

Testimony of Ronal Serpas, Ph.D.

President's Task Force on 21st Century Policing

5th Public Listening Session On The Topic Of Training and Education

To begin, I would like to thank the task force for the invitation to testify. My name is Ronal Serpas. I am currently a Professor of Practice in the Criminal Justice Department at Loyola University New Orleans and a former Superintendent of the New Orleans Police Department, Chief of the Nashville Police Department and Chief of the Washington State Patrol. Today I speak to you as a board member and representative of the non-profit organization Cure Violence.

In communities where violence and crime are endemic, law enforcement has sometimes taken a warrior mentality – as police officers we were taught to “fight” crime and to lead the “war on drugs.” We have, at times, treated these communities as combatants, and it should therefore be no surprise that there is now a fractured relationship between law enforcement and far too many communities in America.

As the Chairman of the International Association of Chiefs of Police Community Policing Committee, and in partnership with the Bureau of Justice Assistance and the DOJ-Community Oriented Policing Services, we define the key components of Community Policing as developing community partnerships, engaging in problem solving, and implementing community policing organizational features. I believe it makes perfect sense to recognize as part of our key components of Community Policing that building stronger relationships and trust between police and the community requires that we adopt and add a health perspective to violence and train our officers and the community in this understanding and approach.

A health perspective offers an understanding of the causes of violent behavior that is based in the latest science. This science tells us that violent behavior is transmitted between individuals for all types of violence – including child abuse, community violence, and intimate partner violence.¹ An evolving science based understanding of the causes of violent behavior is an essential component of the “problem solving” feature of the Community Policing model.

This transmission of violence occurs as a result of exposure – we unconsciously learn violent behavior, as all behaviors, from those around us.² Violent behavior has the added effect of being a traumatic experience, which can have a profound mental health impact, leading to increased impulsivity, depression, stress, and exaggerated startle responses.³ Exposure to violence also creates physiological effects such as changes in our neurochemistry and brain structure.⁴

While the details of this transmission process may be superfluous, understanding that violence is a transmitted behavior is essential to moving law enforcement to a more fair, equitable, and effective approach. This understanding moves us away from an adversarial relationship where community and law enforcement blame each other and think of each other as the “bad guy.” It moves us towards understanding why some human beings – in the community and in law enforcement – exhibit violent behavior.

The health perspective is not in any way contrary to society’s need for accountability for crimes committed. The rule of law is fundamental to a civilized society. Rather, this approach rests on an acknowledgement that we cannot arrest our way out of the problem of violence. As in Community Policing, we seek to more fully understand the causes of violence and in partnership with the community devise and implement alternatives that do not rely on arrest.

The health approach can help us move from the warrior mentality to the guardian mentality. Fundamentally, this approach is about preventing future violence by

understanding what is perpetuating it. It recognizes that the experience of living in a violent community is creating more violence, and the only way to stop violence is to address the underlying causes.

My specific recommendation for this task force and for President Obama is that we need to implement training in the health approach to violence for all law enforcement officers. Further, we need to make this training available to the community. This training would serve three main purposes:

First, health training increases our officers' and communities' understanding of how violent behaviors are formed, including the dynamics in the community, the experiences of individuals in the community, and the traumatic effects of exposure to violence. Having a more complete understanding that is common to both the community and law enforcement would help each side to humanize the other and is a fundamental step to building relationships.

Second, fostering this understanding of violence helps us identify treatment needs for both law enforcement and the entire community. Trauma from exposure to violence is widespread, largely untreated, and is a significant factor in the perpetuation of violence on both sides. By understanding this, we can begin to identify resources in the community to treat it.

Third, this training can help our law enforcement officers learn methods for de-escalating violence, addressing high-risk individuals, and partnering with the community to change behaviors and norms that perpetuate violence. If we want our officers to succeed, we have to give them the tools to be as effective as possible, something that this training can provide.

Details on what this training would include are available upon request and are currently being developed with law enforcement agencies in Baltimore and Los Angeles.

Most of us got into the field of law enforcement and criminal justice because of a desire to make our communities safer and better places. As we have sought solutions, despite our best intentions, our strategies have sometimes perpetuated the problem of violence.

Just as the science of DNA has revolutionized our understanding of crime and wrongful convictions, the power of bringing an awareness to police officers and the community of the science of a health based understanding of violence to more fully inform and support our Community Policing efforts is timely and needed.

We must remember what the ultimate goal is – safe and healthy communities. Training in the health approach to violence can help us get there.

¹ Institute of Medicine (2013). “Contagion of Violence.” Forum on Global Violence Prevention. IOM and National Research Council of the National Academies.

² Slutkin, G. (2013). “Violence Is a Contagious Disease.” The Contagion of Violence. Institute of Medicine. Available at: www.cureviolence.org/wp-content/uploads/2014/01/iom.pdf.

³ Martinez, P, and Richters, J. E. (1993). The NIMH community violence project: II. Children's distress symptoms associated with violence exposure. *Psychiatry*, 22-35. Gorman-Smith, Deborah and Patrick Tolan. (1998) “The role of exposure to community violence and developmental problems among inner-city youth.” *Development and Psychopathology* 10:101-116. Hurt, Hallam MD; Elsa Malmud, PhD; Nancy L. Brodsky, PhD; Joan Giannetta, BA (2001). Exposure to Violence: Psychological and Academic Correlates in Child Witnesses. *Pediatrics and Adolescent Medicine* Vol. 155 No. 12. DuRant, R. H., Getts, A., Cadenhead, C., Emans, S. J., & Woods, E. R. (1995). Exposure to violence and victimization and depression, hopelessness, and purpose in life among adolescents living in and around public housing. *Developmental and Behavioral Pediatrics*, 16, 233-237. Singer, M. I., Anglin, T. M., Song, L. Y., & Lunghofer, L. (1995). Adolescents' exposure to violence and associated symptoms of psychological trauma. *Journal of the American Medical Association*, 273, 477-482. Rosenthal, B. S. (2000).

Exposure to community violence in adolescents: Trauma symptoms. *Adolescence*, 35, 271–284. Schuler M E; Nair P. Witnessing violence among inner-city children of substance-abusing and non-substance-abusing women. *Archives of Pediatrics & Adolescent Medicine*. 2001;155(3):342-6. Mead, Hilary K.; Theodore P. Beauchaine; And Katherine E. Shannon. (2010). Neurobiological adaptations to violence across development. *Development and Psychopathology* 22: 1–22.

⁴ Mead, Hilary K.; Theodore P. Beauchaine; And Katherine E. Shannon. (2010). Neurobiological adaptations to violence across development. *Development and Psychopathology* 22: 1–22. Perry, B. D. (2001). The Neurodevelopmental Impact of Violence in Childhood. In *Textbook of Child and Adolescent Forensic Psychiatry*, (Eds., D. Schetky and E.P. Benedek) American Psychiatric Press, Inc., Washington, D.C. pp. 221-238