will create a process (including identifying a Handle With Care coordinator) to triage "Handle With Care" notifications from police. The process will involve forwarding the Handle With Care Notification from police to the appropriate teacher and/or counselor and staff to observe the student's behavior and academic performance (or virtually observe during times of pandemic or summer/holiday vacation), and be prepared to provide trauma-sensitive support as needed.

For example, if the student acts out, a teacher might send the child to the counselor or nurse instead of the principal, give extra time for tests, reteach lessons, etc. However, due to school closures, teachers often have limited interactions with students. If a student fails to login to or acts out during Google Classroom, the teacher should reach out to the student later that day, and also let the counselor know. The teacher, counselor, social worker, and principal should coordinate to ensure someone has connected with the student and/or family. Although schools are expected to provide trauma-sensitive training to all personnel, teachers are not expected to become counselors and counselors are not expected to become psychologists. If a student continues behavioral/emotional/academic and/or virtual attendance issues, teachers may alert the counselor and the counselor may decide to refer the student to a mental health provider. During school closures, it is critical that schools have some sort of system to ensure they continue meaningful interactions with their students. This is why schools are expected to partner with mental health professionals.

A person from each of the school, police, and mental healthcare disciplines is expected to participate in regular Handle With Care meetings to assess academic achievements, truancies, disciplinary reports, and treatment outcomes.

7. What's Expected of Mental Healthcare Providers in Handle With Care?

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Mental healthcare providers: Provide support, assessment, and/or recommendation for further support services. When school interventions are not sufficient, mental healthcare professionals, who are trained in Trauma Focused Cognitive Behavior therapy, can provide therapy on site at school at a time that is least disruptive to the student’s academic schedule (with consent from the parent or guardian). Due to school closures, mental healthcare professionals can provide telehealth services.

If a student continues behavioral/emotional/academic issues in the classroom, a school-based mental healthcare provider (school counselor, school social worker, etc.) will determine if mental health services are appropriate and refer the child and caregivers for follow-up services if needed.

A person from each of the school, police, and mental healthcare disciplines is expected to participate in regular Handle With Care meetings to assess academic achievements, truancies, disciplinary reports, and treatment outcomes.



8. How are student and family privacy protected?

The notification to the school only the student’s name, age, and school, along with these three words: “Handle With Care.”

No details of the incident are released to schools. Moreover, calls for service are open public records and posted on many law enforcement websites.

9. How many places have started Handle With Care?

As of April 2019, 65 cities were actively using Handle With Care. Another 20 cities and states are developing Handle With Care programs.

This includes [San Antonio](#), a 63% Latino city where local police and three school districts are collaborating to pilot-test a version of Handle With Care. San Antonio schools later [adapted their Handle With Care program](#) to make sure it continued during the coronavirus pandemic that began in March 2020.

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10. How does Handle With Care help kids?

Relationships with stable, caring adults buffer the harmful effects of trauma or ACEs.

When all school personnel—administrators, teachers, counselors, nurses, cafeteria staff, custodial staff, bus drivers, etc.—understand the impact trauma has on a child and are equipped with trauma-sensitive approaches, they can help students feel safe, which is critical to help them focus, behave appropriately, and learn.

Through the Handle With Care program, schools get a heads-up from police to provide trauma-sensitive support and connect students and families to mental health services to mitigate negative affects experienced by children’s exposure to trauma.

Handle With Care sets schools and childcare agencies up to be proactive, rather than reactive, with informed, caring personnel ready to share their calm, rather than join the student’s chaos.

This can reduce disciplinary action and absenteeism, and build resilience, self-respect and confidence.

Because children respond to trauma differently, the Handle With Care program ensures all children with notifications are treated with care and without judgement.

11. How much does it cost to start Handle With Care?

\$0!

Starting a Handle With Care program doesn’t mandate a budget.

It requires the cooperation of a team of school, police, and mental healthcare stakeholders, as well as meeting the program requirements of the West Virginia Center for Children’s Justice, which first began the Handle With Care program in 2013.

Some costs may exist, such as school-wide training on trauma-sensitivity or partnering with mental healthcare professionals, but there is no cost with becoming an “official” Handle With Care program.

12. What are the program requirements for starting a Handle With Care program?

The West Virginia Center for Children’s Justice requires the following:

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Mandatory Stakeholder Participation

- Participation is required from a school or childcare agency, police, and mental healthcare provider (other stakeholders could include child protective services workers, community programs, parent organizations, etc.). Each of the school, police and mental healthcare participants must designate a person who will serve as a Team Leader for their discipline and act as a liaison among disciplines.
- Teams must get commitments from local leaders (superintendent, principal, chief, etc.)

Mandatory Training

- Police, school, and mental healthcare representatives must jointly attend a 90-minute virtual presentation with an overview of childhood trauma, the impact of trauma on learning, key elements of Handle With Care, and strategies for successful implementation.
- School representatives must do a book study or other strategic planning session to identify and assess issues impacting their students and specific individual, classroom, and school-wide trauma-sensitive interventions.
- Police must train patrol officers on department policy to identify, document, and report children encountered on the scene of calls. Officers must be familiar with appropriate on-scene response when children are present to minimize the impact of trauma.
- Mental healthcare providers must be trained and certified in Trauma Focused Cognitive Behavioral Therapy.

Mandatory Forms

- Key stakeholders must develop protocols and memorandums of agreement (MOUs) based on template agreements and protocols developed by the West Virginia Center for Children's Justice initiative.
- Schools must use required forms (Handle With Care Notification Form, parental permission to treat, brochures, etc.).

Mandatory On-Site Mental Healthcare Service

- School commitment to provide space at school for on-site mental health services.
- However, during school closures, mental health providers should offer telehealth services.

Mandatory Collaboration

- Team Leaders (police, school, mental healthcare providers) must routinely meet virtually to assess gaps/barriers in the program and improvements.
- Police will develop and improve positive relationships with students by interacting with students in a non-crisis situation.



13. What steps do I take to

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start Handle With Care?

With the *Salud America!* “Handle With Care Action Pack,” you can start a Handle With Care program in five basic steps:

1. **Start the Conversation for Handle With Care.** Use our model emails and talking points to engage decision-makers about the need for Handle With Care.
2. **Create a Group and a Vision.** Use our guide, checklist, and materials to host a 90-minute virtual community meeting to build support for and plan your Handle With Care program.
3. **Create Your Notification Flow.** Use the model notification system to create your Handle With Care Notification Flow from police to a school district staffer.
4. **Implement the Program and Train Key Personnel.** Use and customize our materials to train police, school, and mental healthcare personnel to implement Handle With Care.
5. **Promote the Program.** Use our press toolkits and sharable social media messages and graphics to raise awareness of your program in your community.

14. How long will it take to start Handle With Care?

It depends.

Some communities start their Handle With Care program within months of learning about it.

[In San Antonio](#), for example, four months after the first conversation, the police department started by piloting the program in one of six patrol areas with three school districts. [Watch a video about San Antonio’s program](#). Once the program was up and running, San Antonio schools [adapted their Handle With Care program](#) in a matter of days to make sure it continued during the coronavirus pandemic that began in March 2020.

15. Can I start Handle With Care while schools are closed (i.e., for summer or due to a pandemic)?

Absolutely.

Students can experience trauma any time throughout the school year and beyond.

Likewise, police, school, and mental health care professionals have the power to start a Handle With Care program at any time. In the 2020 coronavirus pandemic, for example, these occupations continued work, and could virtually plan to implement Handle With Care.

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In fact, several San Antonio school districts, which already implemented a Handle With Care program before the coronavirus struck, [adapted their program](#). San Antonio ISD implemented an app to track students. East Central ISD began “delivery teams” to check in on students. Northeast ISD created a digital social-emotional learning environment.

16. What’s the history behind Handle With Care?

2009: The Office of Juvenile Justice & Delinquency Prevention’s study on children’s exposure to violence was a wakeup call on how prevalent children’s exposure to violence is in their homes, schools and communities.

2010: U.S. Attorney General Eric Holder, who served in that role from 2009-2015, launched the Defending Childhood Initiative (DCI) on to address a national crisis: the exposure of America’s children to violence as victims and as witnesses.

2011: The West Virginia Children’s Justice Task Force, in collaboration with the U.S. Attorney’s Office for the South District of West Virginia, formed a subcommittee to explore the problem of children’s exposure to trauma and violence and programing to mitigate the negative effects of trauma. The subcommittee was named the WV DCI Task Force. The DCI Task Force, comprised of policy makers and practitioners, researched national programs and DCI initiatives. They relied on the Safe Start Initiative program in Brockton, MS, and the evidence-based National Drug Endangered Children Program to develop “Handle With Care.”

2012: The DCI Task Force worked with law enforcement, prosecutors, educators, mental health providers, child protective services, probation officers, court personnel, school nurses, school attendance directors, and counselors to develop the Handle With Care program, write protocols for police and school staff, and to create guidelines for implementation.

2013: “Handle With Care” was piloted at Mary C. Snow West Side Elementary School in Charleston, WV. The school, situated in an urban area of the city plagued by drug and violent crime, ranked 398 out of 404 elementary schools in West Virginia for poor performance. About 93% of the school’s 500 students came from low-income families.

2014: Handle With Care gains interest in West Virginia and from around the country.

2015: The West Virginia Center for Children’s Justice was created to facilitate the expansion of the Handle With Care program. They created a website with easy access to information, forms, and protocols on the program.

2015-19: 65 cities implement a Handle With Care program in their area.

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2019: The San Antonio Police Department and three school districts began a pilot test of the Handle With Care program in one of six patrol areas serving 48 schools, documented by a *Salud America!* [Salud Hero case study series and video](#).

2019: *Salud America!* at UT Health San Antonio collaborated with the West Virginia Center for Children’s Justice to create the “Handle With Care Action Pack” to help communities start their own Handle With Care program.

17. Beyond Handle With Care, what else can I do to make my school more trauma-sensitive?

- Create resource guide of local public and private services for student and family referral
- Create a task force to take steps towards becoming a trauma sensitive school
- Provide trauma-informed in-service and training
 - Sample RFP
 - Sample funding sources
- Adopt alternative Discipline Practices
 - re-teaching lessons, postponing testing; referrals to counseling, social service or advocacy programs
 - Wounded Student
- Reinvest resources from school police to student support services, including mental health staffing and programs
- Improve access to mental and behavioral health services
- Social and emotional learning curriculum



You can also download the *Salud America!* [“Trauma Sensitive School Action Pack.”](#) The Action Pack is a free guide with coaching to help school personnel talk to decision-makers, build a support team, craft a system to identify and support traumatized students, and more.

The Action Pack was created by Dr. Amelie G. Ramirez, director of the *Salud America!* Latino health program at UT Health San Antonio, with input from John Hernandez, who created a unique system to help traumatized students at [East Central ISD in San Antonio](#).

18. What if I have more questions?

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7411 John Smith Drive, Suite 1000 | San Antonio, TX 78229
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For additional questions or issues, please contact Amanda Merck, who provides technical assistance for the *Salud America!* “Handle With Care Action Pack.” Merck is a research area assistant and a digital content curator at UT Health San Antonio.

Merck can be reached at 210-562-6525 or merck@uthscsa.edu.

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7411 John Smith Drive, Suite 1000 | San Antonio, TX 78229
210.562.6500 | Fax 210.562.6545 | www.salud-america.org