

Minister Destiny Testimony Schools

Law Enforcement: Course Book

Law Enforcement — Course Book

Minister Destiny Marie Morgan

Minister & Founder

A Prayer Before You Begin

In the name of God, the Most Gracious, the Most Merciful.

Lord, bless this reader on their journey. Guard their health in body, mind, and spirit as they study. Open their heart to knowledge and their mind to understanding, and let what they learn here become light in their hands. Guide them to the places where they are needed — to help others, and to save lives, safely. Bless their steps, their work, and every life their learning will one day protect.

Amen.

— Minister Destiny Marie Morgan

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Minister Destiny Testimony Schools — Law Enforcement: Course Book.

Published by Minister Destiny Marie Morgan, Minister & Founder.

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This is community-designed training — Minister Destiny's program, built from lived experience in the neighborhoods being policed. It is not agency policy and does not replace your department's training, general orders, or the law. Where this program proposes new approaches, they are taught and labeled as proposals.

How This Book Works

This book is the full Law Enforcement course of Minister Destiny Testimony Schools — Destiny's twelve sections in her order, from reading a community as it really is, to de-escalation, fair stops, crisis response, and rebuilding trust.

Each unit follows the same rhythm: a full lesson in plain language, Words to know, myths and facts, two real-life stories to think through, a Try-this activity, Resources to keep, a word search, the chapter test as a worksheet, and a certificate page. The tests are printed without answers marked — the Answer Key is at the back of the book, for parents, teachers, and self-checking after you finish. Score 80% or higher to complete a unit. Go in order, and go at your own pace — a new class every day, or one unit a month. The agenda, course tracker, and monthly progress reports at the back help you keep track of your work.

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Before You Start

A note on what this school is: this is community-designed training — Minister Destiny's program, built from lived experience in the neighborhoods being policed. It is not agency policy and does not replace your department's training, general orders, or the law. Where this program proposes new approaches, they are taught and labeled as proposals. Nothing here is legal advice.

Before you start

- This section asks you to slow down one specific moment: **the first ten seconds of reading a scene**. Most of what goes wrong in policing — and most of what goes right — starts with what an officer believes they are seeing. Section 1 is about seeing the community as it actually is.

Section 1 — Community Realities — Environment, Neighborhood, Culture, Race, Income, and Survival Behavior

Minister Destiny Testimony Schools — Law Enforcement

The lesson

1. Every neighborhood runs on a logic

Behavior that looks chaotic from a patrol car window usually has a structure. People adapt to their environment — to what is safe, what is scarce, and what has worked before. Officers call some of this "survival behavior" in this school's language, and the first skill is recognizing it:

- **A crowd gathering fast at a scene** may be neighbors doing what they have always done — watching out for each other, and watching the police, because in their experience watching is protection. It is not automatically a threat forming.
- **A person who won't make eye contact or answers in monosyllables** may be afraid — of police, of immigration consequences, of a partner at home, of an abuser who monitors them. Silence has many causes; guilt is only one of them, and rarely the most common.
- **Kids who scatter when a cruiser rolls up** have often learned that from watching adults get stopped — or from one bad experience, their own or their family's. Running from fear and running from guilt look identical at distance.
- **A home that looks chaotic during a call** — many people, noise, a child crying, an adult who is intoxicated — is often poverty plus crisis, not criminal design. The call you are on may be the worst hour of that family's month.

The discipline of this school: before you classify a person or a scene, name two explanations that are *not* crime. If you can't rule them out, you haven't finished reading the scene.

2. Environment and income change what "normal" looks like

- **Poverty concentrates visibility.** People without money live more of their lives in public — on stoops, in lots, in cars — because there is no yard, no second room, no private space. Public living draws police attention that identical private behavior never would. A man drinking on his porch steps in a neighborhood of porches is visible; a man drinking in a fenced backyard is not. The behavior is the same. The exposure is not.
- **Income changes paperwork.** Expired registrations, lapsed insurance, broken taillights kept broken — these are frequently money problems before they are attitude problems. The enforcement decision is yours and the law's; the *reading* of the person

should account for the difference.

- **Shift work, cash work, crowded housing** — multiple families in one unit, people sleeping in shifts, relatives on couches — are economic arrangements, not automatic lease fraud or disorder. Overcrowding can be a code issue and still be a family doing its best.
- **Survival economies** — unlicensed haircuts, plate sales, day labor corners, cash repairs — exist where formal work is closed off, sometimes by record, sometimes by status, sometimes by local economics. Knowing the difference between a survival economy and a criminal enterprise is investigative work, not a first-glance call.

3. Culture and race — reading without stereotyping

- **Culture shapes expression.** Volume, directness, gestures, how distress sounds, how respect is shown, whether eyes meet yours — all vary by culture and by family. Loud grief is not aggression. Animated argument is not automatically a fight. Flat, quiet compliance is not automatically calm or safe.
- **Language is not attitude.** A person struggling in English may sound blunt, may misunderstand commands, may nod without understanding. Section 11 of this school goes deep on interpreters and disability; the Section 1 habit is simpler: *slowness and confusion are communication problems first, defiance last.*
- **Race and history are part of every encounter whether you raise them or not.** Many residents' expectations of police were formed by experiences — their own, their parents', their community's — long before your shift. A resident's fear or anger at minute one is often not about you personally. Taking it personally is the fastest way to make it about you. This school's position: **you don't have to agree with a resident's account of history to police the person in front of you fairly** — and fairness, repeated hundreds of times, is what eventually rewrites the expectation.
- **The assumption to retire:** not everyone is on drugs. Intoxication, mental illness, trauma responses, exhaustion, diabetes and other medical crises, developmental disability, and plain terror can all look similar at first glance — and they call for different responses. Section 2 is devoted to telling them apart. The Section 1 rule: *the substance assumption is the last hypothesis, not the first.*

4. What are you really seeing? — the five-question read

Before acting on a first impression (where the situation allows any pause at all), run the five questions this school teaches:

1. **What do I actually observe** — facts only, no conclusions? ("A man is shouting and waving his arms," not "a man is being aggressive.")
2. **What else could explain it** — fear, illness, disability, grief, language, culture, poverty, a crisis I can't see yet?
3. **What is the actual risk right now** — to whom, from what, how immediate?

4. **What does this neighborhood know that I don't** — is this gathering, this corner, this behavior ordinary here?

5. **What response solves the problem I actually have** — not the problem I assumed when I arrived?

Officers who run this read consistently report the same discovery: a large share of "resistance" and "disorder" was a misread scene — and a misread scene, enforced, teaches a whole block not to call you next time. **Every encounter is also an advertisement for whether calling the police helps.** That is the trust this school is named for.

5. Scenario — the porch call

The call: Noise complaint, 11:40 p.m. You arrive at a triple-decker. Fifteen people on and around the porch, music, a grill going. Several people go quiet and step back as you approach; one man, mid-twenties, keeps talking loudly to his friends and does not acknowledge you. A child, maybe seven, watches you from the doorway and does not move or speak.

The fast (wrong) read: defiance from the loud man, a crowd problem forming, a "bad neighborhood" being itself.

The five-question read:

1. Facts: loud music, a group socializing, one loud talker, people quieting and stepping back, one still, silent child in the doorway.

2. Other explanations: it's a family cookout — the stepping back is the learned caution of people who expect trouble from police, not guilt; the loud man may be drunk, deaf in one ear, performing for friends, or simply slow to notice you; the silent child may be a child who has learned that being very still around police is safest — a kid who cannot speak up is a *flag to notice*, not a problem to solve tonight (Section 6 covers grades, home checks, and children who can't speak, in full).

3. Actual risk: noise disturbing neighbors. That's the call. Nothing else has risen to risk yet.

4. Local knowledge: triple-decker porches are this street's living rooms all summer; the cookout is this family's ordinary Friday.

5. Solving response: introduce yourself, name the complaint plainly and without profanity, ask for the music down, give it a minute, thank them, leave the door open — "if the music creeps back up, I'll have to come back, and I'd rather not." (De-escalation without profanity or unnecessary force is taught in depth in Section 3.)

Ninety seconds of reading turned a potential crowd confrontation into a closed noise complaint — and fifteen people watched police solve a problem without humiliating anyone. That is the deposit this school calls **trust**, and it compounds.

Words to know — Section 1

- **Survival behavior** — conduct shaped by a person's environment and resources (poverty, danger, instability) rather than by criminal intent.
- **Collateral context** — the facts around a person or scene — housing, income, health, language, history — that change what their behavior means.
- **Implicit bias** — automatic associations that can shape a first read of a person without conscious intent; managed by slowing the read, not by denying it exists.
- **Procedural fairness** — people judging an encounter by whether they were treated with respect, given a voice, and dealt with neutrally — the strongest predictor of whether they cooperate next time.
- **Misread scene** — an enforcement action built on a first impression that the facts available would have corrected.

Test your judgment — Section 1

On a welfare check, you find a grandmother caring for four grandchildren in a one-bedroom apartment. The home is cluttered but the children are fed, in school clothes, and calm. The grandmother is wary and answers questions standing in the doorway. A colleague says afterward: "That place is a mess — and she clearly didn't want us in there. Something's off."

The school's analysis: Almost every element has a non-criminal explanation that fits better. Clutter in an overcrowded home is capacity, not neglect — the relevant observations are the children: fed, dressed for school, calm around her. Doorway answers are classic survival behavior — an elder who has learned that letting officials inside can bring consequences, protecting her household the way she knows how; wariness of police in the home is not consciousness of guilt. "Something's off" is a conclusion, not an observation — the five-question read asks what was *observed* that indicates risk to the children, and on these facts the answer is: nothing yet. The correct close is a respectful one: confirm the children are well, leave a card and resource information, document observations (facts, not adjectives), and let any follow-up be driven by facts that emerge — not by the feeling a poor home gives an observer. Section 6 takes up when home conditions *do* warrant a support check and how this school proposes grades and school signals be used — as triggers for help, not punishment.

What you earned / what's next — Section 1

Section 1 complete (quiz score 80% or higher): You can separate observation from conclusion, name survival behavior when you see it, and run the five-question read before acting on a first impression.

Word Search — Section 1

Find the words from this section's Words to know. Words run across, down, or diagonally.

L	Z	A	L	W	L	A	I	S	E	B	N	F
I	C	Y	E	M	V	X	L	U	S	P	F	P
Q	J	F	W	Q	V	A	C	C	B	S	L	R
W	O	D	V	W	T	Y	T	Z	O	Z	U	E
V	F	Z	G	X	R	O	E	C	E	J	K	M
C	B	R	R	W	L	O	B	G	I	V	K	C
I	I	M	P	L	I	C	I	T	B	I	A	S
E	I	O	G	N	D	Q	Z	K	H	D	I	U
F	M	I	S	R	E	A	D	S	C	E	N	E
A	A	U	M	T	O	U	S	B	Z	K	H	Z
I	P	V	G	R	S	R	K	K	A	E	J	L
V	L	M	M	U	B	X	H	Q	C	G	E	V
D	E	K	D	L	A	O	V	G	V	V	V	L

Words to find: Implicitbias · Misreadscene

Chapter Test — Section 1

Answer every question. Score 80% or higher to complete this section and earn its certificate. The answers are in the Answer Key at the back of this book — for parents, teachers, and self-checking after you finish.

1. What is "survival behavior"?

- A. Conduct shaped by a person's environment and resources — poverty, danger, instability — rather than by criminal intent
- B. Any behavior by a person with a record
- C. Running from police
- D. Behavior officers should always enforce against

2. Before classifying a person or scene, what does this school require you to do?

- A. Check for warrants first
- B. Name two explanations for what you're seeing that are NOT crime — and rule them out before concluding
- C. Call for a second unit
- D. Ask the person to explain themselves

3. Why does poverty draw more police attention to identical behavior?

- A. It doesn't — enforcement is evenly spread
- B. Because poor neighborhoods have more officers assigned, randomly
- C. Poverty concentrates visibility — people without money live more of life in public, where the same behavior is exposed that stays private elsewhere
- D. Because residents call more often

4. A resident is silent, avoids eye contact, and answers in monosyllables during your contact. This school's read is:

- A. Consciousness of guilt — press harder
- B. Silence has many causes — fear of police, immigration concerns, an abuser at home, trauma — and guilt is rarely the most common one
- C. Probable intoxication
- D. A sign you should end the contact quickly

5. In this program, where does the "they're on drugs" assumption rank?

- A. First — it's usually right
- B. It should be retired — intoxication must be proven by observation
- C. The last hypothesis, not the first — illness, disability, trauma, exhaustion, and medical crises can look the same at a glance

D. Middle of the list

6. Which of these is an observation, not a conclusion?

- A. "The man is being aggressive."
- B. "The man is shouting and waving his arms."
- C. "The crowd is hostile."
- D. "She's clearly hiding something."

7. In the porch-call scenario, what was the actual risk that matched the call?

- A. The loud young man
- B. The crowd forming
- C. Noise disturbing neighbors — nothing else had risen to risk
- D. The silent child in the doorway

8. Why does this school call every encounter "an advertisement"?

- A. Because body cameras record everything
- B. Because residents decide from each encounter whether calling the police helps — that judgment, repeated across a neighborhood, is the trust the school is named for
- C. Because encounters are often posted online
- D. Because departments track complaint numbers

9. On the welfare check, the grandmother answers from the doorway and the home is cluttered. The school's analysis says the strongest observations about the children's welfare are:

- A. The clutter and her reluctance to let you in
- B. The children themselves: fed, dressed for school, and calm around her
- C. The number of children in a one-bedroom
- D. Her tone of voice

10. How should this program's proposals be understood by officers taking this school?

- A. As new agency policy that overrides general orders
- B. As legal requirements
- C. As community-designed training and labeled proposals — this school is not agency policy and does not replace department training or the law
- D. As optional reading with no tests

Certificate — Section 1

Minister Destiny Testimony Schools

Certificate of Completion — Section 1: Community Realities — Environment, Neighborhood, Culture, Race, Income, and Survival Behavior

This certifies that

Name (write your name here)

has completed

Minister Destiny Testimony Schools — Law Enforcement

Section 1: Community Realities — Environment, Neighborhood, Culture, Race, Income, and Survival Behavior

Date completed: _____

Presented by **Minister Destiny Marie Morgan**, Minister & Founder

Congratulations. You have begun the work this school exists for: seeing the community as it really is before deciding what it needs. Every fair read, repeated shift after shift, is how trust is rebuilt. — Minister Destiny Marie Morgan

School completion and rank are school achievements only. It is not a law-enforcement rank, title, or credential, and it does not certify you for any duty.

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Section 2 — Bias and Judgment: Not Assuming Drugs, and Telling Addiction, Mental Illness, Trauma, and Poverty Apart From Danger

Minister Destiny Testimony Schools — Law Enforcement

The lesson

1. The drug assumption — why it comes first, and why it misleads

Many officers reach for a substance explanation early because patrol work makes it familiar. You have seen intoxication often, you have been trained to watch for contraband, and calls are frequently dispatched with a label — "possible drug activity," "man acting high" — that frames the scene before you arrive. Dispatch language is useful information, but it is not a diagnosis. It is one person's report, filtered through a phone call, compressed into a few words.

The assumption misleads for three practical reasons. First, several very different conditions share the same surface signs: unsteady walking, slurred or rapid speech, sweating, confusion, agitation, glassy eyes, or a person talking to someone who is not there. Second, the assumption changes your hands and voice. An officer who believes he is facing drug use tends to move toward searches, commands, and testing; an officer who suspects a medical emergency tends to create space, ask about health, and call for medical help. The person in front of you gets a different encounter depending on a guess made in the first minute. Third, the label sticks. Words written in a report — "appeared high," "drug-seeking," "uncooperative" — follow a resident into the next stop, the next call, and sometimes into court, even when no substance was ever confirmed.

This school does not ask you to ignore drugs. Substances are present in many calls, and officer safety matters. It asks you to rank the explanation honestly: a substance cause is one hypothesis among several, to be supported or ruled out by what you can actually observe, ask, and verify. Section 1's rule stands here in full: the substance assumption is the last hypothesis, not the first.

2. Four different doors behind the same behavior

Learn the broad patterns below as field orientation, not as medical diagnosis. You are not being trained to diagnose anyone. You are being trained to avoid collapsing four different human situations into one enforcement response.

Addiction and intoxication. A person who is intoxicated or in withdrawal may smell of alcohol, have pinpoint or unusually wide pupils in some cases, move between calm and irritable quickly, or focus intensely on leaving, obtaining something, or avoiding withdrawal sickness. Withdrawal can bring shaking, nausea, sweating, anxiety, and a powerful sense of urgency that looks like defiance. Intoxication can also hide injury: a

head wound, internal bleeding, or a dangerous blood-sugar problem can be missed when every sign is credited to drinking. When in doubt, treat unexplained confusion, vomiting, seizures, chest pain, trouble breathing, or a person who cannot stay awake as a medical problem first and request medical evaluation.

Mental illness in crisis. A person experiencing a mental-health crisis may hear or respond to things you cannot hear, believe with total conviction that someone is following or harming them, speak in rushed or tangled sentences, or swing between laughter, tears, and fear. The key field distinction is that the person is often frightened rather than hunting for advantage. Commands that multiply, crowd the person, or demand instant eye contact can raise that fear. A quieter voice, one speaker at a time, simple sentences, and extra distance often gather more information than rapid orders. A crisis is not the same as noncompliance, even when a frightened person cannot follow an instruction the first time it is given.

Trauma responses. Trauma is the body's stored alarm from earlier harm — violence, captivity, abuse, a prior frightening police encounter, military or medical trauma, or years of being watched and controlled at home. In the field it can look like freezing and silence, sudden shaking, a person who cannot seem to hear you, explosive startle at a touch or a light, or anger that arrives far faster than the present moment seems to explain. A trauma response is not a performance and it is not, by itself, evidence of a crime in progress. It tells you the alarm system is firing. Slow, predictable movement, announcing what you are about to do, and avoiding surprise contact reduce the chance that your necessary actions re-trigger the alarm.

Poverty and exhaustion. Poverty has its own visible signs that are routinely misread: sleeping in a car because there is nowhere else, wearing the same clothes for days, carrying belongings in bags, smelling of a workplace or of having no access to a shower, guarding food or paperwork, or becoming upset over a small fine or a towed car because that car is also a bedroom, a job, and childcare transport. Add night-shift exhaustion, caring for children alone, or sleeping in short fragments, and a resident may be slow, forgetful, short-tempered, or tearful without any substance or illness involved. Poverty is a circumstance, not a character flaw and not a danger sign by itself.

3. Danger is a separate question — ask it separately

The most useful mental move in this section is to split one muddled judgment — "something is wrong with this person" — into two clear questions. First: what condition or circumstance might explain this behavior? Second, independently: what is this person doing right now that creates a specific, immediate risk, and to whom?

Danger is shown by actions and means in the present moment: a weapon being reached for or used, a person advancing while threatening harm, active violence against another person, a driver creating an immediate hazard, someone stepping into traffic, or a medical emergency that will worsen without help. Danger is not shown by a diagnosis, an address, a record, a style of dress, slurred speech by itself, or the fact that a person is poor,

ill, addicted, or afraid of you.

Work the two questions in order:

1. **Stabilize the immediate scene.** Address fire, traffic, weapons, injuries, and people in immediate peril before you sort out explanations.
2. **Name only what you observe.** "Walking into the roadway, unsteady, holding his head" is usable information. "High and causing a scene" is a conclusion.
3. **Screen for medical urgency.** Ask, when you can: "Are you hurt? Do you have diabetes or another medical condition? Have you taken anything today? When did you last sleep or eat?" A "yes," an incoherent answer, or no answer at all can each point toward medical help.
4. **Offer the least harmful door that fits.** That may be an ambulance, your department's crisis-intervention team, a quiet place to sit with a family member present, transportation help through an approved channel, or — when a crime and a lawful basis are actually present — enforcement. Match the door to the facts, not to the first label.
5. **Reassess after each step.** People sober, panic, calm, disclose, and deteriorate. A read that was reasonable at minute two may be wrong at minute ten. Changing course when the facts change is good judgment, not weakness.

4. Bias in judgment — how it operates on a busy shift

Bias in this section does not mean a bad heart. It means a shortcut the brain takes when time is short, information is thin, and a shift is long. Shortcuts cluster around familiar patterns: a neighborhood you have answered hard calls in, a person whose family you have arrested before, an accent, a car, a group of young men on a corner you have dispersed before. Each shortcut feels like experience. Sometimes it is. Sometimes it is one memorable call doing the thinking for fifty ordinary ones.

Three checks interrupt the shortcut without slowing urgent work:

- **The swap check.** If this exact behavior happened in a wealthy neighborhood, in a hospital parking lot, or from a person in a suit, would I describe it the same way and choose the same response? If not, find the reason in the facts — or admit the reason is not there.
- **The record check.** Am I responding to what this person has done in front of me, or to what I know, or think I know, about their past? A record can be relevant to a lawful investigation. It is not evidence that today's confusion is drug use or that today's fear is guilt.
- **The language check.** Listen to your own radio traffic and report draft. Replace labels with observations before you transmit or file. "Erratic male" becomes "man walking between lanes, talking loudly, not responding to his name." The second version protects the resident, the next officer, and you — because it can be tested against what

actually happened.

Fatigue deserves honesty here. Judgment narrows at the end of long shifts, after violent calls, and during personal stress. Where department practice allows, a pause, a partner's fresh eyes, or a supervisor's question is not a failure of confidence. It is how professionals keep one bad hour from becoming someone else's worst day.

5. Talking with the person — gathering truth instead of winning

How you ask decides what you learn. A person who feels accused of drug use in the first sentence often stops giving medical information that could save them. Try an approach built on observation and care, in your own words:

1. "I'm Officer [name]. I'm here because someone was worried about you."
2. "I can see you're unsteady and having trouble finding words. I want to get the right kind of help here."
3. "Have you been hurt, or do you have a medical condition I should know about?"
4. "Have you had anything to drink or taken anything today? I'm asking so medical can help you safely."
5. "When did you last sleep? Is there someone I can call who knows how you usually are?"

Speak to companions and bystanders the same way. Family members, neighbors, and store clerks often know the missing context — "he's diabetic," "she just lost her mother," "he hasn't slept since his shift ended" — that turns a guess into a read. Weigh what they say; do not let any one voice, including your own first impression, end the inquiry early. And document disagreement honestly: "Wife states subject has diabetes and missed medication; subject declined ambulance; medics evaluated on scene" teaches the next reader far more than "subject uncooperative."

6. What not to do

- Do not treat the odor of alcohol, by itself, as proof that every symptom is explained. Injured and ill people can also have been drinking.
- Do not use a person's poverty — bags, bedding in a car, an address at a shelter — as a shorthand for suspicion in your notes or conversation.
- Do not mock, imitate, or narrate a person's crisis behavior for other people at the scene. Bystanders are learning how police treat people at their lowest.
- Do not promise a medical outcome, a ride, or a charge decision you do not control. Say what you will do next, and do that.
- Do not let a substance label end a search for weapons, injuries, children out of sight, or another person in distress. A tidy explanation is not the same as a safe scene.
- Do not write a diagnosis you are not qualified to make. Write observations, statements, actions taken, and who evaluated the person.

Words to know — Section 2

- **Bias** — a shortcut in judgment, conscious or automatic, that treats a person or place as riskier or less credible based on a pattern rather than on present facts.
- **Working hypothesis** — a temporary explanation you hold lightly, test against observations, and replace when better facts arrive.
- **Intoxication** — impairment from alcohol or another substance affecting speech, balance, judgment, or awareness.
- **Withdrawal** — physical and emotional symptoms that occur when a body dependent on a substance no longer has it, which can be medically dangerous.
- **Mental-health crisis** — a period when symptoms such as panic, psychosis, mania, or suicidal thinking overwhelm a person's ability to cope or stay safe.
- **Trauma response** — a body-and-mind alarm reaction shaped by earlier harm, including freezing, startle, shutdown, or sudden anger.
- **Differential read** — the practice of holding several possible explanations for the same behavior and testing each one before acting.
- **Present danger** — a specific, immediate risk shown by current actions and means, separate from a person's condition, history, or circumstances.
- **Collateral label** — a judgment word in a report or radio call that follows a person into later encounters even though it was never proven.
- **Crisis-intervention team** — department or partner clinicians and specially trained officers who respond to mental-health and related crises.

Myths vs facts — Section 2

- **Myth:** Slurred speech and unsteady walking mean a person is on drugs or drunk. **Fact:** Stroke, low blood sugar, head injury, exhaustion, medication effects, disability, and panic can produce the same signs, and several causes call for medical help first.
- **Myth:** If a person in crisis will not follow commands, they are choosing to resist. **Fact:** Fear, hearing voices, trauma alarms, confusion, and language or hearing problems can all prevent a person from processing an order; how the order is given changes what is possible.
- **Myth:** Poverty at a scene — bags, a car someone sleeps in, worn clothes — is itself a warning sign. **Fact:** Poverty describes a person's resources, not their intentions; danger must be read from present actions, not from circumstances.
- **Myth:** Experienced officers do not need to check their first impression. **Fact:** Experience speeds up pattern recognition, including wrong patterns; the swap, record, and language checks are how experienced judgment stays accurate.

Think it through — Section 2

The situation: At 6:10 a.m. you are sent to a gas station for "a man high on something, scaring customers." You find a man in his forties near the pumps, swaying, repeating "I need to get home," dropping his wallet twice, and pushing past you when you step close. He smells faintly of alcohol. The clerk is filming. A woman pumping gas says, "He does this every morning — just arrest him."

Walk it through:

1. The observations are swaying, repeated speech, clumsiness, a push when crowded, and a faint smell of alcohol. None of those, alone or together, proves drug use, and the push happened when you closed distance — information about crowding, not yet about intent.
2. The differential read includes intoxication, but also low blood sugar, stroke, a head injury from a fall, medication problems, and exhaustion. Repetition and dropping objects widen the medical possibilities rather than narrowing them, so medical evaluation moves to the front of the plan.
3. Present danger is specific: a confused man near fuel pumps and moving cars. Move the risk, not just the man — create space from pumps and traffic, keep bystanders back, and give the clerk a simple job: stop filming commentary and hold customers inside if needed.
4. Ask the medical screen out loud and simply: hurt, diabetes or other condition, anything taken today, last sleep. Ask the woman what "every morning" actually means — she may know he walks from a night shift, has a known condition, or was fine twenty minutes ago, which changes the timeline.
5. Call for medical help and, if available, your department's crisis-intervention team. If a crime is later supported by facts, it can still be addressed; a missed stroke or blood-sugar emergency cannot be taken back. Document observations and statements, not the clerk's label.

One more real-life story — Section 2

On a winter evening, an officer answered a trespass call at a laundromat: a woman sitting on the floor between machines, coat open despite the cold, answering questions a full minute late and then all at once. The manager had already decided — "she's using, I want her out and charged." The officer noticed two things that did not fit neatly: the woman kept protecting a tote bag as if it held something fragile, and she whispered an apology each time she finally answered. In the bag were insulin supplies, a glucose meter, and a discharge bracelet from the local hospital dated that afternoon. She had been released after a blood-sugar emergency, become confused again on the walk to a cousin's address she had written down wrong, and sat down where it was warm because she could not think of a next step. Medics took her back for evaluation. The manager's anger softened once the facts replaced his guess, and he later told the officer he had nearly had a sick woman arrested for being sick in the wrong building. The takeaway is the section in one

sentence: the first explanation a caller hands you is information to test, never a verdict to carry in for them.

Try this — Section 2

Use this four-line differential card on your next ten non-urgent person calls, on paper or in your notes app, and review it at the end of the week:

- **Observed:** three facts only — no labels, no conclusions.
- **Could also be:** at least two non-substance explanations that fit those facts.
- **Danger now:** the specific present risk, or "none observed yet."
- **Next door:** medical, crisis team, family contact, resources, enforcement — and why that door fits.

Then re-read two of your own recent reports and rewrite every judgment word as an observation. Notice how the rewritten version would read to a supervisor, a judge, the person's family, and the next officer who meets them. That rewrite habit, kept for a month, is the drill.

Resources to keep — Section 2

- **911** — for immediate danger, serious injury, or a medical emergency that cannot wait.
- **988** — call or text 988 for the Suicide and Crisis Lifeline, for a person in emotional distress or for guidance on helping someone else.
- **Crisis Text Line** — text HOME to 741741 to connect with a live, trained crisis counselor by text.
- **SAMHSA National Helpline** — 1-800-662-4357 — free, confidential treatment referral and information for substance use and mental-health concerns.
- **Poison Control** — 1-800-222-1222 — for suspected poisoning or a harmful substance exposure; when in doubt about urgency, call 911 first.
- **Your department's crisis-intervention team** — request it early on crisis calls, in line with your department's procedures.
- **The local hospital** — the destination and evaluation point when symptoms may be medical; a hospital bracelet, discharge paper, or medication list at a scene is information worth protecting and passing on.

What you earned / what's next — Section 2

Section 2 complete (quiz score 80% or higher): You can hold more than one explanation for the same behavior, separate a person's condition from present danger, run a plain medical screen, and write observations instead of labels that follow a resident from call to call.

Word Search — Section 2

Find the words from this section's Words to know. Words run across, down, or diagonally.

I S I R E P G C C Y R Y G
O A I W I T H D R A W A L
Q P R S T F P I I D W Y W
F I R C Z W W D D Y U V G
E Y C W F M H U N E Z K Y
P I L I O H G P V G M D B
W I N T O X I C A T I O N
V K L P R W X C T B Y W O
G A O A D J Q X A B P W M
B O G O X M U H I K F Z I
X W V G D U G J U B I A S
P R E S E N T D A N G E R
C D R I J X Q G G C A X F

Words to find: Bias · Intoxication · Withdrawal · Presentdanger

Chapter Test — Section 2

Answer every question. Score 80% or higher to complete this section and earn its certificate. The answers are in the Answer Key at the back of this book — for parents, teachers, and self-checking after you finish.

1. In the lesson's gas-station scenario, a man is swaying, repeating himself, and dropping his wallet, with a faint smell of alcohol. What is the school's recommended first direction?

- A. Arrest him for being high in public, as the clerk requested
- B. Treat the faint smell of alcohol as proof that drugs explain everything
- C. Create space from the pumps and traffic, run a plain medical screen, and request medical evaluation
- D. Ask customers to move him out of the gas station themselves

2. What is a "differential read"?

- A. Holding several possible explanations for the same behavior and testing each one before acting
- B. Deciding which diagnosis fits within ten seconds
- C. Reading a person's record before reading the scene
- D. Treating every confusing person as a medical case and never enforcing

3. What is the swap check?

- A. Check whether the person has a record in this neighborhood
- B. Ask whether you would describe and handle this exact behavior the same way in a wealthy neighborhood or from a person in a suit
- C. Ask a bystander what they think is wrong with the person
- D. Check whether another officer has stopped this person before

4. Slurred speech and unsteady walking can be caused by:

- A. Drug use, in nearly every case
- B. Intoxication only — other causes are too rare to consider
- C. A deliberate attempt to avoid arrest
- D. Stroke, low blood sugar, head injury, exhaustion, medication effects, disability, or panic

5. How does this school teach officers to understand withdrawal urgency?

- A. Proof the person intends to fight officers
- B. A body dependent on a substance going without it — which can bring shaking, nausea, anxiety, urgency, and medical danger

- C. A sign the person is only pretending to be sick
- D. Behavior that always requires immediate arrest

6. Why does the lesson warn against judgment words like "appeared high" or "drug-seeking" in a report?

- A. It makes the report shorter and easier to file
- B. It impresses supervisors with the officer's experience
- C. It follows the resident into the next stop, the next call, and sometimes court, even though it was never proven
- D. It protects the department from complaints

7. A person is sleeping in a car, carrying belongings in bags, and wearing the same clothes for days. This school reads poverty as:

- A. A circumstance describing a person's resources — not their intentions, and not by itself a danger sign
- B. A warning sign that a person is about to commit a crime
- C. Evidence that a person is using substances
- D. A reason to extend any stop or call

8. A resident freezes, goes silent, and startles hard when touched. What is the school's read?

- A. Proof of guilt about the current call
- B. A performance designed to avoid questions
- C. Possibly a trauma response — the body's stored alarm firing — which calls for slow, predictable movement and announced actions
- D. A medical diagnosis an officer can make at the scene

9. Which opening best matches the lesson's medical screen?

- A. "What are you on? Answer me straight."
- B. "Are you hurt? Do you have a medical condition? Have you taken anything today? When did you last sleep or eat?"
- C. "Why are you acting like this in public?"
- D. "Who sold you what you took?"

10. A store clerk tells you, "He does this every morning — just arrest him." How should you treat that label?

- A. Accept it — the clerk knows the regulars
- B. Arrest first and let the hospital sort it out later
- C. Ask the clerk to stop filming and ignore everything else said

D. Treat it as information to test — the caller's first explanation is never a verdict to carry in for them

Certificate — Section 2

Minister Destiny Testimony Schools

Certificate of Completion — Section 2: Bias and Judgment: Not Assuming Drugs, and Telling Addiction, Mental Illness, Trauma, and Poverty Apart From Danger

This certifies that

Name (write your name here)

has completed

Minister Destiny Testimony Schools — Law Enforcement

Section 2: Bias and Judgment: Not Assuming Drugs, and Telling Addiction, Mental Illness, Trauma, and Poverty Apart From Danger

Date completed: _____

Presented by **Minister Destiny Marie Morgan**, Minister & Founder

Congratulations. You have practiced the discipline of seeing a person before a label — asking what else could explain what you see, and letting real danger, not assumption, decide your response. That fairness is remembered on every street where you practice it. — Minister Destiny Marie Morgan

School completion and rank are school achievements only. It is not a law-enforcement rank, title, or credential, and it does not certify you for any duty.

Educational completion certificate only — not a state license, POST certification, or government credential.

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Section 3 — De-escalation Without Profanity or Unnecessary Force: Voice, Distance, Time, and Respect

Minister Destiny Testimony Schools — Law Enforcement

The lesson

1. What de-escalation is — and what it is not

De-escalation is the deliberate lowering of tension so a person can hear you, think, and choose a safer action. It works on physiology as much as on attitude. A person whose heart is pounding, whose hearing has narrowed, and whose body is braced for attack cannot process a paragraph of orders. Shorter sentences, a slower pace, and fewer voices give a stressed brain something it can actually use.

It is not a guarantee. Some people, because of crisis, intoxication, injury, or intent to harm, cannot or will not settle in the moment, and protective action may still be required under your training and the law. It is not delay for its own sake when someone is being hurt in front of you. It is not letting a person dictate every term, walk into traffic, or hold a scene hostage while risk grows. And it is never a performance for a camera. De-escalation done well is quiet, specific, and practical: it names the problem, protects people, offers a real next step, and keeps a boundary the person can see.

A useful test for any tactic in this section: does it give the person more ability to comply, or less? Shouting three commands at once, crowding a frightened man into a corner, and cursing at a teenager all reduce the ability to comply while raising the need to save face. One voice, one clear request, physical room, and a respectful form of address do the opposite.

2. Why profanity fails — professionally, not just politely

This program teaches a clean-language standard on calls for reasons that go beyond courtesy. Profanity from an officer does four kinds of damage in a live scene. First, it is heard as contempt. Residents distinguish, instantly, between an officer who is firm and an officer who is enjoying dominance, and cursing is the most common signal they name for the second. Second, it licenses the crowd. Once the officer swears, bystanders feel the rules have changed; insults multiply, phones come closer, and every later instruction competes with the noise you helped create. Third, it narrows the subject's options. A person cursed at in front of neighbors, children, or a partner must now choose between complying and being humiliated, or resisting and keeping status. Many people pick status, especially young people, even when they wanted to comply a minute earlier. Fourth, it follows you. Profanity is the line from a body-camera recording that gets quoted in a complaint, a hearing, and a headline, long after the context is forgotten.

Firm language carries none of that cost: "Stop. Put the bottle down. Step back to the curb." Short, audible, specific, clean. If you would not want the sentence read aloud to the person's grandmother, a supervisor, and a jury in the same tone, choose a better sentence in the field.

There is one more reason, internal to the officer. Swearing is often the first sign that your own arousal has taken the lead. Treat your urge to curse as a dashboard light: your voice is about to stop being a tool. Slow your breathing, drop your volume half a step, shorten your sentences, and hand speaking to a partner if the scene allows. Managing yourself is not separate from managing the scene; it is the first part of it.

3. The four tools — voice, distance, time, and choices

Voice. One officer speaks; others support silently unless roles change by agreement. Introduce yourself by name and role, state why you are there in one plain sentence, and keep requests to one action at a time. Acknowledge the emotion without conceding facts you do not know: "I can hear you're angry. I want to understand what happened, and I need the shouting to pause so I can." Repeat a calm request rather than escalating its volume; repetition feels weak and works anyway, because a stressed person often hears the third delivery, not the first.

Distance. Space is information and safety at the same time. Distance lowers a person's sense of being trapped, gives you reaction room, and lets bystanders see that nobody is being cornered. Watch hands, feet, exits, and objects within reach while you adjust position, and avoid backing a person against a wall, a car, or a crowd unless safety leaves no alternative. When you must move closer, say so first: "I'm going to step to your left so I can hear you away from the traffic." Announced movement startles less than sudden movement.

Time. Most scenes are not as urgent as they feel. Ask which clock is real: is someone bleeding, being attacked, destroying evidence of a serious crime, or fleeing into danger — or is the pressure coming from a queue of pending calls, an audience, or your own wish to finish? Where the real clock is slow, use it. A two-minute pause for a family member to arrive, for a person to finish crying, for a supervisor or your department's crisis-intervention team to reach you, or for a crowd to drift home can accomplish what pressure cannot.

Choices. People comply more with a step they selected. Offer two acceptable options, both of which you can honor: "We can talk here on the sidewalk where it's quieter, or by my cruiser out of the street — your pick." "You can hand me the knife by placing it on the ground and stepping back, or set it on the table and sit down." Choices are not negotiations over whether the law applies. They are control over how a necessary thing happens, and that small control is often the difference between dignity and defiance.

4. A step-by-step field sequence

When a scene is heated but no one is in immediate peril, work this sequence in order, returning to an earlier step whenever the temperature rises again:

1. **Settle yourself first.** One slow breath, shoulders down, hands visible and relaxed at rest. Decide, in one sentence, what outcome you actually need: a weapon secured, a street cleared, a person medically evaluated, a party ended.
2. **Read before you speak.** Run Section 1's five questions and Section 2's differential read quickly: who is here, what else could explain this, where is the real risk, who knows this person?
3. **Open with identity and purpose.** Name, department, and reason, in plain words, without profanity and without sarcasm. Sarcasm is profanity's quieter cousin and lands the same way.
4. **Give the person a turn.** Ask one open question — "Tell me what happened from your side" — and let the answer run longer than feels efficient. Interrupt only for safety. People who have been heard once can often hear you next.
5. **Reflect and name the workable problem.** "So the music isn't the issue; you're saying your brother was disrespected at the door." Naming the real grievance shrinks it to something solvable.
6. **Make one clear request, with the reason.** "I need everyone off the roadway so nobody gets hit. Sidewalk or the porch — either works."
7. **Allow processing time, then confirm.** Count silently. Ask, "Does that work?" and treat a nod, a move, or a partial step as progress worth naming: "Good — thank you, that helps."
8. **Close with the next step and a door left open.** Say exactly what happens now, what you will do, and how the person can reach help or you again — a card, a call number already in the resources list below, or a follow-up through your department. A clean ending is part of de-escalation; scenes that end in confusion restart later.
9. **Debrief yourself honestly.** Note what raised the temperature, what lowered it, and which sentence you would replace. Write the report in observations, as Section 2 taught, while the details are fresh.

If at any point a weapon is produced, a person is attacked, or a medical emergency declares itself, abandon the sequence and act under your training. De-escalation is a tool inside good tactics, never a substitute for them.

5. Crowds, cameras, and families — the second audience

Many scenes turn on people who are not the subject. A crowd raises stakes in both directions: it can pressure a subject to perform, and it can restrain someone who respects the neighbors watching. Work the audience deliberately. Greet the crowd once, plainly — "Evening, folks, give us some room to work, please" — identify the one or two people the subject actually listens to, and recruit them specifically: "Ma, he hears you better than me. Will you tell him to sit on the steps with you while we sort this out?" Family members are

not shields or leverage; never threaten a person's children, benefits, or home to gain compliance. That trades a minute of control for a neighborhood's lasting conclusion that police pressure families — a conclusion repeated at kitchen tables for years.

Cameras deserve the same calm. Assume you are recorded, because you usually are. Do not order people to stop recording where they are entitled to record, do not reach for a phone, and do not perform for the lens. A steady voice and clean language are your whole camera strategy. Later, the same recording that a bystander made to catch you out becomes the clearest evidence of your professionalism — officers who work this section consistently say that is the moment the skill pays for itself.

Children at a scene need a specific plan: lower your height when speaking to them, keep your questions to immediate safety, avoid asking a child to carry messages or choose sides between adults, and get a trusted adult or appropriate professional involved under your department's procedures. A child who watched police curse at and grab a parent remembers the method longer than the reason.

6. When words are not working — force, honesty, and the aftermath

Force becomes necessary in some encounters despite good work, and this school will not pretend otherwise. The teaching here concerns how a professional handles that reality. Force should answer a specific, present need — stopping harm, effecting a lawful arrest against active resistance, protecting a person who cannot protect themselves — in the amount your training, policy, and the law allow, and it should stop when the need stops. Force used to punish disrespect, to win an argument, to speed up a slow scene, or to answer an insult is unnecessary force, whatever words the report later uses. "Contempt of cop" is a description of wounded pride, not a justification, and every officer knows the difference in the moment even when it is hard to admit afterward.

After any force, the de-escalation mindset returns immediately: medical attention for anyone injured or complaining of injury, a calm explanation to family and bystanders of what happens next, protection of the person's dignity during transport — no mockery, no commentary for an audience — and a report that describes observations, commands given, the person's actions, and the force used with uncomfortable precision. Then tell the truth in the debrief, including the sentence you wish you had not said. Departments and communities forgive honest accounts far more readily than polished ones, and the officer who can examine a hard scene without flinching is the officer partners trust on the next one.

Words to know — Section 3

- **De-escalation** — deliberate use of voice, distance, time, and choices to lower tension so a person can hear, think, and choose a safer action.
- **Arousal** — the body's stress activation — raised heart rate, narrowed attention, braced muscles — which reduces a person's ability to process complex instructions.

- **Active listening** — listening to understand rather than to reply: letting a person finish, reflecting what you heard, and naming the workable problem inside it.
- **Procedural respect** — treating a person with courtesy, voice, and neutrality in the process, regardless of the outcome the law requires.
- **Face-saving exit** — a way for a person to comply without public humiliation, preserving dignity in front of family, peers, or a crowd.
- **Unnecessary force** — physical force that exceeds what a specific, present need justifies, or force used to punish, hurry, or answer disrespect.
- **Command presence** — the authority communicated by posture, calm, clarity, and competence rather than by volume, threats, or profanity.
- **Tactical patience** — using available time deliberately — waiting, pausing, or bringing help — when no immediate peril requires instant action.
- **Second audience** — the bystanders, family, and people recording whose reactions can raise or lower the stakes of an encounter.

Myths vs facts — Section 3

- **Myth:** A loud, commanding voice with strong language establishes control fastest. **Fact:** Volume and profanity raise arousal and the need to save face on all sides; short, clean, specific requests from one speaker produce compliance that lasts past the moment.
- **Myth:** De-escalation means avoiding enforcement or letting the subject decide everything. **Fact:** De-escalation keeps boundaries firm while offering control over how a necessary step happens; it changes the method, not the officer's responsibilities.
- **Myth:** If a scene ends in force, de-escalation failed and was pointless. **Fact:** Attempted de-escalation still gathers information, protects bystanders, clarifies the need, and documents professionalism; some crises and attacks require protective action regardless.
- **Myth:** Backing up or waiting means losing. **Fact:** Distance and time are tactical resources; repositioning to talk safely, or waiting for a crisis team or family member, often resolves scenes that pressure would have forced into hands.

Think it through — Section 3

The situation: A Friday-night call brings you to a young man, about nineteen, shouting outside a corner store after the owner put him out for arguing over a refund. A small crowd of his friends is laughing and filming. He is not armed and has touched no one, but he is pacing into the street, cursing at the owner through the glass, and ignoring your first two requests to come onto the sidewalk. Your partner mutters, "Just grab him before this gets bigger."

Walk it through:

1. The real risks are traffic and escalation, not the insults. He is in the street, aroused, performing for friends, and being laughed at — every grab attempt in front of that audience risks a wrestling match over a refund dispute, with injuries and complaints priced far above the original call.
2. Settle the geometry first. One request, tied to safety, with a choice: "I need you out of the street so nobody gets hit. Sidewalk here, or the wall by the door — pick one." The choice respects his status problem: moving at his own selection is not the same as obeying under laughter.
3. Lower the audience. A quiet word to the friend holding the phone — "Help me keep him out of trouble tonight" — often ends the filming and the laughter together, because the friend has been given a role with more standing than spectator.
4. Give him his turn, briefly and genuinely: name, reason you are there, one open question. Reflect the grievance ("You feel he kept your money and embarrassed you") without ruling on the refund, which is a civil matter you can explain calmly once he is on the sidewalk.
5. Keep language clean and face-saving throughout. No profanity, no sarcasm about the amount of money, no threat tied to his pride. The close is concrete: the owner will be spoken to separately, here is how the complaint process works, and tonight ends with everyone walking away.
6. If he then swings at the owner or you, the facts have changed and protective action follows your training — but on the facts as given, patience, geometry, and one recruited friend resolve the call that force would have enlarged.

One more real-life story — Section 3

An officer with a reputation for quiet calls was sent, with a trainee, to a loud apartment where a father and an adult son were shouting over money while a toddler cried in a doorway. The trainee later said he had expected arrests within a minute. Instead his training officer asked permission to step inside, greeted the grandmother by the stove as the head of the house she plainly was, and asked each man the same question in turn: "What do you need to happen tonight so everybody can sleep here?" The father needed an apology for being called lazy in front of the child. The son needed his father to stop taking his delivery earnings for household bills without asking. Neither need required handcuffs, and both men were surprised to hear the other state it plainly. The officer set one boundary — voices down with a baby in the room, and this conversation moves to the table — then let the grandmother referee the rest while he stood down by the door. They left in twenty minutes with a follow-up note and no report of violence. In the cruiser the trainee asked why she hadn't "taken control." She answered: "I did. Control is the room getting quieter because I was in it." That sentence is worth carrying: the goal is a quieter room at the end of your visit than the one you entered, whenever the facts allow it.

Try this — Section 3

Build the clean-language habit before you need it, with this two-week drill:

- **Replace five sentences.** Write down the five heated phrases you actually say on calls. Rewrite each one firm, short, and clean — then practice them out loud once, in the cruiser, so your mouth knows them under stress.
- **Run the sequence on low-stakes calls.** Noise complaints, parking disputes, and store arguments are training grounds: identity and purpose, one open question, reflect, one request with a choice, clean close.
- **Score yourself after each call** on four lines only: Did one person speak? Did I stay clean? Did I offer a face-saving exit? Did the room end quieter? Review the pattern weekly — not single calls, the pattern.
- **Ask a partner** to flag your dashboard-light moment — raised volume, faster speech, first curse — with an agreed word, and return the favor for them.

Resources to keep — Section 3

- **911** — for immediate danger, a person being attacked, or a medical emergency.
- **988** — call or text 988 for the Suicide and Crisis Lifeline when a scene involves a person in emotional distress, or for guidance on helping them.
- **Crisis Text Line** — text HOME to 741741 for a live, trained crisis counselor by text, useful when speaking aloud is unsafe or impractical.
- **National Domestic Violence Hotline** — **1-800-799-7233** — or text START to 88788, when a heated scene involves a partner or family member controlling or harming another.
- **RAINN** — **1-800-656-4673** — the National Sexual Assault Hotline, for connecting a victim with confidential support.
- **Your department's crisis-intervention team** — request it early when crisis, rather than crime, is driving a scene.
- **The local hospital** — for evaluation whenever a person is injured, complains of injury after force, or shows symptoms that may be medical.

What you earned / what's next — Section 3

Section 3 complete (quiz score 80% or higher): You can run a calm field sequence under pressure, keep your language clean without losing firmness, use crowds and family as resources rather than fuel, and explain honestly what makes force necessary or unnecessary.

Word Search — Section 3

Find the words from this section's Words to know. Words run across, down, or diagonally.

D N X S X V N H Z V S Y T
H E C L G S G W T Q P I W
J G E Y Q Z O Q G W Q A J
B P E S E N Q I D P L R D
V W C J C P V D S Y Y O D
W M J A R A P T T M M U X
O I X C F O L Y B K U S J
A R H S H T H A H M E A S
C U V M A P O K T C R L E
V B K I V U H R D I O J M
F F I L Q T B W T U O V V
V P L E K U U X C A T N M
U X F N N J Y Z J T X X R

Words to find: Deescalation · Arousal

Chapter Test — Section 3

Answer every question. Score 80% or higher to complete this section and earn its certificate. The answers are in the Answer Key at the back of this book — for parents, teachers, and self-checking after you finish.

1. In the lesson's corner-store scenario, a young man is shouting and pacing into the street over a refund, while friends laugh and film. No one has been touched. What does the school teach?

- A. Grab him at once, before his friends encourage him further
- B. Fix the geometry first — one safety request with a choice of where to stand — lower the audience, and give him a brief, genuine turn to be heard
- C. Out-shout him so the crowd knows who is in charge
- D. Arrest the friend who is filming

2. Why does this program teach a clean-language standard on calls?

- A. It only matters if a supervisor hears it
- B. It makes commands easier for a stressed person to process
- C. It signals contempt, licenses the crowd to escalate, forces the person to choose between compliance and humiliation, and becomes the quoted line in complaints and hearings
- D. It is a problem only when children are present

3. What is the school's rule for voices during a heated scene?

- A. One officer speaks while others support, unless roles change by agreement
- B. Every officer gives commands at once so one of them gets through
- C. The senior officer speaks only after commands have failed
- D. The subject chooses which officer to listen to

4. In de-escalation, what is the purpose of offering choices?

- A. Letting the person decide whether the law applies
- B. A tactic to delay until the person leaves on their own
- C. A sign the officer has lost control of the scene
- D. Offering two acceptable options, both of which the officer can honor, so the person has control over how a necessary step happens

5. How does high arousal change what a person can do with your instructions?

- A. It makes people more honest
- B. It narrows attention and reduces the ability to process complex instructions — so requests should be short, one at a time

- C. It only affects officers, not subjects
- D. It means a person can no longer hear anything at all

6. Your urge to curse at a scene is best treated as:

- A. A sign the subject is about to comply
- B. Proof the officer needs to raise their volume
- C. A dashboard light that your own arousal is taking the lead — slow down, lower your volume, shorten sentences, or hand speaking to a partner
- D. The correct moment to make an arrest

7. How does this school teach officers to work a crowd at a scene?

- A. Recruit the person the subject actually listens to, greet the crowd plainly once, and ask for room to work
- B. Order everyone to leave or be arrested
- C. Ignore the crowd completely in all circumstances
- D. Ask the crowd to help restrain the subject

8. When is force justified in this school's teaching?

- A. To win an argument a subject started
- B. Force should answer a specific, present need — stopping harm, a lawful arrest against active resistance, protecting someone — and stop when the need stops
- C. To speed up a scene that is taking too long
- D. Whenever a subject's disrespect is public

9. What is a face-saving exit?

- A. A way to let a person escape custody
- B. A longer driveway at a rural home
- C. Permission for bystanders to leave before police
- D. A way for a person to comply without public humiliation in front of family, peers, or a crowd

10. What is the school's strategy for bystander cameras?

- A. Order everyone to stop recording and collect the phones
- B. Perform for the lens so the video looks good
- C. Assume you are recorded, stay calm and clean in language, and do not reach for a phone — professionalism is the whole camera strategy
- D. Refuse to work until the cameras are off

Certificate — Section 3

Minister Destiny Testimony Schools

Certificate of Completion — Section 3: De-escalation Without Profanity or Unnecessary Force: Voice, Distance, Time, and Respect

This certifies that

Name (write your name here)

has completed

Minister Destiny Testimony Schools — Law Enforcement

Section 3: De-escalation Without Profanity or Unnecessary Force: Voice,
Distance, Time, and Respect

Date completed: _____

Presented by **Minister Destiny Marie Morgan**, Minister & Founder

Congratulations. You have strengthened the skill that protects everyone at a scene, including you: a steady voice, clean words, and patience with a spine. Scenes will still get hard — but more of them will end with people walking away whole because of how you spoke. — Minister Destiny Marie Morgan

School completion and rank are school achievements only. It is not a law-enforcement rank, title, or credential, and it does not certify you for any duty.

Educational completion certificate only — not a state license, POST certification, or government credential.

Minister Destiny Testimony Schools — Law Enforcement

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Section 4 — Faith and Prayer on the Job: Offering Prayer With Permission, Respecting a No, and Honoring Other Faiths

Minister Destiny Testimony Schools — Law Enforcement

The lesson

1. Why faith appears at police scenes

Faith is not an extra that some families add to a crisis. For many households in the neighborhoods you serve — in Massachusetts and everywhere — prayer is the first language of grief, fear, gratitude, and decision-making. A grandmother gathering everyone to pray before answering your questions is not stalling you. A driver asking to call her pastor before a tow truck arrives is not necessarily avoiding the stop. A young man clutching prayer beads or a small cross while he tries to calm down is using the strongest coping tool he owns.

Your job at a scene is safety and lawful service, not spiritual leadership. But the way you treat a family's faith in the minutes you share their worst day becomes part of how that family remembers both the day and the department. Contempt, impatience, or mockery toward prayer is remembered for generations. Quiet respect costs seconds and is remembered just as long.

This section is written for officers of every faith and of none. It does not require you to share a resident's beliefs, to lead worship, or to set your own convictions aside at home. It requires professionalism at the scene: permission before participation, honor for a refusal, equal respect across traditions, and clear boundaries that protect residents, the department, and you.

2. When a resident asks you to pray

A request for prayer is a request for comfort from a person with very little control over what is happening. Handle it as you would any request for help: clarify what is actually being asked, check the scene, and respond within your role.

1. Pause the practical work if safety allows. Prayer asked for in a moment of crisis is rarely long. If the scene is secure and no urgent task will suffer, a brief pause is a humane use of time. If an urgent task cannot wait, say so plainly and offer the next possible moment: "I have to call for medical help first, and then I can stand with you while you pray."

2. Let them lead. The resident's tradition, words, and posture govern. Some pray aloud, some silently, some hold hands, some want no touch at all. Follow what is offered; do not correct theology, add your own doctrine, or translate their prayer into your faith's language.

3. Decide your own participation honestly. You may stand respectfully present — head bowed or not, as your own conscience directs — join in a prayer you are comfortable joining, or listen silently. Presence is participation enough for most families; almost no one is grading your wording in their worst hour.

4. Keep it brief and return to the work. When the prayer ends, thank them simply — "Thank you for letting me be here for that" — and move gently back to what must happen next. The prayer was not the call. It was a door inside the call, and closing it kindly matters.

5. Never use the moment. A prayer at a scene must never become a route to information, consent, a statement, or calm compliance that serves the investigation. Comfort offered with an agenda is not comfort, and residents can tell the difference even in grief.

If you are personally unable to be present for prayer — for reasons of your own faith, conscience, or discomfort — decline with the same grace this section teaches for receiving a no: "I want to respect this moment for your family. I'll step just here and give you privacy, and I'll be ready when you are." Stepping aside respectfully is always available to you. Ridicule, debate, or visible impatience never is.

3. Offering prayer — permission is the whole skill

Some officers, especially those whose own faith is central to their lives, feel led to offer prayer rather than wait to be asked. This school teaches that an offer can be appropriate in limited moments — and that the offer lives or dies on permission. A uniform carries authority. A resident may fear that refusing an officer's prayer will be held against them, will slow help, or will mark their household. Because that power imbalance is real, the offer must be built so that "no" costs the person absolutely nothing.

- **Read the moment first.** An offer fits a quiet, stabilized scene — a family receiving hard news, a victim who has mentioned their own faith, a resident who has just said "I don't know how we'll get through this." It does not fit a detention, an interrogation, a traffic stop in progress, a search, or any moment when the person is not free to walk away from you. Where a person is in your power, do not offer; if they ask, handle it under department procedures and with a supervisor's awareness where appropriate.
- **Use the person's own signals.** If a resident has mentioned God, church, mosque, temple, their pastor, imam, rabbi, or "pray for us," an offer answers something they raised. If faith has not come up and the person is a stranger to you, the safer and more respectful path is usually practical comfort — water, a chair, a call to their chosen person — with prayer available if they raise it.
- **Make the offer small, specific, and easy to refuse.** One sentence, once: "Would it help if I prayed with you for a moment — and it's completely fine to say no." Then accept the answer given, not the answer you hoped for.
- **Honor the no instantly and warmly.** No persuading, no second offer later in the call, no visible disappointment, no change in the quality of your service. The section's

rule is absolute: a respected no today is what makes any future yes meaningful. Many officers in this program's community interviews said the same thing from the resident's side: they remembered the officer who accepted "no, thank you" with a smile longer than they remembered any prayer.

- **If they say yes, follow Section 2 of this lesson:** they lead, you keep it brief, you add no doctrine of your own, and you return to the work.

4. Other faiths, and no faith — equal respect in practice

Massachusetts streets hold many traditions side by side: Christian churches of every kind, mosques, synagogues, temples, Kingdom Halls, meeting houses, storefront ministries, home altars, and households that practice nothing at all. Equal respect is not a slogan here; it is a set of small, observable behaviors.

- **Names and words.** Use the terms residents use for their own faith, leaders, and houses of worship. If you do not know a term, ask once, plainly — "How would you like me to address him?" — and use the answer. Never argue a resident out of their own vocabulary at their own scene.
- **Objects and spaces.** Prayer rugs, scriptures, candles, icons, head coverings, and ritual items are not props, clutter, or evidence by default. Do not handle religious objects unless a lawful, specific need requires it, and when it does, explain what you must do and handle the item with visible care. In a house of worship, follow the house's customs as a guest would — remove or keep headgear as the house requests, lower your voice, and let the faith leader guide where you stand — consistent with safety and your duties.
- **Time and practice.** Daily prayers, Sabbath observance, fasting, mourning customs, and rules about touch, gender interaction, food, and the handling of the dead all shape how a call unfolds. You will not know every custom. The professional move is to ask what the family needs, explain what you must do and why, and find the overlap. Most customs and most police tasks can both be honored with a minute of communication; the conflicts that remain are narrower than the ones assumed in silence.
- **No faith is also a position to respect.** A resident who wants no prayer, no clergy, and no faith language at their scene is exercising the same dignity as the family that prays. Do not treat a refusal of all religion as coldness, suspicion, or a problem to warm up. Practical care — information, steadiness, follow-through — is comfort in its own language.
- **Never rank traditions.** Not in a family's hearing, not in the cruiser, not in a report. Comparative comments — about which faith is "real," which house of worship is "a front," which custom is "strange" — are bias in the open, and Section 2's discipline applies here in full: present facts, present needs, no labels.

5. Your own faith on the job — conviction with boundaries

Many officers draw real strength from faith: courage on hard calls, patience with suffering, a reason to stay honest. This school honors that. Boundaries are what keep personal conviction from becoming professional harm.

Your faith may shape your character. It may not shape who gets a warning and who gets a citation, whose prayer gets time and whose gets rushed, which house of worship receives extra patrols as a favor, or how a resident's morality gets described in a report. A resident's agreement or disagreement with your beliefs must never change the service they receive — that is the line between an officer with faith and an officer using a badge to advance it.

Practical guardrails: keep religious conversation at scenes resident-led; do not distribute religious literature while performing duties or offer it to people who are detained, injured, or dependent on your help; do not promise outcomes in God's name ("I know He'll bring your son home safe") that neither you nor anyone can promise — hope can be shared honestly as hope ("I'll be hoping with you, and here is exactly what we're doing to look for him"). And care for your own spirit through your own channels — your faith community, your department's chaplaincy resources where they exist, your family — rather than through the residents at your scenes, whose grief is not there to carry yours.

Officers who are struggling after a death call, a child's injury, or a run of hard scenes deserve support in their own right. Asking your supervisor, a peer-support program, or your department's crisis-intervention team about available help is strength, and the resources below include lines that serve helpers as well as everyone else.

6. Chaplains, clergy, and the handoff

Often the most helpful faith act an officer performs is a connection, not a prayer. Families frequently want their own pastor, imam, rabbi, priest, elder, or faith community — a voice that will still be with them next week, long after your shift ends. Build the handoff into your practice:

1. Ask early: "Is there a faith leader or someone from your congregation you'd like me to call?" Note the exact name and place as the family gives them; do not substitute a leader of a different tradition because that number is easier to find.
2. Make the call, or enable it, under your department's procedures, and tell the family honestly what was reached — a person, a voicemail, a promise to call back — without embellishment.
3. Protect the family's privacy in the call. Share only what is needed for the leader to come and comfort — name, location, the bare fact of the situation — not investigative detail, speculation, or other family members' statements.
4. When clergy or a department chaplain arrives, brief them briefly, introduce them to the family, and hand over the comfort role fully. Stay available for the police tasks that remain, and let the family see a clean partnership rather than two authorities competing in their living room.

5. If no leader can be reached, say so gently and leave the family with a next step — the name they gave you written down, the assurance the attempt was made, and your card — rather than silence about it later in the call.

Words to know — Section 4

- **Consent to pray** — a person's free, unpressured agreement to prayer with or from an officer, given in a moment when refusing carries no cost.
- **Resident-led** — describing comfort, prayer, or conversation whose content, tradition, and length are directed by the resident rather than the officer.
- **Power imbalance** — the difference in authority between a uniformed officer and a resident, which can make an unwanted offer feel impossible to refuse.
- **Chaplain** — a faith or spiritual-care professional attached to a department, hospital, or institution to support people of many traditions or none.
- **Handoff** — the deliberate transfer of the comfort role from the officer to the family's own faith leader, chaplain, or chosen support person.
- **Doctrine** — the specific teachings of a faith tradition; at a scene, the resident's doctrine governs their prayer, never the officer's.
- **House of worship** — a church, mosque, synagogue, temple, hall, or other place where a community gathers for worship.
- **Mourning customs** — a family's or tradition's practices after a death, which can include prayer, washing, timing, visitors, and rules about touch and viewing.
- **Equal respect** — the same courtesy, patience, and service extended to every tradition and to people of no faith, without ranking or preference.

Myths vs facts — Section 4

- **Myth:** Offering prayer is always kind, so permission is a formality. **Fact:** A uniform makes refusal feel risky to many residents; permission, asked once and honored instantly, is what makes an offer a kindness instead of pressure.
- **Myth:** Respecting other faiths means an officer must set aside or hide their own beliefs. **Fact:** Your convictions shape your character; equal respect governs your conduct at a scene — resident-led prayer, no ranking of traditions, identical service for all.
- **Myth:** A person who declines prayer is rejecting help or hiding something. **Fact:** A no to prayer is a complete and respectable answer about comfort, with no meaning for cooperation, credibility, or the investigation.
- **Myth:** Standing silently during a family's prayer is doing nothing. **Fact:** Respectful presence — staying, witnessing, protecting the moment from interruption — is itself a service families remember and describe as comfort.

Think it through — Section 4

The situation: You and a partner make a death notification at a family home in the evening. The mother who answers the door understands, sits down hard on the couch, and begins praying aloud with her sister, asking God for strength. She reaches for your hand and says, "Officer, pray with us — please." The scene is secure. Your partner, whose own faith differs, looks uncomfortable and steps toward the kitchen. The family's teenage son stands in the hallway, arms crossed, saying, "I don't want praying in this. Don't."

Walk it through:

1. Three people in one room have given three different signals: a mother asking for prayer, a partner who is uncomfortable, and a son refusing prayer for himself. All three can be honored at once, because consent is individual — the son's no governs the son, not his mother.
2. For the mother: accept her lead. Stand or sit as she directs, hold the hand she offered, and let her words and her tradition carry the prayer. Your role is presence; you add no doctrine and keep the moment brief and unhurried at the same time — brief in clock time, unhurried in manner.
3. For your partner: stepping aside respectfully is a legitimate choice, and the family's reading of it matters. A partner who quietly takes a respectful position by the door, or handles a practical task — water for the family, the phone call to the relative they named — supports the moment without performing discomfort or leaving the house.
4. For the son: acknowledge him directly and without argument — "That's completely okay. You don't have to join, and I'll check in with you in a minute about what you need." Do not persuade, do not let relatives pressure him through you, and do not read his refusal as hostility toward police; grief in a teenager often starts as refusal of everything.
5. Afterward, resume roles cleanly: the notification paperwork and next steps explained gently, the handoff question asked — "Is there a pastor or someone from your church you'd like us to call?" — and the son included in practical information even though he declined the prayer. The family leaves the encounter with one memory officers should aim for: each person in the room was treated as the authority on their own comfort.

One more real-life story — Section 4

An officer stopped to help an elderly man whose car had died at dusk on a busy road, hazard lights blinking, traffic impatient behind him. While waiting for a tow, the man grew anxious — chest tight with worry, he said, more than illness — and asked the officer, "Would you call my mosque and tell them I'll miss the evening prayer? They'll worry." The officer did not know the mosque, had never made such a call, and could have ended the encounter with the tow. Instead he asked for the name as the man said it, found the

number the man carried on a card in his wallet, made the call in the man's hearing, and passed the phone over so the familiar voice could do what no stranger could. The tow arrived; the man left calm. Weeks later a letter reached the department — not about traffic, but about a young officer who treated an old man's prayer schedule as something that mattered. He had not prayed with the man, shared his faith, or done anything dramatic. He had made one phone call as carefully as if it were evidence. The takeaway: honoring faith on the job is usually logistics plus respect — a name pronounced right, a call made, a custom asked about rather than assumed — and it is remembered at the scale of the heart, not the scale of the effort.

Try this — Section 4

Prepare your faith-at-a-scene skills before the next hard call, with this short checklist:

- **Write your two sentences now.** Your offer sentence — small, once, with "it's completely fine to say no" built in — and your graceful decline sentence for when a family's prayer is one you cannot join. Keep both in your own words.
- **Learn your handoff resources.** Know how your department reaches its chaplaincy support where it exists, and how notifications to a family's own faith leader are handled under your procedures, before a family is waiting on your answer.
- **Practice the names.** The houses of worship in your patrol area — learn to pronounce their names and their leaders' titles correctly, as a resident would say them. Your local library can help you find background reading on the traditions practiced in your community.
- **Rehearse the no.** With a partner, role-play receiving "no, thank you" and answering warmly in one sentence before returning to business, until it is automatic and visibly cost-free to the person who said it.

Resources to keep — Section 4

- **911** — for immediate danger or a medical emergency at any scene, including a person whose grief or panic becomes a medical concern.
- **988** — call or text 988 for the Suicide and Crisis Lifeline, for a resident in despair after hard news, or for an officer carrying a hard call.
- **Crisis Text Line** — text HOME to 741741 to reach a live, trained crisis counselor by text, an option you can offer a resident who cannot talk aloud.
- **National Domestic Violence Hotline** — **1-800-799-7233** — or text START to 88788, when a family's crisis includes control or violence at home.
- **RAINN** — **1-800-656-4673** — the National Sexual Assault Hotline, for confidential support and connection to local help.
- **Childhelp National Child Abuse Hotline** — **1-800-422-4453** — for concerns about a child's safety that surface during any call.

- **Your department's crisis-intervention team** — and, where your department has one, its chaplaincy support, requested through your department's procedures.
- **The local hospital** — where medical evaluation and hospital chaplains can together serve a family in the hours after your call ends.

What you earned / what's next — Section 4

Section 4 complete (quiz score 80% or higher): You can respond to a request for prayer by letting the resident lead, make an offer only where permission can be truly free, honor a no instantly and at no cost, extend identical respect across traditions and to people of no faith, and hand the comfort role to a family's own faith leader cleanly.

Word Search — Section 4

Find the words from this section's Words to know. Words run across, down, or diagonally.

Y	G	M	H	T	Y	E	C	T	O	I	C	Q
C	E	Q	A	L	B	Q	O	Y	S	F	O	A
H	F	R	N	I	N	U	N	A	R	I	L	Q
A	O	B	D	W	F	A	S	F	E	F	P	Z
P	D	J	O	X	V	L	E	B	S	V	J	A
L	C	O	F	K	D	R	N	D	I	H	Z	R
A	P	D	F	L	H	E	T	O	D	Z	W	C
I	I	D	Y	K	Z	S	T	C	E	K	P	O
N	N	W	Q	V	G	P	O	T	N	T	X	H
E	S	L	F	D	S	E	P	R	T	K	E	V
N	J	S	H	G	H	C	R	I	L	D	Q	X
L	S	E	E	H	X	T	A	N	E	B	Z	K
E	G	W	X	A	J	V	Y	E	D	T	O	F

Words to find: Consenttopray · Residentled · Chaplain · Handoff · Doctrine · Equalrespect

Chapter Test — Section 4

Answer every question. Score 80% or higher to complete this section and earn its certificate. The answers are in the Answer Key at the back of this book — for parents, teachers, and self-checking after you finish.

1. In the lesson's death-notification scenario, the mother asks you to pray with her while her teenage son says he wants no praying. What does the school teach?

- A. End the prayer — one family member objected
- B. Make the teenager leave the home until it is over
- C. Honor each person individually: join the mother's resident-led prayer as she asked, and tell the son plainly that he does not have to join and you will check in with him
- D. Have your partner persuade the son that he is being disrespectful

2. Which offer of prayer matches this section's standard?

- A. "Would it help if I prayed with you for a moment — and it's completely fine to say no."
- B. "Let's pray — it will help you calm down for my questions."
- C. "You look like someone who could use prayer."
- D. "I'll pray for you whether you want it or not."

3. When should an officer NOT offer prayer?

- A. At a quiet scene after a family has mentioned its own faith
- B. During a detention, an interrogation, a search, or any moment when the person is not free to walk away from you
- C. When a victim asks what comfort is available
- D. After a death notification, when the family raises faith first

4. When a resident asks you to pray and you stay, who leads the prayer?

- A. The officer, whose training covers all traditions
- B. The department chaplain, by phone, in every case
- C. Whichever person prays loudest
- D. The resident — their tradition, words, and posture govern, and the officer does not correct theology or add doctrine

5. A resident says "no, thank you" to an offer of prayer. The correct response is to:

- A. Ask again later in the call, more gently
- B. Accept it instantly and warmly, with no persuading, no second offer, no visible disappointment, and no change in your service
- C. Explain why prayer would help them anyway

D. Note the refusal as a lack of cooperation

6. How should prayer rugs, scriptures, candles, and other religious objects be treated at a scene?

- A. Handle them quickly so the call stays on schedule
- B. Treat them as possible evidence until cleared
- C. Avoid handling religious objects unless a lawful, specific need requires it — and then explain what you must do and handle the item with visible care
- D. Ask the family to remove them from the room

7. In the lesson's second story, an officer calls an elderly driver's mosque, in his hearing, so the congregation will not worry. The takeaway is that honoring faith on the job is usually:

- A. Logistics plus respect — a name said right, a call made carefully, a custom asked about rather than assumed
- B. Sharing the officer's own faith with the man
- C. A dramatic rescue the man would remember
- D. Proof that officers should lead prayer at scenes

8. Which boundary keeps personal conviction from becoming professional harm?

- A. Officers of faith may decide which residents get extra time
- B. Religious literature may be offered to detained people if it is positive
- C. An officer's faith may shape their character, but never who gets a warning or a citation, whose prayer gets time, or what service a resident receives
- D. An officer may promise a grieving family that God will bring their loved one home safe

9. When calling a family's own faith leader for them, what should you share?

- A. Share the full case detail so the leader understands the investigation
- B. Share only what is needed for the leader to come and comfort — name, location, the bare fact of the situation
- C. Ask the leader to gather a statement from the family
- D. Let the family find the number themselves to protect privacy

10. If you personally cannot join a family's prayer, what does the school teach?

- A. Debate the prayer respectfully in the moment
- B. Stay and perform participation you do not believe in
- C. Mock nothing but leave the house entirely

D. Decline with grace — say you will step just aside, respect the moment, and be ready when they are

Certificate — Section 4

Minister Destiny Testimony Schools

Certificate of Completion — Section 4: Faith and Prayer on the Job: Offering Prayer With Permission, Respecting a No, and Honoring Other Faiths

This certifies that

Name (write your name here)

has completed

Minister Destiny Testimony Schools — Law Enforcement

Section 4: Faith and Prayer on the Job: Offering Prayer With Permission,
Respecting a No, and Honoring Other Faiths

Date completed: _____

Presented by **Minister Destiny Marie Morgan**, Minister & Founder

Congratulations. You have learned to stand with people in the language of their own comfort — praying when you are asked and permitted, stepping back with grace when you are not, and honoring every faith and none with the same steady respect. That restraint is its own kind of ministry of presence on every hard call. — Minister Destiny Marie Morgan

School completion and rank are school achievements only. It is not a law-enforcement rank, title, or credential, and it does not certify you for any duty.

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Section 5 — Fair Traffic Stops: Necessary Checks Only, Never Racial Profiling, and Clear Identification on the Road

Minister Destiny Testimony Schools — Law Enforcement

The lesson

1. The stop begins before the lights — a lawful, articulable reason

A fair stop starts with a reason you can state plainly, in facts, without reaching for character: a vehicle traveling well above the posted limit on a residential street, a stop sign run in view of a crosswalk, a plate that returns as belonging to a different vehicle, a driver weaving across lanes. Notice what those reasons share. Each is an observed action or a verified record about this vehicle, at this time — not a feeling about a neighborhood, not a driver's appearance, not a car that "doesn't belong here."

Work the decision in this order. First, what did I actually see or verify? Second, does that fact, by itself, justify a stop under the law and my department's policy? Third, would I make this same stop, in this same way, in any neighborhood in the city, with any driver behind the wheel? The third question — Section 2's swap check applied to the road — is where habit gets audited. Officers who ask it honestly sometimes discover that a street, a car model, or a time of night has been doing quiet extra work in their decisions. Finding that out is not an admission of being a bad officer. It is the moment a professional corrects a pattern before a complaint, a court, or a conscience does it less kindly.

Pretext deserves plain language here. A stop made for one stated reason while the real interest is an unrelated hope — to look inside a car, to run a person's life, to fish — corrodes every fair stop around it, because drivers compare stories. The driver stopped tonight tells the story for years, and the story's moral is never about the taillight. If your reason would embarrass you read aloud in a courtroom or a kitchen, find a better reason or let the car go.

2. Never racial profiling — what it is, why it fails, what replaces it

Racial profiling is using race, ethnicity, or national origin — alone or as a meaningful factor — as a reason to stop, prolong, question, search, or run checks on a person, instead of using that person's own observed actions and verified information. This program's position is absolute: never.

It fails on its own terms, not only on fairness terms. Profiling floods your attention with low-information stops — drivers selected for who they look like produce very little contraband, very few warrants that matter, and very many angry, law-abiding residents — while drawing attention away from behavior that actually predicts danger. It degrades information flow for years: a neighborhood that experiences profiling stops calling in real

crime, stops describing real suspects in useful detail, and teaches its teenagers that compliance and courtesy change nothing, which makes every future stop harder and riskier for the next officer. And it places the officer's own credibility at stake in court and in public, because a pattern visible in stop data is visible to everyone who requests it.

What replaces profiling is narrower and stronger: behavior and records. A specific driving action you witnessed. A plate return you verified. A description from a victim that is specific enough to act on — and when you act on a description, the stop is explained by the description, documented as such, and ended promptly when the person plainly does not match it. A person who matches a general description still gets the full measure of this section: introduction, reason, necessary checks only, and release the moment the facts clear them, with an explanation that treats their time as valuable.

3. Necessary checks only — the scope of a fair stop

Once a vehicle is stopped, every additional minute and every additional inquiry needs its own justification. This school teaches a simple scope rule: a stop covers the reason for the stop, the documents and safety matters directly connected to driving, and specific new facts that arise and can be articulated. It is not an open-ended audit of a driver's life.

In practice, work the stop like this:

- 1. Introduce yourself and give the reason first.** Name, department, and the observed reason, before requesting documents: "I'm Officer [name] with [department]. I stopped you because your right brake light is out." A driver who knows the reason in the first ten seconds is a driver whose imagination stops inventing worse ones.
- 2. Request the standard driving documents** — license and registration — and explain any wait honestly: "This check takes about three minutes. I'll be right back with you." Time estimates, kept, are fairness you can prove.
- 3. Run the checks the stop actually requires** — the validity of the license, the registration status of the vehicle, and safety-critical alerts connected to this stop — through your department's systems and procedures.
- 4. Let new inquiries earn their place.** A smell, a statement, an object in plain view, a return that changes the picture — any of these may lawfully expand a stop under your training and the law, and you should be able to say exactly which fact did it. A hunch about a neighborhood, a driver's nervousness alone, a passenger's appearance, or a wish to "see what comes back" does not earn an expansion.
- 5. Do not run passengers through the same scrutiny by default.** A passenger who has done nothing observable is a bystander in a car. Questioning, identifying demands, and checks on passengers need their own specific basis under the law and your policy — not the momentum of the stop.
- 6. End the stop when its work is done.** License valid, warning or citation explained, documents returned, questions answered in a sentence or two, and a clean release: "You're all set. The light can be fixed at most parts stores; drive safe." A fair stop ends

on time. Every extra minute past its purpose is spent from a fund of public trust that other officers also draw on.

7. Document facts, not profiles. Times, observed violation, checks run and why, outcome. If a reader could reconstruct your reasoning from the record and find it sufficient, the stop was scoped fairly. If the record needs adjectives about the driver to justify itself, it was not.

Nervousness deserves its own note. Most stopped drivers are nervous — hands shaking, voice thin, paperwork fumbled — including drivers with nothing to hide, drivers with prior frightening stops, new drivers, elderly drivers, and drivers for whom a fine is a genuine emergency. Read nervousness as the normal weather of a stop, not as evidence.

4. Conduct at the window — the eighteen inches that decide everything

Drivers judge the stop in the space between their window and your face. Stand where your training directs for safety, keep your hands visible and your tone level, and treat explanation as part of the job rather than a concession. Answer the question "why me?" once, factually, without sarcasm — it is the question every driver is asking, and answering it cleanly defuses more stops than any other single sentence.

Passengers and children change the temperature in predictable ways. Speak to the driver; do not conduct the stop through a child interpreter for anything beyond an immediate safety need (Section 11 covers interpreters and disability in depth). Acknowledge children simply and kindly — a wave and "hi, folks, this will just take a few minutes" — because a child watching a calm, respectful stop is learning the opposite lesson from the child in Section 1's porch doorway. If a driver needs a moment — to find documents, to calm a baby, to move a medical device — plainly allowing it, where safety permits, costs nothing and buys cooperation for the remainder of the encounter.

Searches and exits from the vehicle carry the highest stakes and the highest legal requirements. This section teaches no tactics beyond your training and the law, but it teaches their fairness frame: any step beyond the window conversation must rest on a specific lawful basis you can articulate, be explained in plain language at the time ("I'm asking you to step out because..."), and be carried out without mockery, unnecessary exposure of the person's belongings, or commentary for bystanders. A person whose car is searched and cleared is owed the same clean close as any other driver — an explanation, their documents, and a genuine "thank you for your patience" — because their story of the stop will be told either way.

5. Minister Destiny's vehicle sign and window-cling proposal — taught as a proposal

The following is a **proposal from Minister Destiny's program. It is not current agency policy, not a requirement, and not the law anywhere in this lesson.** It is taught here, clearly labeled as a proposal, so officers can understand the problem it answers and the form it would take if a department chose to adopt it.

The problem the proposal answers. Two roadside confusions recur in the community this program serves. First, drivers — especially at night, and especially drivers who have heard stories of people impersonating officers — cannot always tell quickly who has stopped them or whether the vehicle behind them is a genuine department vehicle, and fear in that gap can produce dangerous misunderstandings. Second, drivers sometimes carry information an approaching officer needs at once — that they are a licensed firearms carrier, or that the vehicle carries medical or emergency supplies — and the window of a stopped car, with hands tense and voices raised, is the worst possible place to communicate it for the first time.

The proposal. Under this program's proposal, a department would issue standardized signs and window clings, designed and supplied by the agency, in two groups:

- **Officer and vehicle identification clings.** A clearly readable agency-issued sign or window cling for department vehicles — and, in the proposal's design, visible identification showing the officer's **rank, badge number, and department** — so that a stopped driver can read, at a glance and from inside their own vehicle, who is conducting the stop and for which department. The same information an officer states aloud at the window would be confirmable visually, before the window ever opens.
- **Driver-communication signs.** Agency-issued, voluntary signs or clings that a driver could display to communicate, silently and in advance: that the driver is a **licensed firearms carrier**, so an officer approaches already knowing a firearm may lawfully be present and can give calm, specific instructions; and that the vehicle carries **medical or EMT supplies** — for example, that an occupant is an EMT or carries equipment such as an automated external defibrillator or critical medication — so medical need is understood as fact, not discovered as confusion.

How the proposal is meant to work. Every element is agency-issued so that designs are uniform, hard to counterfeit casually, and taught in training on both sides — officers learning to read the clings as information to verify calmly, never as conclusions, and drivers learning, through the issuing agency, what display does and does not mean. A firearms-carrier cling would not change any legal duty, create any suspicion by its absence, or substitute for a driver's own calm disclosure and an officer's instructions; a medical-supply cling would explain a cooler, a case, or equipment an officer might otherwise have to question. The identification clings would answer the frightened driver's first questions — real officer, real department, badge number I can write down — in the seconds when fear is highest.

Limits the proposal itself names. Because this is a proposal, its open questions belong in the open: counterfeiting and misuse would need enforcement design; an unmarked-vehicle unit's work could conflict with visible identification, which the proposal would have adopting departments address explicitly rather than pretend away; and no cling may ever be treated as required — a driver without any sign is owed the identical fair stop, and an officer who treats the absence of a sign as meaningful has misunderstood the proposal completely. Officers taking this section should be able to

describe the proposal accurately, name it as a proposal in any community conversation, and never represent it as a current rule a driver has failed to follow.

6. After the stop — data, supervision, and self-audit

Fairness that cannot be checked drifts. Close the loop on your own practice: know what your department records about stops, review your own patterns the way a supervisor or a journalist would — by neighborhood, by driver demographics as recorded, by reason, by outcome, by how often a stop expands beyond its original scope — and treat a lopsided pattern as information to investigate in yourself first. Where a stop went wrong, say so early through your department's channels; an officer who reports his own rough stop teaches his whole shift more than a training video does. And where a stop went right — a frightened driver calmed, a dangerous car taken off the road with courtesy intact — name the steps that made it work, because fair practice spreads by example exactly the way unfair practice does.

Words to know — Section 5

- **Articulable reason** — a specific, factual basis for a stop or an expanded inquiry that an officer can state in observations, not impressions.
- **Racial profiling** — using race, ethnicity, or national origin, alone or as a meaningful factor, in place of a person's own actions and verified information when deciding to stop, question, search, or check them.
- **Pretext** — a stated reason for a stop that conceals the officer's real, unrelated purpose.
- **Scope of a stop** — the inquiries and checks justified by the stop's reason and by specific new facts that arise; the boundary beyond which a stop becomes an unrelated audit.
- **Window cling** — in this program's proposal, an agency-issued sign displayed in a vehicle window to communicate identification or safety information at a glance.
- **Identification cling (proposal)** — the proposed department-issued display showing an officer's rank, badge number, and department for a stopped driver's confirmation.
- **Firearms-carrier sign (proposal)** — the proposed voluntary, agency-issued display by which a licensed carrier communicates in advance that a firearm may lawfully be present.
- **Medical / EMT-supply sign (proposal)** — the proposed voluntary display indicating that a vehicle carries medical or emergency supplies or that an occupant serves in an emergency-medical role.
- **Stop data** — the recorded facts of stops — reason, checks, outcome, duration — used by departments and officers to audit fairness.

Myths vs facts — Section 5

- **Myth:** A driver who is very nervous probably has something to hide. **Fact:** Nervousness is the normal condition of stopped drivers, including the entirely law-abiding; evidence comes from observations and verified returns, not from shaking hands.
- **Myth:** Running extra checks "just to be thorough" on every stop is good policing. **Fact:** Checks beyond a stop's scope spend residents' time and public trust without a factual basis; thoroughness means the necessary checks done well, not every check imaginable.
- **Myth:** Profiling is efficient because it focuses on the likeliest offenders. **Fact:** Selection by appearance produces low-yield stops, misses behavior-based danger, and dries up the community information real investigations depend on.
- **Myth:** The sign and window-cling system described in this section is a rule drivers must follow. **Fact:** It is a labeled proposal from Minister Destiny's program — not agency policy and not law — and a driver with no sign is owed the identical fair stop.

Think it through — Section 5

The situation: At 9:20 p.m. you stop a sedan for a brake light that is out. The driver, a woman in her thirties, is shaking, apologizes three times before you speak, and takes a full minute to find her registration in a glove box that also holds children's drawings and a first-aid kit. Her license and the vehicle check out completely. A passenger in the back seat, an older man, stares straight ahead and says nothing. Nothing unlawful is visible. You feel a pull to "just check the passenger too, while we're here," and to ask where they are coming from and where they are headed tonight.

Walk it through:

1. The stop's scope was set by its reason: a brake light, the driver's license, and the vehicle's registration. All three are now resolved — light confirmed out, license valid, registration in order. The stop's work is done.
2. Test the pull you feel against the scope rule. The passenger has done nothing observable; his silence and stillness are not facts that earn an identification demand or a records check, and Section 2 has already taught what silence in the presence of police most often is. The driver's nervousness resolved exactly as normal stop weather predicts — shaking hands and fumbling in a family glove box.
3. The travel questions have the same problem. Where a family is coming from and going to is not connected to a brake light, and asking it teaches the driver that a fair, cleared stop still ends in an interview — the precise experience that makes the next stop, with the next officer, start frightened and uncooperative.
4. Close fairly instead: explain the outcome, note kindly that the first-aid kit is a good thing to carry, give the practical word — a replacement bulb is inexpensive and the light matters for her own safety — return the documents, and release them inside the time a brake-light stop should take.

5. Document the stop as it was: violation observed, checks run, warning given, duration. In your self-audit, notice the pull you felt and where it came from — habit, boredom, a hard call earlier — because naming it is how it loses authority over your next stop.

One more real-life story — Section 5

A veteran officer tells new recruits about the stop that retaught him the job. He had stopped a battered pickup for rolling a stop sign in a neighborhood he privately considered "a problem area." The driver was a quiet man in work clothes who answered everything in monosyllables and would not meet his eyes — and the officer caught himself building a story out of that quiet: something in the truck, something in the man's past, a reason to extend things. Then the man's phone lit up on the seat with a photo of two small girls and a text: "Daddy we are waiting with cake." He was a father who had worked a double shift, was terrified that a ticket meant no birthday money, and had learned from his own father that the safest thing a man can do at a window is become very small and very quiet. The officer wrote the warning the violation called for, explained it in full sentences, and let him go in four minutes. "I almost investigated a birthday," he tells the recruits. "The man hadn't done one thing after the stop sign. My neighborhood story was doing all the work — and my neighborhood story was wrong." The takeaway is Section 5's core discipline: the stop you can justify is the one built entirely from what the driver did and the records returned — never from the story you brought with you.

Try this — Section 5

Adopt this fair-stop self-check for your next twenty stops, and review the tally honestly:

- **Reason stated:** Did I give my name, department, and the observed reason before requesting documents?
- **Scope kept:** Did every check I ran connect to the stop's reason or to a specific new fact I can write down?
- **Clock honored:** Did the stop end when its work ended, with the wait explained while it lasted?
- **Close delivered:** Documents returned, outcome explained, driver released with a courteous final sentence.
- **Record clean:** Could a stranger reconstruct my reasoning from my notes and find it sufficient, with no adjectives about the driver doing the work?

If one item fails repeatedly, that item — not "traffic enforcement" in general — is your training assignment for the next month.

Resources to keep — Section 5

- **911** — for a driver, passenger, or bystander medical emergency or immediate danger at any stop.
- **988** — call or text 988 for the Suicide and Crisis Lifeline, if a stopped driver shows despair that outlasts the stop or asks for help.
- **Crisis Text Line** — text HOME to 741741 for a live, trained crisis counselor by text.
- **National Domestic Violence Hotline** — **1-800-799-7233** — or text START to 88788, when a stop reveals that a driver or passenger is afraid to go home.
- **Poison Control** — **1-800-222-1222** — if a stop involves a possible poisoning or harmful exposure, after calling 911 for an emergency.
- **Your department's crisis-intervention team** — when a stop's real problem turns out to be a crisis rather than a violation.
- **The local hospital** — the evaluation point for any person at a stop who is injured, ill, or showing unexplained confusion.
- **Your local library can help you find** community information about license, registration, and vehicle-repair assistance programs in your area to pass on to drivers for whom a repair is a financial emergency.

What you earned / what's next — Section 5

Section 5 complete (quiz score 80% or higher): You can state an articulable reason for a stop and hold its scope to necessary checks, refuse profiling in favor of behavior and records, conduct the window conversation with explanation and calm, describe Minister Destiny's sign and window-cling proposal accurately as a proposal, and audit your own stop patterns.

Word Search — Section 5

Find the words from this section's Words to know. Words run across, down, or diagonally.

Q S G T P R E T E X T I I
D P C V Q R P Y A T F W E
Y G S O W B U X O K Y S H
V Y L L P L A G K U M T K
U Z D H H E I C Z I C O Y
V G B V B R O C L X C P V
K Y V O O P U F P F P D A
A U E J O X F F A S H A C
W A L G M T V B X S N T C
R O X Y X O Q C Z M T A B
X T Z L T T W S V O Y O R
S U D X F W A D Q R S U P
C W I N D O W C L I N G V

Words to find: Pretext · Scopeofastop · Windowcling · Stopdata

Chapter Test — Section 5

Answer every question. Score 80% or higher to complete this section and earn its certificate. The answers are in the Answer Key at the back of this book — for parents, teachers, and self-checking after you finish.

1. In the lesson's worked scenario, a brake-light stop clears completely — license and registration valid, nothing unlawful visible, a silent older passenger in the back. What does the school teach?

- A. Run the passenger's record while you have the chance
- B. Close the stop fairly — the brake light, license, and registration are resolved, the silent passenger has done nothing that earns a check, and the stop ends on time
- C. Ask the family where they are coming from and going tonight
- D. Extend the stop until the driver stops shaking

2. What is an articulable reason for a traffic stop?

- A. A specific, factual basis you can state in observations — an action you witnessed or a record you verified about this vehicle at this time
- B. A feeling that a car does not belong in a neighborhood
- C. A driver's appearance combined with the time of night
- D. Knowledge that stops on this street have found contraband before

3. Why does racial profiling fail on its own terms, according to this section?

- A. It produces too much paperwork for departments
- B. It is only a problem when a driver complains
- C. It yields low-information stops, misses behavior-based danger, and dries up the community information real investigations depend on
- D. It works well but looks bad in stop data

4. What is the scope of a fair stop?

- A. Any check an officer can think of, done thoroughly
- B. Whatever a driver consents to discuss
- C. Checks on every passenger by default
- D. The reason for the stop, the driving documents and safety matters connected to it, and specific new facts that arise and can be articulated

5. A stopped driver's hands shake and she fumbles her paperwork. This school reads nervousness as:

- A. Evidence the driver is hiding something

- B. The normal weather of a stop — most stopped drivers are nervous, including the entirely law-abiding
- C. A lawful reason to extend any stop
- D. A sign a driver should be removed from the vehicle

6. What should come first at the driver's window?

- A. Demand documents first, then explain if asked
- B. Run the license check before any conversation
- C. Introduce yourself by name and department and give the observed reason for the stop before requesting documents
- D. Ask the driver if they know why they were stopped

7. Under Minister Destiny's proposal, what would the agency-issued identification cling show a stopped driver?

- A. The officer's rank, badge number, and department
- B. The officer's home station and shift schedule
- C. The driver's violation history
- D. A warning that the vehicle may be searched

8. How must the proposed firearms-carrier sign be understood?

- A. It is a current legal duty in Massachusetts that drivers have failed to follow
- B. It is a labeled proposal — voluntary and agency-issued — and its absence creates no suspicion and changes no legal duty
- C. It replaces a driver's need to follow an officer's instructions
- D. It is a rule officers should enforce once they learn it here

9. What is a pretext stop?

- A. A stop with two violations instead of one
- B. A stop that lasts longer than planned
- C. A stop made at night on a quiet street
- D. A stated reason for a stop that conceals the officer's real, unrelated purpose — such as hoping to look inside the car

10. How does the school say fairness on stops gets checked over time?

- A. Wait for a complaint to reveal any pattern
- B. Ask drivers at the window whether the stop felt fair
- C. Review your own stop patterns — reason, checks, outcome, expansion — the way a supervisor or journalist would, and investigate a lopsided pattern in yourself first
- D. Stop recording stop data so patterns cannot be misread

Certificate — Section 5

Minister Destiny Testimony Schools

Certificate of Completion — Section 5: Fair Traffic Stops: Necessary Checks Only, Never Racial Profiling, and Clear Identification on the Road

This certifies that

Name (write your name here)

has completed

Minister Destiny Testimony Schools — Law Enforcement

Section 5: Fair Traffic Stops: Necessary Checks Only, Never Racial Profiling,
and Clear Identification on the Road

Date completed: _____

Presented by **Minister Destiny Marie Morgan**, Minister & Founder

Congratulations. You have committed to the encounter residents judge most: a stop with a real reason, checks that stay within their purpose, and courtesy that costs you nothing and buys a neighborhood's trust. Fairness at eighteen inches, repeated stop after stop, is how the road gets safer for everyone on it.

— Minister Destiny Marie Morgan

School completion and rank are school achievements only. It is not a law-enforcement rank, title, or credential, and it does not certify you for any duty.

Educational completion certificate only — not a state license, POST certification, or government credential.

Minister Destiny Testimony Schools — Law Enforcement

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Section 6 — Schools, Grades and Home Safety Checks: When School Struggles Signal a Need for Support, and Children Who Cannot Speak Up

Minister Destiny Testimony Schools — Law Enforcement

The lesson

1. Why school is where children's lives become visible

School is the one institution that sees almost every child, almost every day, against a baseline. Teachers know what a child's ordinary looks like — their energy, their friend group, their handwriting effort, their appetite at lunch — which makes change legible there before it is legible anywhere else. A student whose work collapses across every subject in six weeks, a reliable child who stops turning anything in, a teenager whose grades fall off a cliff the same month she stops staying for the activities she loved: those patterns are information, and they frequently have nothing to do with laziness or attitude.

Grades and unfinished work sit at the center of this section because they are measurable, recorded over time, and visible without anyone entering a home or questioning a child. A single bad test is a bad week. A pattern — D or F grades spreading across subjects, chronically unfinished work from a child who used to finish, repeated absences stitched around the edges — is a flare sent up from inside a household that may be in trouble: a parent's illness or job loss, violence at home, a child caring for younger siblings at night, homelessness or a move into doubled-up housing, bullying, an untreated health or vision problem, grief. Sometimes the cause is inside the school itself. Either way, the pattern says the same first thing: somebody should ask, kindly and competently, whether this family needs support.

Hold the limits of the signal just as firmly. Falling grades are not evidence of abuse or neglect. Plenty of children struggle academically in safe, loving homes — a learning disability undiagnosed, a language being learned, a subject that simply defeats them, a teacher mismatch. The signal justifies a question and an offer of help. It never justifies an accusation, and an officer who treats it as proof will harm innocent families and teach schools to stop sharing signals at all.

2. This program's proposal — grade patterns as a support-check trigger

The approach in this section is **Minister Destiny's program proposal and approach. It is not current agency policy, not school policy, and not the law.** It is taught and labeled as a proposal, exactly as Section 5 taught the vehicle sign proposal, so that officers, school partners, and community members are discussing the same design with their eyes open.

The proposal in plain terms. Where a school and a department have agreed to work together under the applicable law, policies, and privacy protections, a defined school signal — a student whose grades have fallen to D or F across subjects, or whose work has become chronically unfinished, in a pattern that persists after the school's own ordinary outreach to the family — would trigger a **support check**: a planned, non-emergency contact with the family whose stated purpose is to find out what changed and what help, if any, the family wants and needs. The check is a door-knocking offer of support, not a search, not an interrogation, and not a child-removal instrument. Concerns that rise to suspected abuse or neglect follow the same reporting channels and legal standards they always have; the proposal adds an earlier, softer door before a family's hard semester becomes a crisis call.

Why this design. The proposal answers a gap officers know well. Police typically meet a struggling family for the first time at the worst moment — the 911 call, the arrest, the emergency removal — when trust is impossible and options are narrowest. The family whose child stopped turning in work in October often needed a ride, a benefits form explained, a landlord mediated, a parent connected to help in November. A support check moves the first contact upstream, to a moment when help is still small, cheap, and acceptable — and when the officer arrives as a person offering resources rather than as the beginning of a case.

The safeguards the proposal carries with it. A trigger is a pattern over time, never one assignment or one teacher's frustration. The school's own steps come first — teacher contact, counselor outreach, offers of tutoring and school-based help — so the check supplements educators rather than replacing them. Families are told plainly what prompted the visit and that accepting help is voluntary, except where a separate, specific safety concern invokes duties that already exist in law and policy. Information gathered on a support check is documented as observations and family statements, protected as your department's procedures require, and never used to build unrelated enforcement. And the proposal measures itself by family outcomes — children back in class, work returning, services connected — not by arrests, citations, or removals, which are not its currency.

What officers should say about it. In any community or school conversation, name it accurately: a proposal from this program, under discussion, not a rule anyone has broken by being unaware of. Never tell a family "the school reported your child's grades to the police" as if a standing legal pipeline exists. Accuracy here is the difference between a community debating an idea and a community fearing a rumor.

3. The support check itself — how to conduct one

Whether a check arises under this program's proposal, through a school resource relationship, or from another lawful referral your department accepts, the craft is the same. Plan it as a help visit and conduct it as one.

1. **Prepare from facts, not folklore.** Review exactly what signal prompted the contact, what the school already tried, and what resources exist locally for the likely needs — food support, tutoring, housing help, medical care, crisis lines. Know which partner or team in your department handles family support and follow its procedures; where a school counselor or family liaison can join or lead, that is usually the better door.

2. **Choose time and manner deliberately.** A planned check happens at a civil hour, in ordinary uniform or as your department directs, without a show of force — one or two people, not a line of cruisers, unless a separate safety fact requires otherwise. Knock, step back from the door, and give the household time to come to it.

3. **Introduce the visit honestly.** Name, department, and the plain reason: "The school noticed Maya's grades have dropped and a lot of work isn't getting finished, and we check in with families when that happens to ask if anything's changed and whether any support would help." No euphemisms the family will decode anyway, and no suggestion that they are in trouble.

4. **Listen longer than you talk.** The first account — a father's hours cut, a grandmother's hospitalization, a broken car that ended the bus routine, a child translating adult paperwork at midnight — is the diagnosis the visit exists to gather. Ask what would help this month, specifically, and write down what they actually say.

5. **Offer concrete resources, not general advice.** A named next step beats a brochure pile: the crisis and help lines in this section's resources, the school counselor's name, the local hospital for a health concern, the offer to connect the family with your department's crisis-intervention team or a community partner under your procedures. Where the family declines help and no safety concern is present, accept the decline with the same grace Section 4 taught for a refused prayer. Leave the door open and the information behind.

6. **Watch and note the child's presentation as Section 1 taught** — fed or hungry, rested or exhausted, at ease with the adults present or watchful and flinching — as observations, in factual words, understanding that a tidy home is not required and a cluttered one is not a finding.

7. **Close the loop.** Tell the school partner, through the agreed channel, that contact was made and whether the family accepted a connection to support — sharing only what the partnership and privacy rules allow. A signal that disappears into silence teaches schools that signaling is pointless.

If, during any check, you encounter facts that indicate a child is being harmed or is in immediate danger, the visit changes character: act under the law, your training, and your department's procedures, including medical help through 911 where needed and the reporting channels that apply to suspected abuse or neglect. Support and safety are not rivals. The check earns trust precisely because families learn it is genuinely an offer — and because officers who conduct it still act, without hesitation, when a child truly needs protection.

4. Kids who cannot speak up — reading silence as information

Some children cannot report what is happening to them: very young children, children with disabilities that affect speech or communication, children who do not share a language with the adults around them at school, and children who have been taught — by fear, by loyalty, by an adult's warning — that speaking brings punishment. Section 1's porch scene introduced the still, silent child in the doorway. This section gives that child your full attention.

Silence at a home visit or school contact is data, not emptiness. Note its shape. A shy child who warms up, glances at a parent for permission in the ordinary way, and eventually shows you a drawing is communicating safety in the way shy children do. A child who goes still when a particular adult enters, who checks that adult's face before answering harmless questions, who startles at ordinary movement, or who answers every question — even "do you like school?" — with the same flat "fine" while looking at the floor, is showing you a pattern worth gentle follow-up through the proper professionals. So is the opposite performance: the child who is eerily adult, managing the adults in the room, answering for siblings, and monitoring everything — a small person doing a job no child should hold.

Practical conduct with children follows a few steady rules. Get to their level physically when you speak, keep questions few, open, and about immediate, concrete things — never conduct anything resembling an investigative interview of a child unless you are trained, authorized, and following your department's procedures for exactly that; forensic interviewing of children is specialist work, and a well-meant leading question can damage both a child and a case. Do not promise a child secrecy you cannot keep, and do not press a child to speak in front of an adult they may fear; arrange, through school staff, counselors, and your department's procedures, for the child to be heard by the right professional in a safer setting. And remember siblings: the child who talks easily sometimes opens the door for the one who cannot, and the quiet one at the edge of the room is frequently the reason you are glad you came.

5. Home safety — what to notice, and what a home is not required to be

When you are lawfully inside a home on any call, your eyes are gathering the environment a child lives in. This program teaches a support-minded read of that environment. Notice the basics that keep a child safe and able to learn: food in the home and a way to prepare it, a sleeping arrangement for the child, heat and running water, medication and hazardous items stored out of small children's reach, working smoke alarms where you can see them, and an adult present who is able to supervise. Notice, too, the invisible infrastructure of school success: a place and a time where homework can happen, a way to get to school, an adult who knows the teacher's name.

Then apply Section 1's discipline with full strength. A home is not required to be tidy, furnished to a middle-class standard, stocked with educational toys, or quiet. Poverty is visible in homes exactly as it is on streets — crowded rooms, repaired furniture,

doubled-up families, a parent asleep at noon because the shift ended at dawn — and none of it is neglect. The questions that matter are narrower: is this child fed, supervised, medically cared for, sent to school, and safe from harm? A family can be poor and excellent at all five. A wealthy home can fail several behind a clean door. Judge the five, not the décor, and when one of the five is wobbling because of a solvable problem — no alarm battery, no ride, a benefits lapse — solving it, or connecting the family to who can, is law-enforcement work this program is proud to claim.

Where you do see a genuine hazard — a toddler within reach of unsecured medication, a heating source plainly dangerous, a child left alone far beyond their years — address the immediate risk proportionately, explain it as safety rather than judgment ("let's get those up on the high shelf together, and I'll leave the number for free alarms"), document facts, and use the reporting and follow-up channels your department and the law provide when a hazard is serious, repeated, or refused. One fixed hazard, fixed kindly in front of you, is a better outcome for that child than a citation in a drawer.

6. Partnership with schools — roles, respect, and privacy

Officers and educators need each other here and must not blur each other's jobs. Teachers and counselors hold the long relationship and the educational remedies — tutoring, counseling, family meetings, flexibility where policy allows. Officers bring a knock that gets answered, knowledge of community resources and crisis teams, and the ability to act when a home situation turns out to hold a genuine safety emergency. School resource officers sit closest to this partnership and, in this program's teaching, succeed by being known as helpers first — the officer a counselor can send to a family's door with confidence about how the knock will sound.

Privacy binds the whole design. Student records and family information are protected by law and policy for good reason: a family that believes a child's report card becomes a police file will hide the next crisis until it is an emergency. Share the minimum, through the agreed channels, for the stated purpose — and say so to families in plain words. Within those bounds, make the partnership visible in its friendly forms: officers at school family nights as guests, resource information left with counselors for families who ask, and the local library named as a place families can find tutoring, benefits, and community-program information with a librarian's help. Trust between institutions, like trust on a porch, compounds from kept promises about small things.

Words to know — Section 6

- **Support check** — a planned, non-emergency contact with a family, triggered by a signal of struggle, whose purpose is to learn what changed and connect the family with help.
- **Trigger (proposal)** — in this program's proposal, a defined pattern — D or F grades across subjects, or chronically unfinished work persisting after a school's own outreach — that prompts a support check.

- **Chronically unfinished work** — an ongoing pattern of assignments not completed by a student who was previously able to complete them, read as a signal rather than a character judgment.
- **School baseline** — a teacher's knowledge of a child's ordinary behavior, work, and energy, against which a change becomes visible.
- **Nonverbal signal** — information a child communicates without words — stillness, watchfulness, startle, withdrawal, or caretaking behavior beyond their years.
- **Forensic interview** — a specialist, structured interview of a child about possible harm, conducted by trained professionals under department procedures; not a doorstep conversation.
- **Doubled-up housing** — a family living with relatives or another household because of economic hardship, a common and non-criminal arrangement.
- **Family liaison** — a school or community staff member whose role is connecting families with resources, meetings, and support.
- **Mandated reporting** — the legal duty, carried by many professionals, to report suspected child abuse or neglect through designated channels; officers follow the law and department procedures that apply to them.

Myths vs facts — Section 6

- **Myth:** A child earning Ds and Fs is a child whose parents do not care. **Fact:** Grade collapse most often tracks a change in the household — illness, work, housing, grief, a child's own health — and many struggling students have parents who care deeply and are out of resources, not concern.
- **Myth:** A messy or crowded home is a neglectful home. **Fact:** The safety questions are whether a child is fed, supervised, medically cared for, sent to school, and safe from harm; poverty's clutter answers none of them.
- **Myth:** A quiet child at a police visit is a fine child. **Fact:** Silence has shapes — ordinary shyness warms up, while fear-shaped stillness tracks a particular adult and does not lift; the pattern, read carefully, is information for proper follow-up.
- **Myth:** The grade-trigger support check in this section is a rule schools and departments already operate under. **Fact:** It is Minister Destiny's program proposal, labeled as such; suspected abuse or neglect, by contrast, follows the reporting duties and channels that already exist in law and policy.

Think it through — Section 6

The situation: A middle-school counselor contacts your department's school liaison under a local partnership and shares a concern, through the proper channel: a twelve-year-old who earned Bs last year now has Ds and one F, has turned in almost nothing for five weeks, and has fallen asleep in class four times. The school has called

home twice; the mother sounded exhausted, said "we're handling it," and no meeting has happened. The counselor is not alleging abuse. She is asking, in the spirit of this program's proposal, whether a support check makes sense.

Walk it through:

1. Name the signal precisely: a cross-subject grade collapse, chronically unfinished work over five weeks, and daytime sleep — three facts that together suggest a household change, while proving nothing about its cause. The school's own outreach has happened first, as the proposal's design requires.
2. Check the frame before anyone knocks. This is a support check, not an investigation of a reported crime. Plan it at a civil hour, with the liaison or counselor connection in place, resources in hand, and no show of force.
3. At the door, introduce the visit honestly in the proposal's terms — the school noticed the change and the shared purpose is to ask what shifted and what would help. Then listen. In this case the mother, after a long pause, explains that her overnight shift became mandatory, her own mother — the child's after-school adult — is in the hospital, and the twelve-year-old has been putting two younger siblings to bed and waiting up for her, doing homework, when it happens at all, after midnight.
4. Match resources to the actual diagnosis: the falling grades were a childcare-and-sleep problem wearing an academic costume. The counselor can address the school side — a check-in adult, flexibility arranged under school policy, a place to rest a plan for catching up — while you connect the family with the help lines and community resources that fit, and a follow-up is set so the signal does not vanish.
5. Assess the child questions separately and calmly: the children are fed, the siblings are with a twelve-year-old for a defined stretch — a supervision question to work on with the mother as a problem to solve together, not a gotcha — and no fact presented suggests abuse. Document observations and the mother's own account, share back through the agreed channel only what the partnership allows, and let the outcome measure be the one the proposal names: work returning, sleep restored, a family that will call earlier next time because the first knock was kind.

One more real-life story — Section 6

An officer on a noise call in a crowded apartment noticed a boy of about nine sitting at a kitchen table long past midnight, copying the same worksheet line by line, erasing holes in the paper. His mother, embarrassed, said he was "just slow with homework." Over the following weeks the officer, who handled calls at that address for other reasons, saw the same scene repeated — and learned, in small pieces offered because he never once mocked the home or threatened the mother, that the boy had been moved between three relatives that school year, that his glasses had broken in the first move and no one had replaced them, and that he was copying by guesswork because he could not see the board at school or the page at home. The fix, when it finally assembled itself through the school

counselor and a community vision program the counselor knew, cost almost nothing: an eye exam, a pair of glasses, and one stable desk. His unfinished work, it turned out, had never been a discipline problem or a family failure. It was an eyesight problem that three households each assumed another had handled. The takeaway closes this school's first half: behind a great many school signals sits a small, specific, solvable problem — and the officer's job is to help the right people find it before anyone reaches for a punishment or a file.

Try this — Section 6

Carry this support-check pocket sequence until it is habit:

- **Signal:** State the exact pattern that prompted contact, in dates and observations — never "the school is worried about that family."
- **Frame:** Say the purpose out loud at the door — support and information, honestly named — before any questions.
- **Story:** Ask what changed, then listen for the specific, solvable problem underneath the signal.
- **Support:** Offer one concrete connection before you leave: a named counselor, a help line from the list below, your department's crisis-intervention team, or a follow-up you personally schedule.
- **Safety:** Keep the five questions running throughout — fed, supervised, medically cared for, sent to school, safe from harm — and act under the law and your procedures the moment a fact, not a feeling, answers one of them badly.

Resources to keep — Section 6

- **911** — for a child in immediate danger or any medical emergency.
- **Childhelp National Child Abuse Hotline — 1-800-422-4453** — for guidance and reporting support when you are concerned a child may be abused or neglected.
- **988** — call or text 988 for the Suicide and Crisis Lifeline, for a parent, caregiver, or young person in emotional distress.
- **Crisis Text Line** — text HOME to 741741 for a live, trained crisis counselor by text — a channel teenagers in particular may actually use.
- **National Domestic Violence Hotline — 1-800-799-7233** — or text START to 88788, when a home's change traces back to violence or control.
- **SAMHSA National Helpline — 1-800-662-4357** — free, confidential referral for substance-use and mental-health treatment for a parent or family member.
- **RAINN — 1-800-656-4673** — the National Sexual Assault Hotline, for confidential support and local connection.

- **Your department's crisis-intervention team** — and your school liaison or family-support partners, requested through your department's procedures.
- **The local hospital** — for a child's medical evaluation whenever health may be part of the signal.
- **Your local library can help you find** tutoring programs, benefits information, and community family resources to leave with families who want them.

What you earned / what's next — Section 6

Section 6 complete (quiz score 80% or higher): You can read grade collapse and chronically unfinished work as signals that justify a kind question, describe this program's support-check proposal accurately as a proposal, conduct a support check that listens first and connects concretely, read a silent child's behavior as information without forcing speech, and judge a home by whether a child is fed, supervised, cared for, schooled, and safe.

Word Search — Section 6

Find the words from this section's Words to know. Words run across, down, or diagonally.

V	L	C	F	X	G	M	I	O	T	N	Z	I
S	Z	U	A	W	Y	V	H	U	R	P	W	Y
U	L	T	M	O	N	I	G	C	Z	H	N	C
P	Q	F	I	M	R	X	H	W	W	V	A	S
P	H	A	L	A	L	D	P	T	G	S	N	X
O	X	X	Y	Q	G	P	C	Y	Y	B	I	L
R	U	H	L	F	C	Z	Z	H	K	I	R	K
T	N	P	I	M	W	T	C	W	Z	B	Z	P
C	Q	Q	A	K	R	H	D	Y	B	S	J	H
H	N	F	I	C	V	W	X	J	G	P	S	H
E	Y	O	S	C	P	J	B	M	B	K	R	I
C	B	X	O	W	T	R	I	G	G	E	R	F
K	E	M	N	H	R	Y	E	E	F	X	A	C

Words to find: Supportcheck · Trigger · Familyliaison

Chapter Test — Section 6

Answer every question. Score 80% or higher to complete this section and earn its certificate. The answers are in the Answer Key at the back of this book — for parents, teachers, and self-checking after you finish.

1. In the lesson's worked scenario, a student's grades fall from Bs to Ds and an F, work stops for five weeks, and she sleeps in class after the school has already reached out twice. What does the school teach?

- A. Treat the grade pattern as proof of neglect and open an investigation at the door
- B. Send an officer to interview the child alone at school
- C. Conduct a planned support check — honest introduction, listening first — which in the lesson reveals an overnight-shift and childcare change, matched with school and community support
- D. Wait until the school reports a crime

2. What is the "trigger" in this program's grade proposal?

- A. A defined pattern — D or F grades across subjects, or chronically unfinished work persisting after the school's own outreach — that prompts a support check under this program's proposal
- B. Any single missed assignment
- C. A teacher's request to discipline a student
- D. A standing legal pipeline from report cards to police files

3. How should an officer read a child's silence at a home visit?

- A. A quiet child is always a fine child
- B. Silence has shapes — ordinary shyness warms up, while stillness that tracks a particular adult and does not lift is information for proper follow-up
- C. A quiet child should be questioned until they speak
- D. Silence at a visit proves a child is being coached

4. When judging a home a child lives in, what questions matter in this school's teaching?

- A. Whether the home is tidy and furnished to a comfortable standard
- B. Whether the parent is polite and lets officers in quickly
- C. Whether there are educational toys in the home
- D. Whether the child is fed, supervised, medically cared for, sent to school, and safe from harm — not the décor

5. What does the lesson say about interviewing a child about possible harm?

- A. Any officer may do it at the doorstep if the questions are gentle
- B. Parents should conduct it with an officer present
- C. It is specialist work — forensic interviewing of children is done by trained professionals under department procedures, and a leading question can harm both a child and a case
- D. It is the best way to open a support check

6. What distinguishes a school signal from an ordinary bad week?

- A. Grades are recorded, so each one is equally meaningful
- B. A single bad test is a bad week; a persistent pattern across subjects, after the school's own outreach, is a signal that a kind question is justified
- C. One failed test proves a household is in crisis
- D. Grades only matter at report-card time

7. How does a support check begin at the door?

- A. Name, department, and the plain reason — the school noticed the change, and the visit asks what shifted and whether support would help
- B. A suggestion that the family is in trouble with the school district
- C. A euphemism the family will not decode
- D. Questions about the child's work before any introduction

8. How does the grade-trigger proposal measure its own success?

- A. By arrests made at visited homes
- B. By how many families accept a brochure
- C. By whether officers feel the visits went well
- D. By family outcomes — children back in class, work returning, services connected — not by arrests, citations, or removals

9. In the lesson's second story, a boy's chronically unfinished homework turned out to be:

- A. Laziness, confirmed by three households
- B. A discipline problem the school should punish
- C. A small, specific, solvable problem — an eye exam and glasses — that each household assumed another had handled
- D. Proof that unfinished work always has a medical cause

10. How should information be shared between officers and schools in this work?

- A. Share everything with the school so educators feel informed

- B. Share the minimum, through the agreed channels, for the stated purpose — and tell families so in plain words
- C. Share nothing under any circumstances, even through agreed channels
- D. Let each officer decide what feels right to pass on

Certificate — Section 6

Minister Destiny Testimony Schools

Certificate of Completion — Section 6: Schools, Grades and Home Safety Checks: When School Struggles Signal a Need for Support, and Children Who Cannot Speak Up

This certifies that

Name (write your name here)

has completed

Minister Destiny Testimony Schools — Law Enforcement

Section 6: Schools, Grades and Home Safety Checks: When School Struggles
Signal a Need for Support, and Children Who Cannot Speak Up

Date completed: _____

Presented by **Minister Destiny Marie Morgan**, Minister & Founder

Congratulations. You have learned to hear the residents who cannot call for themselves — to treat a child's falling grades and unfinished work as a family asking, in the only language it has left, whether anyone will help before things get worse. Answering that knock with support is some of the most important work in this whole school. — Minister Destiny Marie Morgan

School completion and rank are school achievements only. It is not a law-enforcement rank, title, or credential, and it does not certify you for any duty.

Educational completion certificate only — not a state license, POST certification, or government credential.

Minister Destiny Testimony Schools — Law Enforcement

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Section 7 — Addiction Response: Care Instead of Confrontation, the Monitored Observation Unit Proposal, and the Hardest First Week of Withdrawal

Minister Destiny Testimony Schools — Law Enforcement

The lesson

1. What addiction looks like on a call — and what it is not

Addiction is a health condition that changes how a person seeks and uses a substance despite serious harm. On the street you do not diagnose it. You observe behavior, risk, and medical signs, and you respond to those. A person may be:

- **Intoxicated** — impaired by alcohol or another substance right now. Signs can include slurred speech, unsteady walking, confusion, drowsiness, agitation, or unusually slow or fast speech and movement. The same signs can also come from a head injury, low blood sugar, infection, or a mental health crisis, which is why Section 2 taught you to keep more than one explanation open.
- **In withdrawal** — sick because a substance the body has adapted to is wearing off. The person may be sweating, shaking, nauseated, anxious, aching, unable to sit still, or desperate to leave and use again to stop feeling ill. Withdrawal from alcohol and from sedative-type drugs can become medically dangerous. Withdrawal from opioids is usually described as intensely miserable and can still become dangerous, especially with vomiting, diarrhea, dehydration, pregnancy, or other health conditions.
- **At risk of overdose** — especially after a period without using, after leaving custody or treatment, or when a supply is stronger or different than expected. Slow, shallow, or stopped breathing, blue or gray lips or fingertips, pinpoint pupils with opioids, and being unable to wake up are emergency signs.

What addiction is not: it is not proof that a person is violent, lying about everything, or beyond help. It is not a character verdict you can make from one call. Many people you meet in addiction are also working, parenting, caring for elders, and trying — unevenly, and sometimes failing — to stop. Meeting them without contempt does not mean ignoring crime or danger. It means you separate the medical facts in front of you from the story you may have heard about the address, the family, or the person before you arrived.

The discipline of this section: ask, early and out loud if needed, “What medical problem could be driving what I am seeing, and who needs to be on the way while I sort out the rest?” That one question prevents a common error: spending ten minutes arguing with a symptom.

2. Minister Destiny's proposal — ambulance to a monitored observation unit

This is a proposal. It is not current agency policy in this lesson, and it is not presented as a service that exists in every community. Minister Destiny proposes that, where such a unit exists and department policy and medical direction allow it, officers should be able to offer — and arrange — ambulance transport to a **monitored observation unit** for a person in an addiction crisis who needs watching, basic care, and time, instead of the only choices being a confrontation on scene, an arrest, or a regular detox intake that the person may not be ready for, eligible for, or able to enter quickly.

In the proposal, a monitored observation unit would mean:

1. **A medical destination, not a punishment destination.** The person is transported by ambulance, assessed by medical staff, and watched for overdose, severe withdrawal, injury, and other emergencies. It is a place to stabilize and be observed, not a jail cell by another name.
2. **A bridge, not an endpoint.** While the person rests, eats, hydrates if medically appropriate, and is monitored, staff can offer connection to treatment, recovery support, housing help, and family contact — without forcing a long commitment in the worst hour.
3. **A calmer handoff.** The officer's job ends with a clear, factual handoff: what was observed, what was taken if known, when it was last taken if known, any medical complaints, any risks seen on scene, and what family or bystanders reported. No diagnosis, no promises about what the unit will do next.
4. **Voluntary where the law allows, lawful where it does not.** This proposal does not override the law, medical criteria, or department orders. Some situations involve danger, serious crime, or medical emergencies that require a hospital or custody under existing rules. The proposal is about adding a humane middle option where none exists, so help does not depend on an arrest to unlock it.

Why does Minister Destiny propose this? Because she has watched the current gap from the community side. A person who is high, sick, loud, or frightened may not meet hospital admission criteria, may be refused or delayed elsewhere, and may be too impaired for a simple “move along” to be safe. If the only tool left is force or a charge, the system teaches everyone watching the same lesson Section 1 warned about: calling for help makes things worse. A monitored unit, honestly labeled as a proposal to build and test, aims to break that lesson.

Until such a unit exists in your area, the practical habits still apply: call medical help early, transport to the destination your current policy and medical guidance direct, document the medical concern clearly, and tell the person plainly where they are going and why.

3. The hardest first week of withdrawal — what to expect

Families often tell officers, “He was doing fine in the program for two days and then he left.” Understanding the first week helps you explain, without diagnosing, why support matters most exactly when a person looks most difficult.

Withdrawal timing and severity vary by substance, amount, length of use, health, and whether more than one substance is involved. In general terms:

- **The first hours to days** can bring anxiety, restlessness, sweating, shaking, nausea, vomiting, diarrhea, muscle aches, racing heart, trouble sleeping, and powerful cravings. A person may beg to leave, argue with family, or promise anything to make the sickness stop. That bargaining is a symptom of distress, not proof that treatment “doesn't work.”
- **Alcohol and sedative withdrawal deserve extra caution.** Confusion, hallucinations, seizures, severe agitation, fever, and a racing or irregular pulse can signal a medical emergency. Do not treat a person in that state as simply drunk and difficult. Get medical help.
- **Stimulant crashes** can look different: exhaustion, sleeping for long stretches, low mood, irritability, increased appetite, and intense craving when energy returns. Low mood and talk of hopelessness should always prompt a careful suicide-risk response and connection to help, including 988.
- **The days after the worst physical sickness** are often when people leave help. The body feels a little better, sleep is still broken, emotions are raw, and cravings surge when the person passes old places, people, and stress. Families need to hear that leaving early is common — and that returning to help quickly matters more than shame.

What this means for you on scene: do not mock, threaten, or “test” a person in withdrawal. Do not tell a family that one week fixes addiction. Do say, plainly and kindly: “The first days are the hardest for a lot of people. Medical staff need to judge what is safe. If breathing slows, if he can't stay awake, if there is confusion, seizure, chest pain, or talk of harming himself, call 911 right away.” Clear expectations help families call earlier next time — for medical help, not only for enforcement.

4. Step by step — a safer addiction response on scene

Where your department policy, medical guidance, and the law direct otherwise, follow them. Within that frame, this school teaches the following sequence:

1. **Slow the scene down.** Park the urgency where you safely can. One officer speaks. Lower your volume before you ask anyone else to lower theirs. Give physical space unless there is an immediate safety reason not to.
2. **Scan for medical emergencies first.** Can the person stay awake? How is the breathing? Any blue or gray color, seizure, chest pain, head injury, vomiting while drowsy, or talk of self-harm? If yes, call for an ambulance and 911 medical response as your role requires, and stay until handoff if directed.

3. Ask short, concrete questions. “What did you take?” “When?” “How much, as best you know?” “Have you had alcohol or any pills today too?” “Are you hurt anywhere?” “Who can we call for you?” Write down answers as reported, not as proven facts.

4. Separate people from the problem. Move arguing family members or bystanders apart if you can do so safely. Speak to the person in crisis away from an audience. Protect children from watching restraints, searches, or medical distress up close whenever scene safety allows.

5. Name the plan in plain language. “I am calling an ambulance because I am worried about your breathing and how sick you are. They will check you and take you to be watched. I will tell them what you told me.” Predictability reduces panic.

6. Use the least force the situation truly requires, under your training and orders. Agitation can rise with pain, fear, withdrawal, and feeling cornered. Reassess as medical help arrives; a person who was standing and arguing can deteriorate quickly.

7. Hand off facts, then document facts. What you saw, what was reported, times, medical concerns, who transported, and where. Leave moral judgments out of the report. A clean factual record helps the next helper — clinician, family member, or officer — start from truth.

What NOT to do: Do not tell a person to “sleep it off” in a place where no one will check breathing. Do not use withdrawal sickness as leverage (“agree or else”). Do not promise treatment, a bed, or that no arrest will ever happen if you cannot guarantee it. Do not search a home or seize items beyond your lawful authority because addiction is present. Do not repeat a person's medical details to neighbors or onlookers who have no need to know.

5. Families, overdoses, and the minutes after

Many addiction calls are really family calls. A parent, partner, or adult child has reached the end of watching someone they love disappear into a substance, and the call to police is part fear, part grief, part hope that someone official can force a change. You cannot deliver that change in one visit. You can avoid making the family regret calling.

If naloxone is part of your department's equipment and training, use it as trained when opioid overdose is suspected, and always pair it with emergency medical response — a person can become ill again as it wears off, and other substances or medical problems may also be present. If you are not equipped or trained for it, your job is still vital: recognize the emergency, call it in clearly, protect the airway only as trained, and guide the ambulance in.

After a non-fatal overdose or a transport, speak to family briefly and privately if scene conditions allow:

- Tell them what destination you know, in general terms, and how they can follow up through the hospital or facility's own process.

- Encourage them to write down what substance was involved if known, and any changes they noticed, for medical staff.
- Share the resources at the end of this section exactly as listed — especially SAMHSA, 1-800-662-4357, for treatment referrals, and 988 if anyone in the home is in emotional crisis.
- If the person who overdosed is a parent and children are present, attend to the children's immediate safety and comfort, and follow your reporting and department duties. Do not interview young children about a parent's drug use beyond what safety requires in the moment.

Close the call without a lecture. “I know this was frightening. You did the right thing calling for medical help when breathing changed. Here is where to call for treatment information.” Families remember whether the officer treated their loved one as a person. That memory decides whether the next call comes in time.

Words to know — Section 7

- **Addiction** — a health condition in which a person continues seeking and using a substance despite serious harm, often with cravings and loss of control.
- **Intoxication** — impairment happening right now because a substance is active in the body.
- **Withdrawal** — sickness and distress that happen when a substance the body has adapted to is reduced or stopped.
- **Overdose** — a medical emergency in which a substance overwhelms the body, especially breathing and consciousness.
- **Monitored observation unit (proposal)** — Minister Destiny's proposed medical setting where a person in addiction crisis is transported by ambulance, assessed, and watched safely while connections to help are offered; labeled as a proposal, not agency policy.
- **Handoff** — the factual transfer of what was observed and reported from officer to medical staff or the next helper.
- **Craving** — a strong urge to use again, often triggered by sickness, stress, people, or places linked to past use.
- **Co-occurring conditions** — when addiction occurs together with another health condition, such as depression, trauma symptoms, or a physical illness.
- **Stabilize** — to bring an immediate medical risk under control so a person can be assessed and helped safely.

Myths vs facts — Section 7

- **Myth:** A person in withdrawal is just being dramatic and could stop if they wanted to.
- **Fact:** Withdrawal is a physical process. Some forms are medically dangerous, and

cravings and sickness in the first days are a common reason people leave help early.

- **Myth:** If someone can talk and argue, they cannot be overdosing. **Fact:** A person's condition can change quickly. Breathing, color, and ability to stay awake matter more than loudness, and medical assessment is the safe course when emergency signs appear.

- **Myth:** Transport for observation is “going easy” and teaches nothing. **Fact:** Medical monitoring prevents deaths and creates a bridge to treatment. Accountability for any actual crime is a separate legal question; it does not require withholding medical help.

- **Myth:** Families call police about addiction only to get someone arrested. **Fact:** Many families call because they are frightened and out of options. How the call is handled shapes whether they call early for medical help next time.

Think it through — Section 7

The situation: At 2 a.m. you are called to an apartment for a disturbance. A woman meets you at the door crying. Her brother, in his thirties, is pacing, sweating, and holding his stomach. Empty packaging on the table suggests recent drug use, but you did not see him take anything. He shouts that he needs to leave, then sits down suddenly and becomes very drowsy. His breathing looks slow. His sister says, “He was gone for three weeks getting clean. He came home yesterday.” A neighbor in the hallway is filming.

Walk it through:

1. **Name the emergency first.** Sudden drowsiness with slow breathing after possible use, especially after three weeks without using, is an overdose risk until medical staff say otherwise. The disturbance complaint is no longer the main problem.
2. **Call medical help and act as trained.** Request an ambulance through 911 as your role requires, give the breathing and consciousness facts clearly, and use any overdose-response training and equipment your department authorizes without delay.
3. **Manage the audience.** Ask the neighbor to step back and stop blocking the hallway. You do not need a speech about filming; you need space for medical responders and privacy for a medical crisis.
4. **Gather only the facts that change care.** Ask the sister, briefly: what he may have taken, when, whether alcohol or pills were also involved, and any health conditions she knows. Report her answers as her report.
5. **Explain the destination honestly.** Tell her he needs medical assessment and monitoring. If a monitored observation unit existed locally and transport there was authorized, this is the kind of case the proposal was designed for. Where it does not, say he will go where medical guidance directs and that you will hand off what she told you.
6. **Document observations, not conclusions.** “Became drowsy, breathing appeared slow, sister reported three weeks without use” is a record that helps. “Relapsed junkie

caused disturbance” helps no one and harms trust.

One more real-life story — Section 7

A father calls from a driveway. His adult daughter, recently started in treatment, is shaking, vomiting, and begging him to drive her to buy alcohol “just to stop this.” She had been drinking heavily for years and stopped two days earlier. The father is torn between giving in, calling police to frighten her into staying, and driving her to an emergency department himself while she thrashes in pain.

The responding officer does not threaten arrest and does not debate whether she is “sick enough.” He recognizes that withdrawal after heavy, long-term alcohol use can become dangerous, keeps her seated and supervised, and calls for an ambulance. To the father he says: “You did right not to try to manage this in the car. Medical staff need to watch this kind of withdrawal.” To the daughter he says only: “Help is coming to get you checked. I will tell them when you stopped and how sick you feel.”

Takeaway: The officer could not finish her recovery in a driveway. He did the thing that mattered in that hour: he treated dangerous withdrawal as medical, removed the need for force or bargains, and left the father believing that calling early was the right choice.

Try this — Section 7

Practice this seven-point check until you can say it without notes:

- Awake? Breathing? Color? — emergency signs checked first
- Medical help requested early when emergency signs are present
- One calm voice, space given, audience moved back
- Short questions asked: what, when, how much, what else, injuries, who to call
- Plan stated in plain language before transport
- Facts handed off and documented — observed vs. reported kept separate
- Family given SAMHSA, 1-800-662-4357, and 988 where crisis support is needed, exactly as listed in Resources

Then rehearse one sentence for families: “The first days of withdrawal are often the hardest, and some kinds are dangerous — medical staff need to judge what is safe, and calling 911 quickly for breathing changes, confusion, seizures, or chest pain is always the right move.”

Resources to keep — Section 7

- **Emergency:** 911 — for overdose signs, trouble breathing, seizures, chest pain, confusion, or any immediate danger.

- **SAMHSA National Helpline:** 1-800-662-4357 — free, confidential treatment referral and information for substance use.
- **988 Suicide and Crisis Lifeline:** Call or text 988 — for emotional crisis, including for family members supporting someone else.
- **Crisis Text Line:** Text HOME to 741741 — text-based crisis support.
- **Poison Control:** 1-800-222-1222 — for poisoning and substance-exposure guidance.
- **On scene:** Your department's crisis-intervention team, a co-response clinician if your department has one, and the local hospital for medical assessment and handoff.

What you earned / what's next — Section 7

Section 7 complete (quiz score 80% or higher): You can recognize addiction, intoxication, withdrawal, and overdose risk as medical facts to respond to, explain Minister Destiny's monitored observation unit proposal accurately as a proposal, describe why the first week of withdrawal is the hardest, and run a calmer, fact-based handoff to medical help.

Word Search — Section 7

Find the words from this section's Words to know. Words run across, down, or diagonally.

C	U	E	A	M	H	O	J	K	E	P	C	A
W	I	Q	W	S	R	V	K	H	M	J	K	D
E	N	S	I	E	O	E	S	E	N	U	G	B
W	T	T	T	D	C	R	J	T	V	F	U	O
C	O	A	H	A	D	D	I	C	T	I	O	N
R	X	B	D	W	N	O	X	A	Z	U	F	G
A	I	I	R	L	I	S	K	V	J	A	H	A
V	C	L	A	O	E	E	F	E	W	F	A	H
I	A	I	W	Q	M	U	C	U	L	E	N	T
N	T	Z	A	X	B	Q	T	V	O	V	D	O
G	I	E	L	S	K	Z	L	L	E	G	O	G
G	O	M	M	H	B	M	N	T	D	B	F	B
D	N	S	P	G	U	Z	X	I	G	U	F	D

Words to find: Addiction · Intoxication · Withdrawal · Overdose · Handoff · Craving ·
Stabilize

Chapter Test — Section 7

Answer every question. Score 80% or higher to complete this section and earn its certificate. The answers are in the Answer Key at the back of this book — for parents, teachers, and self-checking after you finish.

1. What is addiction, as this school teaches it?

- A. A verdict that the person is violent and beyond help
- B. A health condition in which a person keeps seeking and using a substance despite serious harm
- C. Any single use of a substance
- D. A diagnosis an officer makes on scene from behavior alone

2. How must Minister Destiny's monitored observation unit idea be presented?

- A. Present it as an existing department service everywhere
- B. Use it only for people who have already been arrested
- C. Teach it and label it as a proposal — a medical destination where an authorized program exists, not current agency policy
- D. Promise it to families as a guaranteed bed

3. Which signs during alcohol or sedative withdrawal signal a possible medical emergency?

- A. Confusion, hallucinations, seizures, severe agitation, or fever during withdrawal — get medical help
- B. Mild craving on the first day
- C. Trouble sleeping after the worst sickness passes
- D. Arguing with family about leaving treatment

4. A family says their son keeps trying to leave treatment on day two of withdrawal. What does this school teach you to say?

- A. Mock the bargaining so the person gets serious
- B. Promise that one week fixes addiction
- C. Threaten arrest to keep them in treatment
- D. Explain that the first days are the hardest for many people, that medical staff must judge safety, and that returning to help quickly matters more than shame

5. In the lesson's worked scenario, a man who may have used after three weeks clean becomes suddenly drowsy with slow breathing. Your first move is:

- A. Finish the disturbance investigation — noise was the call

- B. Treat sudden drowsiness with slow breathing after possible use, especially after weeks without using, as an overdose risk and get medical help moving
- C. Let him sleep while you interview the sister
- D. Ask the filming neighbor to describe what happened

6. What belongs in a good handoff and report on an addiction call?

- A. Your diagnosis of what he took
- B. A promise about what the facility will do next
- C. What was observed, what was reported and by whom, times, medical concerns, who transported, and where
- D. Your opinion of the family's role in the addiction

7. Which response fits this school's step-by-step addiction response?

- A. Call medical help early, speak in plain language about the plan, and separate the person from the audience
- B. Spend ten minutes arguing the person into calm
- C. Tell the person to sleep it off where no one will check breathing
- D. Use withdrawal sickness as leverage to gain agreement

8. Why does an addiction call involving a parent require attention to the children present?

- A. It cannot affect them once the substance wears off
- B. Only through the person's own statements
- C. Only if a child was present
- D. A parent's arrest or crisis in the home can affect children present, their immediate safety and comfort, and follow-up duties under law and policy

9. Which resource gives free, confidential treatment referral and information for substance use?

- A. 911
- B. SAMHSA, 1-800-662-4357
- C. Poison Control
- D. The Domestic Violence Hotline

10. A person in possible overdose can talk and argue. What matters most in judging danger?

- A. Loudness — a person arguing cannot be in danger
- B. Whether the person has a record

- C. Breathing, color, and ability to stay awake, with medical assessment when emergency signs appear
- D. Whether family members are calm

Certificate — Section 7

Minister Destiny Testimony Schools

Certificate of Completion — Section 7: Addiction Response: Care Instead of Confrontation, the Monitored Observation Unit Proposal, and the Hardest First Week of Withdrawal

This certifies that

Name (write your name here)

has completed

Minister Destiny Testimony Schools — Law Enforcement

Section 7: Addiction Response: Care Instead of Confrontation, the Monitored Observation Unit Proposal, and the Hardest First Week of Withdrawal

Date completed: _____

Presented by **Minister Destiny Marie Morgan**, Minister & Founder

Congratulations. You have learned to meet addiction first as a health crisis — to watch breathing before winning arguments, to hand off facts with care, and to leave families glad they called for help in time. That is how lives are saved on ordinary shifts. — Minister Destiny Marie Morgan

School completion and rank are school achievements only. It is not a law-enforcement rank, title, or credential, and it does not certify you for any duty.

Educational completion certificate only — not a state license, POST certification, or government credential.

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Section 8 — Domestic Violence and Families Under Stress: Assisting Families Safely in All Circumstances

Minister Destiny Testimony Schools — Law Enforcement

The lesson

1. What domestic violence is — pattern, power, and stress are not the same thing

Domestic violence is a pattern of behavior used to control a partner or family member. It can include physical harm, threats, sexual coercion, destroying property, controlling money, isolating a person from family and friends, monitoring phones and movements, threatening children or pets, and using immigration status, disability, faith, or a record as leverage. A single loud argument between equals is not the same as a pattern of control, and telling the difference matters for safety and for the law.

Families under stress are a wider group. Job loss, eviction pressure, illness, addiction, a new baby, caring for a parent with dementia, a child in crisis — stress can fill a home until ordinary conflict spills into shouting, slammed doors, and neighbors calling. Stress does not excuse harm, and harm does not disappear because stress explains it. Your task is to hold both truths: respond firmly to danger and crime as the law and your orders require, and respond humanely to the pressure around it so the family can accept help.

Watch for **coercive control** — the quiet pattern underneath many “quiet now” scenes:

- One person answers every question, holds all documents and money, or will not leave the other alone with you.
- The other person checks that person's face before answering, apologizes repeatedly, or minimizes injuries in a frightened way.
- A partner tracks location constantly, controls transportation, or has damaged phones so help cannot be called.
- Children position themselves between adults, translate adult conflict, or go silent in a practiced way.

None of these observations alone proves a crime. Together they tell you to slow down, separate people for private conversation where your training and policy allow, and take the less powerful person's account seriously even if they later hesitate to cooperate. Hesitation is common. It can come from fear, financial dependence, love, shame, faith or family pressure, concern for children, or prior experiences where calling did not help. It is not proof that nothing happened.

2. Arriving and making the scene safe — step by step

Domestic calls are among the most unpredictable calls in policing. Follow your department training, tactics, and orders first. This school adds a communication and family-safety sequence that fits inside that frame:

1. **Listen before you knock if you safely can.** Voices, crying, silence after noise, sounds of struggle — what you hear in the first seconds is evidence and safety information. Note it factually.
2. **Announce clearly and give a moment.** State who you are and why you are there in plain language. A household in panic needs to know the knock is police, not the return of a person who left threatening harm.
3. **Control space without crowding.** Separate parties for interviews where policy and safety allow, ideally out of each other's hearing. Keep exits in mind for everyone, including yourself. Do not interview a possible victim in front of the person they may fear.
4. **Attend to injuries and children early.** Ask about injuries even when none are obvious. Ask whether anyone needs an ambulance. Notice where children are, who is holding them, and whether they are hurt, ill, or alone in another room.
5. **Use names and calm, short sentences.** “I am here to make sure everyone is safe tonight. I will speak with each of you separately. Medical help is available.” Avoid profanity, sarcasm, and threats used as shortcuts — Section 3 taught why they escalate homes already at the edge.
6. **Slow down decisions that do not have to be instant.** Arrests, removals, and referrals follow law and policy. Explanations, resource offers, and safety planning deserve the extra two minutes that make them usable.
7. **Before you leave, state the plan.** Who is staying, who is leaving if anyone, what happens next in general terms, how to call back, and what to do if the situation reignites. Uncertainty after police leave is its own danger.

What to expect in real life: the home may go quiet the moment you enter. Quiet is not the same as safe. People may recant, argue with each other about calling, direct anger at you, or beg you not to document injuries. Children may cling or hide. A person who harmed someone may be calm, polite, and highly organized in explaining why the frightened person is “unstable.” Presentation is information, not a verdict. Document what each person said in their own words, what you observed, and what you did — separately.

3. Talking with a person who may be a victim — without taking their choices away

How you ask determines what you learn. A person who has been controlled all day does not open up because an officer demands a full account in a doorway. Where safety and policy allow a private conversation, this school teaches:

- **Start with safety and belief in the process, not pressure for an outcome.** “I take what happened here seriously. I want to understand what you need to be safe tonight.” Do not promise an arrest, a removal, a court result, or confidentiality you cannot keep — your reporting and legal duties have limits, and honesty about them builds more trust than a promise you break.

- **Ask open, concrete questions.** “Tell me what happened before we were called.” “Has anything like this happened before?” “Are you hurt anywhere?” “Is there anything in the home you are afraid will be used to hurt someone?” “Who else lives here, and where are the children?”

- **Ask about strangulation, weapons, threats to kill, and escalating control directly and calmly,** and treat reports of them as serious safety information for medical referral and documentation under your policy. A person may minimize because they are in shock or because they fear the consequences of telling. Record their words exactly.

- **Offer medical care even when injuries look minor.** Some injuries worsen or are not visible. Let medical staff assess. If the person declines, note the offer and the decline without arguing.

- **Do not conduct couples counseling on scene.** Do not ask a frightened person to “work it out” face to face with the person they fear, do not carry messages that pressure them to forgive, and do not share their safety plan or new location with the other party.

- **Name options, not orders, where choice exists.** Protective orders, shelter, advocacy, medical care, and follow-up reporting can be explained in general terms with referral to the resources in this section and your department's victim-services process. Legal specifics belong to courts and advocates; your gift on scene is a clear, unhurried explanation and a written resource the person can keep where it is safe to keep it.

If the person chooses not to leave, not to seek care, or not to support a case, you may feel the visit failed. It did not, if you documented carefully, enforced the law as required, reduced immediate danger, and left a door open. Many people use help on the second, third, or fifth contact. Each respectful contact makes that later use more likely.

4. Children, elders, and others in the home

A domestic call exposes everyone in the household, not only the two adults at the center of the report.

Children: Get down to eye level if you speak with them, keep questions brief and focused on immediate safety and well-being, and follow your training and legal duties for child-safety concerns. Do not ask a child to choose sides, carry messages, or describe adult sexual matters. Notice basics: supervision, injuries, whether a very young child was left alone, whether a child intervened. If you have concerns that meet reporting thresholds, follow Massachusetts reporting duties and department policy exactly — this lesson does

not replace that training. For immediate child-safety guidance, Childhelp, 1-800-422-4453, is listed in Resources. A child who watched violence may show no tears at all; flat calm is a common stress response, not evidence a child was unaffected.

Elders and adults who depend on care: Ask who provides care, medication, mobility help, and money management. A caregiver who is also the source of fear leaves a dependent adult with no safe way to call. Speak with the dependent adult alone where possible, at their pace, and watch for untreated needs, confusion, or fear of a specific person.

People who use substances or live with mental illness may be victims, witnesses, or the person accused — sometimes more than one of those in the same household history. Do not let a diagnosis or intoxication erase a person's account. Assess each person's safety and conduct on the facts of this call, get medical help where signs require it (Sections 7 and 9), and document carefully.

Pets matter more than reports often admit. Threats to animals are a known control tactic, and some people delay leaving because no shelter plan includes a beloved pet. Ask whether animals are hurt or threatened, note it, and include it in referrals to advocates, who may know local options. Do not promise a placement you cannot arrange.

5. Leaving the family safer — documentation, referrals, and follow-through

The last five minutes decide much of the value of the call. This school's closing checklist:

- 1. Separate facts from interpretations in your report.** Injuries described and photographed only as policy authorizes; statements in quotation where possible; children and others present named; prior-pattern information labeled as reported, not established, unless verified through proper channels.
- 2. Complete required notifications and referrals** under department policy — victim advocates, child or elder services where thresholds are met, and supervisory review where required.
- 3. Give resources in a form that is safe to take.** A small card or written number may be safer than a loud announcement in front of the other party. Offer the National Domestic Violence Hotline, 1-800-799-7233, or text START to 88788, and RAINN, 1-800-656-4673, where sexual harm is involved. Ask privately: “Is it safe for you to keep this, or is there a safer way to reach help?” A phone that is monitored makes a saved hotline number a risk; advocates can safety-plan around that.
- 4. Make a concrete tonight-plan.** Where will each person sleep? Who has the children? How will medication, keys, documents, and a charged phone be handled? Who is the neighbor, relative, or friend who can be called? Vague advice to “stay safe” helps no one at 3 a.m.
- 5. Explain how to call again — and mean it.** “If shouting starts again, if he returns after being told to leave under a court order, if you feel unsafe — call 911. You will not be wasting our time.” Families who were told that sincerely, by an officer who treated

them with respect, call earlier. Earlier calls save lives.

What NOT to do: Do not take sides based on who called first, who is calmer, or who owns or rents the home. Do not threaten to arrest everyone or remove children as a way to force calm if that is not the lawful, intended action. Do not leave a written resource where the person who caused harm controls access to it without asking about safety. Do not discuss one party's private disclosures with the other. Do not depart the moment voices drop if injuries, weapons, court orders, or child-safety questions remain unresolved under your duties.

Words to know — Section 8

- **Domestic violence** — a pattern of harmful behavior used to control a partner or family member, which can be physical, sexual, emotional, economic, or technological.
- **Coercive control** — ongoing tactics — isolation, monitoring, threats, and control of money, movement, or communication — that strip a person's freedom even without a new physical assault.
- **Victim / survivor** — terms for a person harmed by abuse; “survivor” is preferred by many advocates, and officers should follow the person's own language where possible.
- **Safety plan** — a practical, personal plan for staying safer: safe rooms and exits, trusted contacts, essentials ready, code words, and how to call for help.
- **Protective order** — a court order that can require a person to stay away, have no contact, or follow other conditions; specifics and enforcement follow the court and the law.
- **Strangulation** — pressure to the neck that impedes breathing or blood flow; a serious reported act that requires careful medical referral and documentation under policy.
- **Advocate** — a trained support person, often with a hotline or agency, who helps a victim with safety planning, options, and connections to services.
- **Lethality risk** — factors that raise concern that abuse could become fatal, such as escalating threats, weapons, strangulation, and attempts to leave.
- **Separation risk** — the well-recognized danger period when a person tries to leave or has recently left a controlling partner.

Myths vs facts — Section 8

- **Myth:** If it were really that bad, the victim would just leave. **Fact:** Leaving is often the most dangerous time, and control over money, housing, children, documents, and transportation can make leaving a process that needs planning and support — not a single brave moment.
- **Myth:** The calmer person at the door is the truthful one. **Fact:** Calm and distress are both common responses to crisis. Facts, injuries, statements, and patterns —

documented separately — are more reliable than presentation.

- **Myth:** A victim who recants means nothing happened. **Fact:** Recanting is common under fear, pressure, dependence, and shock. Your careful documentation of the first account and the scene still matters.
- **Myth:** Domestic calls are private family business police should exit quickly. **Fact:** Homes are where victims and children are least able to call for help. A thorough, lawful, respectful response is core public-safety work.

Think it through — Section 8

The situation: Neighbors report shouting and a child crying in the apartment below. At the door, a man answers quickly, smiling, and says the family was “just watching a game.” Behind him you see a woman holding a toddler. She has a reddened cheek, will not look at you, and says “I’m fine” each time the man glances at her. A phone with a cracked screen lies on the floor. The man holds both sets of keys and keeps answering questions directed to her. The toddler is quiet and grips the woman's shirt.

Walk it through:

1. **Your first read is pattern, not performance.** A man controlling answers, keys, and eye contact, a woman minimizing injury while checking his face, and a broken phone together justify slowing down and separating the conversation — they do not, by themselves, conclude your investigation.
2. **Separate within policy and safety.** Speak with the woman out of the man's hearing, with the toddler kept comfortable. Speak with the man separately with a partner officer if available. Do not let either interview be monitored by the other.
3. **Ask her directly and privately.** What happened to her cheek? What happened to the phone? Has she been hurt or threatened before? Is she afraid of anything tonight? Does she want medical care? Her answers, pauses, and exact words are documented; a private setting is what makes honest answers possible.
4. **Attend to the child without interrogating.** Observe the toddler's condition, ask the caregiver about immediate needs, and follow child-safety duties under law and policy. The child's grip and silence are observations, not conclusions.
5. **Decide and explain by facts and law.** Enforcement, medical referral, and service referrals follow what you found and your orders — not who performed better at the door. Before leaving, give her resources privately and ask whether keeping them is safe, and make sure she hears how to reach 911 again without the man's permission.
6. **Write it so the next reader sees clearly.** Statements separated by person, injuries described factually, the cracked phone and key control noted as observed, offers of help and responses recorded. That report may protect this family months from now.

One more real-life story — Section 8

An officer returns to a house she visited twice before. This time no one is injured. A grandmother has moved in after a fall, the couple's work hours were cut, and their teenage son has been sleeping on a friend's couch to escape nightly shouting. The wife meets the officer on the porch and says, embarrassed, “Nothing happened. I don't know why the neighbor called. We're just... underwater.”

Instead of treating the absence of a new assault as an absence of work, the officer confirms no one is hurt, asks privately whether either partner feels unsafe tonight, and spends three minutes on concrete help: the son's whereabouts confirmed by phone, a plan for the grandmother's morning medication, and the hotline number given to the wife with the question, “Is it safe to keep this in your coat pocket?” She documents a stress call with no new offense found, notes the referrals offered, and tells both partners how to call before shouting becomes something worse.

Takeaway: Not every family call ends in enforcement, and that is not failure. Assisting a family under stress — safely, privately, and with usable next steps — is part of the same mission: fewer injuries, earlier calls, and children who learn that help can arrive without humiliation.

Try this — Section 8

Rehearse the private-conversation opener until it sounds natural, then practice the closing checklist:

Opener: “I want to speak with you alone for a few minutes so you can talk freely. I take safety in this home seriously. Are you hurt anywhere, and is there anything you are afraid will happen tonight?”

- Parties separated for private conversation where policy and safety allow
- Injuries asked about and medical care offered
- Children, elders, and dependent adults located and their immediate needs checked
- Each person's account documented in their own words, separate from your conclusions
- Resources offered privately, with a safety check: “Is it safe to keep this?”
- Tonight-plan stated before leaving: sleeping arrangements, children, essentials, how to call 911 again

Resources to keep — Section 8

- **Emergency:** 911 — for immediate danger, injuries, or a person returning in violation of a court order.
- **National Domestic Violence Hotline:** 1-800-799-7233 / text START to 88788 — confidential support, safety planning, and local referrals, day or night.
- **RAINN (sexual assault):** 1-800-656-4673 — confidential support for sexual harm.

- **Childhelp National Child Abuse Hotline:** 1-800-422-4453 — guidance when a child's safety is a concern.
- **988 Suicide and Crisis Lifeline:** Call or text 988 — for any household member in emotional crisis.
- **Crisis Text Line:** Text HOME to 741741 — silent, text-based help when speaking aloud is unsafe.
- **On scene:** Your department's crisis-intervention team, victim advocates through your department's process, a co-response clinician if your department has one, and the local hospital for medical assessment.

What you earned / what's next — Section 8

Section 8 complete (quiz score 80% or higher): You can distinguish a pattern of coercive control from ordinary stress, run a safer separated response on a domestic call, speak privately with a person who may be a victim without pressuring or promising what you cannot deliver, attend to children and dependent adults in the home, and close with documentation and resources a family can actually use.

Word Search — Section 8

Find the words from this section's Words to know. Words run across, down, or diagonally.

N U X K T T P V D Y X S L
C S A Q S Y H T A R X T E
Y X C L N H D E W Z M R T
O K U X C Z B I Q S G A H
I W I U I Y J O F H A N A
L W P I P G D B N J C G L
A G I I T Y C U E P V U I
H F S Z T N X X N Q V L T
X K H L R D J O S D K A Y
I R X A D V O C A T E T R
E F K B K Q P F B O K I I
V S A F E T Y P L A N O S
Z Z O D T F M U M H E N K

Words to find: Safetyplan · Strangulation · Advocate · Lethalityrisk

Chapter Test — Section 8

Answer every question. Score 80% or higher to complete this section and earn its certificate. The answers are in the Answer Key at the back of this book — for parents, teachers, and self-checking after you finish.

1. What is coercive control?

- A. Ongoing tactics — isolation, monitoring, threats, and control of money, movement, or communication — that strip a person's freedom
- B. Any argument between partners
- C. A single instance of shouting
- D. A victim's decision to stay in a relationship

2. A victim later recants an account of abuse. This school teaches:

- A. It proves nothing happened
- B. It means the first officer exaggerated
- C. It is common under fear, pressure, dependence, and shock — careful documentation of the first account and scene still matters
- D. It closes the case permanently

3. On a domestic call, one party is calm and organized while the other is frightened and minimizing. How should you weigh this?

- A. The louder person
- B. Presentation is information, not a verdict — document each person's words, observations, and actions separately
- C. Whoever owns or rents the home
- D. Whoever is calmer is truthful

4. Which approach fits talking with a person who may be a victim?

- A. Promise her an arrest and a court outcome
- B. Ask her to work it out face to face with him now
- C. Share her safety plan with both parties so everyone is informed
- D. Start with safety, ask open and concrete questions privately, offer medical care, and promise nothing you cannot deliver

5. In the worked scenario, a man answers every question for his partner, holds both sets of keys, and a cracked phone lies on the floor. The school's read is:

- A. That he was just watching a game
- B. Pattern observations — controlling answers, keys, and eye contact; a minimized injury; a broken phone — justify slowing down and separating the conversation

- C. That the toddler's silence proves abuse
- D. Nothing — the home was quiet when you entered

6. Before leaving written resources with a victim whose phone may be monitored, what should you do?

- A. Ask privately: “Is it safe for you to keep this, or is there a safer way to reach help?”
- B. Announce the hotline number loudly to the whole home
- C. Leave the card with the other party to pass along
- D. Save the number into the victim's phone yourself

7. How should children be handled during a domestic call?

- A. Ask them to choose which parent is telling the truth
- B. Have them interpret for their parents
- C. Keep questions brief and focused on immediate safety, follow child-safety duties, and never make a child carry messages or sides
- D. Interview them in detail about adult sexual matters

8. A child who watched violence sits flat and tearless. This school teaches that flat calm is:

- A. A definite sign the child was unaffected
- B. A common stress response — an observation, not evidence the child was unaffected
- C. A reason to question the child at length
- D. Proof the call was exaggerated

9. What is the National Domestic Violence Hotline as listed in this course?

- A. 1-800-422-4453
- B. 1-800-662-4357
- C. 1-800-222-1222
- D. 1-800-799-7233, or text START to 88788

10. Why does this school reject the myth “if it were that bad, the victim would just leave”?

- A. It can be the most dangerous time, and control over money, housing, children, and documents makes leaving a process needing planning and support
- B. Because victims usually do not mean it
- C. Because shelters are always full
- D. Because police cannot help once someone leaves

Certificate — Section 8

Minister Destiny Testimony Schools

Certificate of Completion — Section 8: Domestic Violence and Families Under Stress: Assisting Families Safely in All Circumstances

This certifies that

Name (write your name here)

has completed

Minister Destiny Testimony Schools — Law Enforcement

Section 8: Domestic Violence and Families Under Stress: Assisting Families Safely in All Circumstances

Date completed: _____

Presented by **Minister Destiny Marie Morgan**, Minister & Founder

Congratulations. You have learned to enter a family's worst hour with steadiness — to listen for the quiet pattern under the noise, to protect the person with the least power in the room, and to leave behind a plan instead of only a warning. Families remember that, and they call sooner because of it. —

Minister Destiny Marie Morgan

School completion and rank are school achievements only. It is not a law-enforcement rank, title, or credential, and it does not certify you for any duty.

Educational completion certificate only — not a state license, POST certification, or government credential.

Minister Destiny Testimony Schools — Law Enforcement

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Section 9 — Mental Health Crises: Safe Response and Help Instead of Charges Where Possible

Minister Destiny Testimony Schools — Law Enforcement

The lesson

1. What a mental health crisis is — and what can look like one

A mental health crisis is a state in which a person's thoughts, emotions, or perceptions overwhelm their ability to stay safe or care for themselves. It can involve intense anxiety or panic, depression with talk of suicide, mania with racing speech and no sleep, psychosis with hallucinations or fixed false beliefs, severe agitation, or a shutdown in which the person barely speaks or moves. A crisis is an episode, not an identity. The same person may be a competent worker, parent, and neighbor on most days.

Several other conditions can look similar at first contact, and Section 2 trained you to keep them in mind:

- **Medical problems** — head injury, infection, seizure aftermath, low blood sugar, stroke, and other emergencies can cause confusion, slurred speech, aggression, or strange statements.
- **Substances** — intoxication and withdrawal (Section 7) can mimic or intensify mental health symptoms, and the two often occur together.
- **Trauma responses** — a person triggered into reliving danger may shout, flee, freeze, or fight without any intent to attack you.
- **Developmental disability and dementia** — communication differences and confusion can be misread as refusal or deceit (Section 11 goes deeper).

You are not required to sort the cause on a sidewalk. You are required to notice that a health explanation is plausible, rule out immediate medical danger as your training allows, and choose tactics — distance, calm speech, medical and crisis help early — that do not depend on knowing the exact diagnosis. **The working rule: strange is not the same as dangerous, and loud is not the same as violent.** Assess actual behavior: What is the person doing? Is anyone in immediate danger, including the person? What would make this scene safer in the next two minutes?

Warning signs that raise urgency: stated intent to die or to harm someone, with a plan or access to means; a weapon in hand or close by; movement toward traffic, heights, water, or another lethal hazard; severe agitation that is escalating despite space and calm; confusion combined with fever, injury, seizure, or inability to stay awake; and a person who cannot say where they are, cannot care for a dependent child present, or has stopped eating, drinking, or taking essential medication in a way family describes as a sharp change.

2. Talking with a person in crisis — communication that lowers danger

A person in crisis is often frightened — of you, of what they perceive, of being taken away, of the voices or thoughts themselves. Communication is your primary tool for buying safety:

- **Introduce yourself and your purpose, once, clearly.** “I am Officer —. I am here because people were worried about you. I want to understand what is happening and help you stay safe.” Then be quiet long enough for an answer that may come slowly.
- **One voice.** One officer speaks; others manage space, bystanders, and information. Competing commands terrify and confuse.
- **Short sentences, ordinary words, unhurried pace.** Ask one question at a time. Offer simple choices where a real choice exists: “Would you like to sit on the steps or stay standing while we talk?” Choice restores a small sense of control without surrendering safety.
- **Do not argue with a delusion or mock what a person perceives.** You do not have to agree that neighbors are broadcasting threats through the walls. You can say: “I don't hear that, and I can see it feels real and frightening to you. I want to help you feel safer.” Arguing facts rarely persuades and often convinces the person you are part of the threat.
- **Name feelings you can see.** “You look exhausted and scared.” “You've been awake a long time.” Recognition is not therapy; it is proof you see a person, not a problem.
- **Explain every transition before it happens.** “An ambulance crew is coming to check your health. A clinician who works with our department is coming to talk with you. I will stay until they are with you.” Surprises — hands, vehicles, new uniforms — spike panic.
- **Respect personal space and watch your own hands, stance, and exits,** as trained. A cornered person in psychosis may strike out from terror. Distance protects both of you and gives the person time to use words.

What NOT to do: Do not shout a frightened person into calm. Do not threaten arrest to force “sense” into someone whose thinking is disordered — a threat they cannot process becomes only noise and menace. Do not promise they will not be taken for evaluation if that decision is not yours or has already been made. Do not turn the scene into a spectacle: move onlookers back, and never discuss a person's diagnosis or history loudly in public. Do not physically rush a person who is agitated but contained and not endangering anyone, when time and help are on your side — haste is how contained crises become injuries.

3. Suicide risk — asking directly and acting seriously

Any crisis call can carry suicide risk, including calls that began as noise, welfare checks, or family arguments. This school teaches a plain approach:

1. **Ask directly and without flinching.** “Are you thinking about killing yourself?” “Have you thought about how you would do it?” “Have you done anything to hurt yourself today?” Direct questions do not create the idea. They open a door a person who is suffering may be waiting for someone to open.

2. **Listen to the answer as information, not argument.** Do not debate whether life is worth living, do not express shock or judgment, and do not reduce the answer to “attention-seeking.” Any stated intent deserves a serious, documented response under your policy.

3. **Reduce immediate means where you lawfully and safely can,** within your training and authority, and involve medical and crisis professionals. Ask family, separately, about access to firearms, large quantities of medication, or other means the person mentioned — and follow department procedure for safekeeping and referrals.

4. **Stay and connect.** A person at risk should not be left alone while help is arranged when you can prevent it. Call or text routes matter for the family too: **988** can be called or texted, and 988 also coaches people who are worried about someone else. Crisis Text Line, text HOME to 741741, offers a silent option.

5. **Communicate risk clearly in handoff and report.** Exact words the person used, plan and means described, actions taken, who was notified, and where the person was transported. Vague phrases like “seemed down” fail the next helper.

If the person denies intent, believe cautiously and still read the whole scene: notes or messages shared by family, recent giving away of belongings, a sudden calm after deep despair, prior attempts family reports, intoxication, and access to means all inform — without replacing — the person's own words and your department's process. When in doubt, consult: your department's crisis-intervention team, a co-response clinician if your department has one, a supervisor, and medical staff exist so this judgment is not carried alone on a doorstep.

4. Getting help instead of charges where possible — step by step

Not every crisis involves a crime, and not every crime in a crisis is best answered only with a charge. This section's position — within the law, victim safety, and your orders — is that **help is the preferred outcome when no serious harm demands enforcement**, because a charge alone rarely treats the condition that caused the call, and a record can cost the person housing, work, and treatment access (the collateral pattern of Adult Section 1 applies here too). Where a victim's safety or the law requires enforcement, enforce — and still treat the person's health needs with the same care.

A help-first sequence this school teaches:

1. **Stabilize safety.** Separate anyone in conflict, secure immediate hazards as trained, and confirm medical needs. Safety first is what makes every later option possible.

2. **Bring the right helpers early.** Request your department's crisis-intervention team or a co-response clinician if your department has one; request an ambulance for

medical assessment where signs warrant. Call early — clinicians en route can also advise by phone or radio through your channels.

3. Gather context from people who know the person. Family, friends, building staff, or a case worker can tell you what is usual, what changed, what has helped before, what medications or treatment are involved (as they report it), and who should be contacted. Verify through proper channels; treat scene reports as reports.

4. Separate the conduct from the condition in your decisions. Ask: What actual harm occurred? Is there a victim, and what does that victim need for safety? Is the behavior explained by a crisis that treatment can address? Does the law or policy require arrest here, or is transport for evaluation, referral, or a warning with a concrete plan available and appropriate? Discuss close calls with a supervisor rather than deciding alone under pressure.

5. Use the destination that matches the need. Hospital evaluation for medical or serious psychiatric risk; crisis services and follow-up referral for a person who is safe to remain home with support; a family member or trusted person brought to the scene where that genuinely helps and policy allows. State the plan plainly to the person and family.

6. Close with connection, not just departure. Leave 988 and Crisis Text Line information where crisis support may be needed again, confirm who in the home knows the plan, and document the referral and handoff with the same care you would document an arrest. A referral written clearly is how the next shift knows help — not only enforcement — was tried.

What this approach expects in real life: families may demand arrest (“teach him a lesson”) or demand you leave (“you’ll make it worse”). Both demands come from exhaustion. Hear them, explain what you can and cannot do, and do not let either demand replace your assessment. Some calls will still end in custody — for serious violence, for weapons offenses, where orders require it. Even then, how you spoke, whether medical care came, and whether family got information will shape whether that household ever calls early again.

5. After the call — families, repeat calls, and your own steadiness

Mental health calls repeat. The same address, the same person, the same frightened relative. It is easy, on the fourth visit, to arrive with the conclusion already written. Resist it. Each visit, re-run the basics: new medical problem? new means? new threat? a medication change, a death, a lost job, a new substance? Repeat calls are not proof help failed; many conditions are managed over years, and a person alive and connected to care on your shift is not a failure.

Support the family as secondary witnesses to suffering. Tell them, in general terms, what will happen next and how they will be informed through the hospital or agency process. Encourage them to write down changes they observe — sleep, medication concerns as they understand them, threats, means — for clinicians. Remind them 988 serves worried

family members too. If children witnessed the crisis, keep explanations to them brief, calm, and age-appropriate, and follow any reporting or referral duties that apply.

Finally, attend to yourself and your partner. Crisis calls accumulate: the person you could not persuade, the scene that turned fast. Use your department's peer support and employee assistance resources, talk honestly in debriefs, and name errors without cruelty — to yourself or each other. An officer who treats their own distress as weakness will eventually treat a resident's distress the same way. Steadiness is a skill this whole school builds; it is maintained, not assumed.

6. When it may be medical, not a mental-health crisis — believe first

Some of the most dangerous misreads in this work happen at the border between "mental-health crisis," "intoxication," and a plain medical emergency. A diabetic emergency, a stroke, a head injury, an allergic reaction, severe infection, withdrawal, and some medication reactions can all present as confusion, slurred speech, agitation, or noncompliance — the same surface signs officers are trained to read as resistance or intoxication. Section 2 of this school retired the assumption that everyone is on drugs; this section adds its partner rule: **when a person says they are sick, in pain, or cannot breathe — believe first, and get medical help moving while you sort out the rest.**

- **Ask and listen.** "What is happening with you right now?" "Do you have any medical conditions?" "Are you hurt anywhere?" Family and bystanders often know the answer — a condition, a medication, a recent injury — and their report is evidence, not interference.
- **Look for the medical signs.** Medical alert bracelets and phone medical IDs, insulin or an inhaler nearby, vomit, seizure activity, one-sided weakness, breathing trouble, a person who is deteriorating in front of you. Any of these moves EMS to the front of the call, not the end of it.
- **Never let an assumption delay care.** Handcuffs and a transport decision can wait for a blood-sugar check. If you are wrong about "faking" or "just drunk," the cost is measured in a person's brain or life — and in your report, which will be read by people asking one question: when did you know, and what did you do?
- **Hand off precisely.** Tell medical staff exactly what the person and family reported, in their words where you can — "she said the pain started at 9 and is getting worse" travels further than "patient is agitated." Write the same precision in your report.

The other side of this door matters too: Minister Destiny's Adult school carries an added unit on medical discrimination that teaches families to document, speak up, and file complaints when they are dismissed or not believed. Officers who believe first and document honestly are rarely the subject of those complaints — and communities that watch it happen learn that calling for help is safe. That is the trust this school is named for.

Words to know — Section 9

- **Mental health crisis** — a state in which thoughts, emotions, or perceptions overwhelm a person's ability to stay safe or care for themselves.
- **Psychosis** — a condition in which a person may hear or see things others do not, or hold fixed false beliefs, making the world feel threatening or unreal.
- **Hallucination** — a perception, such as a voice, that feels real to the person experiencing it but is not heard or seen by others.
- **Delusion** — a fixed false belief held despite clear evidence, such as being certain one is being poisoned without cause.
- **Co-response clinician** — a mental health professional who responds with or supports officers on crisis calls, where a department has such a program.
- **Crisis-intervention team (CIT)** — officers and partners with specialized crisis training, where a department has such a team.
- **Decompensation** — a worsening of a person's condition in which coping and daily functioning break down.
- **Means** — the method or items a person could use to harm themselves, such as firearms or stockpiled medication.
- **Handoff** — the factual transfer of risk information — exact words, plans, means, actions taken — to medical or clinical staff.
- **Involuntary evaluation** — a legal process, governed by law and policy, by which a person who may be a danger to themselves or others can be taken for professional assessment; this lesson does not teach its legal criteria.

Myths vs facts — Section 9

- **Myth:** Asking someone if they are thinking of suicide puts the idea in their head. **Fact:** Asking directly does not create suicidal thinking. It gives a suffering person a chance to tell the truth and be connected to help.
- **Myth:** A person in a mental health crisis who commits a minor offense always needs a charge to take it seriously. **Fact:** Where law and safety allow, prompt evaluation and treatment address the cause of the behavior; a record can block the housing, work, and care that prevent the next call.
- **Myth:** You should argue a person out of a delusion with facts until they agree. **Fact:** Arguing rarely persuades and often frightens. Acknowledge the person's fear without endorsing the false belief, and focus on safety and help.
- **Myth:** If someone is calm and polite, there is no suicide risk. **Fact:** Risk turns on the person's words, plans, means, history as reported, and circumstances — not on politeness. Ask directly when concern exists.

Think it through — Section 9

The situation: A store manager calls about a man in his forties standing outside the entrance for an hour, talking loudly to no one visible and warning customers that “signals” are coming through the windows. He has blocked the doorway twice but moved when asked. He holds no weapon. Customers are filming. When you approach, he tells you the signals say officers will hurt him, and he backs toward the parking lot, glancing at traffic.

Walk it through:

1. **Read behavior, not labels.** Actual facts: possible psychosis, fear of police, no weapon seen, doorway blocked intermittently, and — the urgent fact — movement toward traffic. Your first safety problem is the road, not the doorway.
2. **Set the scene.** One officer speaks. Position help to slow or block traffic exposure as trained, move onlookers and cameras back, and give the man space that does not corner him against moving cars.
3. **Speak to the fear without joining the belief.** “I can see you believe the signals are warning you about us. I am not here to hurt you. I am worried about the cars. Let's step onto the sidewalk together so you are safe while we talk.” Short sentences; one request at a time.
4. **Bring help early.** Request a co-response clinician if your department has one and your department's crisis-intervention team; consider medical assessment, because confusion and agitation have medical causes too. Tell the man who is coming before they arrive.
5. **Weigh help against charges honestly.** Trespass after warning or disorderly conduct may be legally available depending on facts and jurisdiction — but ask the Section 9 questions: what harm occurred, what does safety require, and will evaluation address what a charge cannot? If transport for evaluation is appropriate and authorized, choose help and document why. If enforcement is required, carry it out with the same calm communication.
6. **Hand off and write facts.** His exact statements, his fear, traffic risk, no weapon observed, who assessed him, and where he was taken. The clinician who receives him starts safer because your report was precise.

One more real-life story — Section 9

A mother calls 911 because her teenage son has locked himself in the bathroom and is shouting that he “can't do this anymore.” She whispers that he mentioned pills an hour earlier and she does not know what he took. The first officer at the door does not pound or threaten to force entry immediately. Through the door, in an even voice, she introduces herself, says an ambulance is coming because his mother is worried he took something, and asks two direct questions: “Are you thinking about killing yourself? Have you taken anything?”

He answers — a handful of pills, forty minutes ago, and yes, he wanted to die after a humiliation at school that spread online. That answer changes the call: medical emergency first. Fire and ambulance crews, already rolling, enter with the mother's key and the officer's coordination, and he is transported to the local hospital. The officer rides the family's fear down with information: what hospital, what she told medical staff, and 988 for the mother herself, who is shaking in the kitchen.

Takeaway: Two direct questions, asked calmly through a locked door, turned a “barricaded teen” call into a timely medical rescue. Asking about suicide and about substances early is not paperwork — it is the moment help becomes possible.

Try this — Section 9

Practice the crisis opener and the three safety questions until they are automatic:

Opener: “I am Officer —. People who care about you were worried, and I am here to help you stay safe. Can you tell me what has been happening?”

- One voice speaking; space given; onlookers moved back
- Emergency medical signs checked — confusion with injury, fever, seizure, or inability to stay awake treated as medical
- Asked directly where concern exists: “Are you thinking about killing yourself?” “Do you have a plan?” “Have you taken or done anything to hurt yourself?”
- Crisis help requested early — crisis-intervention team / co-response clinician if your department has one
- Every transition explained before it happens; no promises you cannot keep
- Help considered before charges where law, victim safety, and policy allow — and the decision documented factually

Resources to keep — Section 9

- **Emergency:** 911 — for immediate danger, a person in traffic or another lethal hazard, overdose or poisoning concern, or any medical emergency.
- **988 Suicide and Crisis Lifeline:** Call or text 988 — for the person in crisis and for family members worried about someone else.
- **Crisis Text Line:** Text HOME to 741741 — silent text support when speaking aloud is hard.
- **SAMHSA National Helpline:** 1-800-662-4357 — treatment referral and information when substance use is part of the crisis.
- **Poison Control:** 1-800-222-1222 — when pills or substances may have been taken.
- **On scene:** Your department's crisis-intervention team, a co-response clinician if your department has one, and the local hospital for assessment and handoff.

What you earned / what's next — Section 9

Section 9 complete (quiz score 80% or higher): You can recognize a mental health crisis and its medical look-alikes, communicate in ways that lower fear instead of raising it, ask directly about suicide and act on the answer, bring crisis and medical helpers in early, and choose help instead of charges where the law, victim safety, and your orders make that possible.

Word Search — Section 9

Find the words from this section's Words to know. Words run across, down, or diagonally.

S H B I Y L S E L F I T E
I H X N O Q O P H D X I Z
H A L L U C I N A T I O N
W N W N V C B P C B G X E
P D O W D D F S U A T M D
E O Y D E Z F Y D W F D E
P F M V T F Z C K A V I L
H F E B C K V H B E N G U
V U Y R A W M O X U H I S
H I I I X B E S W K W V I
H H Y P U C A I V Z B E O
S L U H M U N S D D E D N
Q W U I U S S S X S U T S

Words to find: Psychosis · Hallucination · Delusion · Means · Handoff

Chapter Test — Section 9

Answer every question. Score 80% or higher to complete this section and earn its certificate. The answers are in the Answer Key at the back of this book — for parents, teachers, and self-checking after you finish.

1. A person insists neighbors are sending threats through the walls. The school's communication approach is:

- A. Always argue the facts until the person agrees
- B. Acknowledge the fear without endorsing the belief: “I don't hear that, and I can see it feels real and frightening to you”
- C. Agree that the neighbors are broadcasting threats
- D. Ignore everything the person says

2. What does this school teach about asking someone directly if they are thinking of killing themselves?

- A. Ask directly — it opens a door and does not create the idea
- B. Never ask — asking plants the idea
- C. Only ask family members, never the person
- D. Ask only in writing after transport

3. In the worked scenario, a man outside a store warns customers about “signals,” fears officers will hurt him, and backs toward traffic. The primary read is:

- A. Trespass — arrest is always the answer
- B. A disorderly crowd problem
- C. Possible psychosis with fear of police and an urgent traffic risk — set the scene, give space, speak to the fear, and bring crisis help early
- D. A medical call only, with no safety role for officers

4. Which set of tactics lowers danger in a mental health crisis?

- A. Request backup to overwhelm the person quickly
- B. Promise the person will not be evaluated
- C. Discuss the person's diagnosis loudly so bystanders understand
- D. Use one voice, short sentences, simple choices, and explain every transition before it happens

5. A person tells you they intend to die and describes a plan. Your response should:

- A. Debate whether life is worth living
- B. Listen, reduce immediate means where lawful and safe, keep the person connected to help, and document exact words, plans, and means

- C. Express shock so the person sees the seriousness
- D. Note that the person “seemed down” and clear the call

6. Why does this school warn against assuming every crisis is a mental health condition?

- A. Head injury, infection, low blood sugar, seizure aftermath, substances, trauma responses, and dementia can all present similarly
- B. Strange behavior is always psychosis
- C. Medical causes never mimic mental illness
- D. Only intoxication can look like a crisis

7. Why does Section 9 prefer help instead of charges where possible?

- A. Charges are the only way families take a crisis seriously
- B. Treatment makes records unnecessary to consider
- C. Help is preferred when no serious harm demands enforcement, because a charge alone rarely treats the cause and a record can block housing, work, and care
- D. Officers should never enforce the law during a crisis

8. You are called to the same person in crisis for the fourth time. This school teaches:

- A. It proves help failed and the family is manipulating the system
- B. Each visit deserves a fresh check — new medical problems, new means, medication changes, losses — because many conditions are managed over years
- C. You should arrive with the conclusion already written
- D. Repeat callers should be charged to end the cycle

9. Which crisis resource also supports family members worried about someone else?

- A. SAMHSA only
- B. Poison Control only
- C. A department's social media page
- D. 988 — it can be called or texted, and it also coaches people worried about someone else

10. In the section's second story, how did the officer get the locked-in teenager the right help?

- A. Through the door she asked directly about suicide and about pills taken, turning a “barricaded teen” call into a timely medical rescue
- B. She threatened to force entry until he opened the door
- C. She waited silently for an hour
- D. She asked the mother to go in and check

Certificate — Section 9

Minister Destiny Testimony Schools

Certificate of Completion — Section 9: Mental Health Crises: Safe Response and Help Instead of Charges Where Possible

This certifies that

Name (write your name here)

has completed

Minister Destiny Testimony Schools — Law Enforcement

Section 9: Mental Health Crises: Safe Response and Help Instead of Charges
Where Possible

Date completed: _____

Presented by **Minister Destiny Marie Morgan**, Minister & Founder

Congratulations. You have learned to be the calmest person on the hardest calls — to ask the direct question that saves lives, to make room for clinicians to do their work, and to see a person in crisis before you see a charge. That steadiness is remembered by every family you meet. — Minister Destiny Marie Morgan

School completion and rank are school achievements only. It is not a law-enforcement rank, title, or credential, and it does not certify you for any duty.

Educational completion certificate only — not a state license, POST certification, or government credential.

Minister Destiny Testimony Schools — Law Enforcement

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Section 10 — The Gym Alternative: A Supervised, Free Law-Enforcement Gym as a Safe Warning Before Arrest for Aggression (Proposal)

Minister Destiny Testimony Schools — Law Enforcement

The lesson

1. The problem this proposal answers — aggression with nowhere to go

Aggression on a call is information. A clenched, pacing, shouting person is telling you their body is flooded — heart pounding, muscles loaded, thinking narrowed to threat and pride. Many causes sit underneath: an insult in front of friends, a family blowup (Section 8), intoxication or withdrawal (Section 7), a mental health crisis (Section 9), pain, exhaustion, hunger, a lifetime habit of solving disrespect with fists. The cause matters for what helps next, but the immediate fact is shared: **energy that has no safe exit tends to find an unsafe one.**

Consider what the current menu often looks like at that moment. You can warn and walk away, hoping the energy burns off without a victim. You can wait until conduct crosses a line and arrest — lawful, sometimes necessary, and also the start of the collateral spiral this school has traced before: booking, court dates, fees, a record, lost work, housing risk. Or, in too many encounters, the warning itself becomes a contest — raised voices, ultimatums, an audience — until someone must win and someone must be taken down.

Minister Destiny's question, from the community side, is simple: what if the warning had somewhere to go? What if an officer could say, truthfully, “You are one bad minute from arrest. I am offering you a different next hour — supervised, free, physical, and safe — and I will get you there,” and that place actually existed? The gym alternative is her answer. It does not replace arrest where arrest is required. It aims at the large middle ground where aggression has not yet become serious harm and a young person's whole record may hinge on whether an adult offered an exit they could accept without losing face.

2. The proposal in full — what the gym alternative would be

This is a proposal. It is not current agency policy in this lesson, and no officer should present it as an available option unless their department has actually established and authorized such a program. As Minister Destiny proposes it:

1. **A real place, run for this purpose.** A gym facility associated with law enforcement — staffed and supervised by trained personnel and vetted community coaches or mentors — open at the hours aggression actually peaks, including evenings. Equipment and activities suited to safe exertion: heavy bags, mats, weights with supervision, conditioning circuits, and space to cool down. Not a cell, not a holding

area, not a place of punishment.

2. Free, and reachable. No fee, no membership, no paperwork wall at the door. Transport offered by the referring officer or an authorized ride arranged by the program, so “go to the gym” is a real offer and not advice a person without a car, money, or calm cannot use.

3. Offered as a safe warning before arrest, at officer discretion within program rules. The typical referral: a person whose aggressive behavior is escalating, who has not committed an offense that requires arrest, who is not in medical or mental health crisis needing a hospital, and who agrees to go. The warning is honest: “If this continues here, the next step is arrest. I am offering the gym instead, right now.”

4. Structured time, not free chaos. A defined session — warm-up, hard supervised exertion, cool-down, water, a short conversation with a coach about what happened and what happens next, and a safe ride or plan home. Staff can connect regulars to mentoring, school or work help, and community programs — by offer, not by condition.

5. Clear records of the right kind. The program logs that a referral was made and whether the person arrived — for safety and program evaluation. The visit is not a booking, not an interrogation opportunity, and not evidence-gathering about unrelated matters. People will only use an exit they trust not to be a trap.

6. A door that stays open. One visit should make the next self-referral possible: the person, a parent, a school, or a coach can suggest the gym before police are needed at all. The deepest success of the proposal is a young man who, feeling the flood rise at a party, texts a coach instead of swinging — and never meets you that night at all.

Safeguards are part of the proposal, not decorations: medical screening questions before exertion, no sparring or contact drills for referred participants in crisis, trained supervision ratios, parental or guardian involvement for minors under program rules, insurance and facility standards handled by the establishing agency, and a published rule that the gym is never used to delay a needed arrest, medical transport, or protective action.

3. When the gym alternative must NOT be used

A proposal earns trust by naming its limits plainly. Even where a program existed, the gym would be the wrong answer when:

- **A serious offense has occurred or a victim needs protection.** Where the law or policy requires arrest, or a victim's safety depends on separation and enforcement, enforce. Offering exertion instead of protection betrays the victim and the program.
- **The person is in medical danger.** Overdose signs, withdrawal that may be dangerous, chest pain, head injury, severe intoxication, or inability to stay awake belong with medical responders (Section 7), not on a treadmill.

- **The person is in acute mental health crisis.** Suicidal intent, psychosis with escalating danger, or mania belongs with crisis and clinical help (Section 9).
- **A weapon is involved or credibly threatened.** Weapon facts change the call entirely; follow your training and orders.
- **The person declines.** The alternative works because it is chosen. A forced “voluntary” workout is a detention by another name and destroys the idea. If they refuse and conduct requires action, act lawfully; if conduct allows a warning and departure, warn and depart without punishing the refusal itself.
- **Anyone would be unsafe at the facility** — for example, rival parties arriving together, or a person whose aggression is directed at a specific staff member or participant present. Separation and safety outrank the concept.

Notice the pattern: the gym sits between “warn and leave” and “arrest” for a narrow, real band of encounters — escalating aggression, no disqualifying harm or hazard, a person able to choose. Teaching the band honestly is what keeps a good proposal from becoming a slogan applied where it does not belong.

4. Making the offer — step by step, and the skills underneath it

Where a department has established such a program, this school teaches the offer as a de-escalation sequence. Where no program exists, the same sequence — minus the destination — remains how you give a warning that a proud, flooded person can actually hear:

1. **Stabilize the immediate scene first.** Separate the parties, move the audience, get hands visible and space created as trained. No offer lands while two people are still chest to chest.
2. **Lower your own output.** Slower speech, lower volume, unhurried movements. You are demonstrating the state you are asking for. Profanity and sarcasm — Section 3's core warning — convert a warning into a duel.
3. **Name what you see, without a verdict on who they are.** “I can see you are furious. Your fists are balled and you are pacing. I believe you are about to fight.” Observations can be accepted; character judgments (“you're acting like a punk”) must be defended — with the body already loaded.
4. **State the consequence and the choice, once, clearly.** “If you swing here, I will have to arrest you, and I don't want that for you. There is another option: the department gym, supervised, free, I can take you now. You work this off there, no charge for tonight's warning, and you go home after. Your call — but staying here like this is not one of the options.”
5. **Give the decision a little time and a little privacy.** Pride needs a path down that friends cannot mock. Step back, let a friend or family member encourage the smart choice, and do not fill the silence with repeated threats.

6. If they accept, make it smooth and dignified. Explain transport and what happens on arrival, allow a quick word to family, secure any property as policy requires, and hand off to gym staff with facts only: what happened, any medical cautions, what calmed them. No trash talk in the car, no lecture tour. The ride is part of the intervention.

7. If they decline, close cleanly. Repeat the boundary once, enforce or depart as the facts and law require, and do not withdraw basic respect because your offer was refused. The next officer — possibly you, next month — needs that door still standing.

What to expect in real life: some will accept because the gym sounds better than a cell and both they and their friends know it; some will accept because a coach there is the one adult they trust; some will refuse the first time and self-refer the third, having watched a friend come home unbooked and unbruised. Programs like this are measured across seasons, not single shifts.

5. Why this fits the whole course — warnings that teach instead of only threaten

Step back and see the design across Sections 7 through 10. Section 7 proposed a medical destination instead of a confrontation for addiction. Section 9 preferred help over charges in crisis where law and safety allow. Section 10 proposes a physical destination instead of a record for aggression on the edge. The common principle is Minister Destiny's: **a warning works best when it points somewhere.** “Stop, or else” gives a flooded person nothing to do with their body, their pride, or their next hour. “Stop — and here is a real, supervised, free place to put all of this, right now” gives all three.

There is also an officer-safety argument, and this school makes it plainly. Every arrest of a resisting, adrenaline-loaded person carries injury risk for everyone involved. Every avoided arrest that still ends the danger — person transported, exertion spent, coach engaged, home reached safely — is a shift where nobody went to an emergency department. And there is a trust argument: a neighborhood that watches officers offer a young man a ride to a gym instead of waiting for his first swing learns the lesson Section 1 named. Calling, cooperating, and accepting help are met with problem-solving, not only processing.

None of this softens accountability. The warning is real: continued aggression means arrest. The gym is supervised by law-enforcement-connected staff, the referral is documented, and repeat aggression still meets the law. The proposal simply insists that accountability can include a constructive consequence — one that leaves a young person exhausted, mentored, and unbooked, rehearsing the exact skill their life most needs: feeling the flood rise and choosing the exit.

Words to know — Section 10

- **Gym alternative (proposal)** — Minister Destiny's proposed supervised, free law-enforcement gym offered as a safe warning before arrest for escalating

aggression; labeled as a proposal, not agency policy.

- **Escalation** — the process by which agitation builds — voice, posture, pacing, threats — toward possible violence.
- **De-escalation** — communication and tactics that reduce agitation and danger without force where possible.
- **Face-saving exit** — a way out of a confrontation that lets a person comply without public humiliation.
- **Referral** — an official offer and handoff connecting a person to a program or service.
- **Adrenaline response** — the body's alarm reaction — racing heart, loaded muscles, narrowed thinking — that prepares for fight or flight.
- **Diversion** — a response that directs a person away from formal charges toward a constructive alternative, where law and policy allow.
- **Self-referral** — when a person seeks a program on their own before a crisis requires police involvement.
- **Collateral consequences** — the effects of an arrest or record beyond the case itself: work, housing, licenses, and family stability.

Myths vs facts — Section 10

- **Myth:** Offering a gym instead of arrest rewards aggression. **Fact:** Under the proposal the warning is real and documented, supervision is by law-enforcement-connected staff, and arrest remains the consequence if aggression continues. The reward is an exit that prevents a victim, an injury, and a record — for behavior that had not yet required arrest.
- **Myth:** A person who is truly dangerous will be calmed by exercise. **Fact:** The proposal excludes serious offenses, weapons, medical danger, and acute mental health crisis. It is designed for the narrow band of escalating aggression where no disqualifying harm has occurred.
- **Myth:** If a program like this existed, officers could send anyone there instead of doing paperwork. **Fact:** Referral has criteria, consent, supervision, and documentation. A declined offer changes nothing about the person's rights, and the gym is never a shortcut around a required arrest or medical transport.
- **Myth:** Exercise has nothing to do with policing. **Fact:** Officers manage adrenaline-driven behavior every shift. A supervised physical outlet, offered at the warning stage, is a practical safety tool — and every avoided resisting-arrest fight is an injury that did not happen.

Think it through — Section 10

The situation: Outside a convenience store, a young man in his late teens is screaming at another teen who insulted him in front of friends. He has shoved no one. He paces,

punches his own palm, and shouts, “Say it again.” The other teen, smirking, is being held back by his girlfriend. A small crowd records. The young man has no weapon and answers your question about alcohol with “I’m not drunk, I’m disrespected.” Your department, in this scenario, has established the gym program described in this section.

Walk it through:

1. **Sort the band first.** Aggression is escalating, but there is no injury, no weapon, no medical or mental health emergency described, and no offense yet that requires arrest. This is the narrow band the proposal was designed for — so the offer is legitimately on the table.
2. **Separate and shrink the audience.** Move the smirking teen and the crowd back with a partner officer if available. The performance needs spectators; remove them and the temperature drops measurably.
3. **Speak to the flooded person in observations.** “Your fists are clenched, you are pacing, you told me you feel disrespected. I believe you are about to fight.” No name-calling, no profanity, no dare.
4. **Make the warning and the offer once, clearly.** Continued aggression here means arrest. The alternative: transport now to the supervised, free department gym, work the energy off with staff, no charge for tonight’s warning, ride home after. Staying and fighting is not an option.
5. **Protect pride while he decides.** Step back, let silence work, let a friend say “go, it’s better.” Do not narrate his decision for the crowd or mock hesitation.
6. **If he accepts, execute with dignity and facts.** Calm transport, handoff to gym staff covering what happened and any cautions, family notified as program rules provide. If he declines, the boundary stands: enforce or depart strictly as conduct and law require, without punishing the refusal itself.

One more real-life story — Section 10

A father calls about his sixteen-year-old son, home an hour after being cut from a team he had trained for all year. The boy has put a fist through a hallway wall, is shouting that he will “find” the coach, and his younger sister is crying in her room. He has hurt no person. He is sober, uninjured apart from scraped knuckles, and vibrating with a grief he has no words for yet.

The officer who arrives resists the two easy scripts — arrest talk for property damage inside his own home, or a shrug because “no crime against a person.” She confirms the sister is safe, has the father step out with her, and speaks to the boy about what she sees: a devastating day, a body with nowhere to put it. In the world of this section’s proposal, established in her department, she offers the gym: a coach who was himself cut at sixteen, a heavy bag, an hour, a ride home. The boy looks at the hole in the wall, then accepts — mostly, he admits later, because leaving with the officer looked stronger than being left

raging in front of his sister.

Takeaway: The damage was real and the family still addressed it — repair, apology, a plan for the next hard day. What the gym changed was the vehicle: accountability arrived through exertion and a mentor instead of a booking photo, and a teenager learned, in his body, that there is a place to take the worst hour.

Try this — Section 10

Practice the warning-and-offer script until it is steady, then run the eligibility check:

Script: “I can see you are furious, and I believe you are about to fight. If that happens here, I will have to arrest you. I am offering you a different next hour: [the supervised, free department gym / a step back with me while we get this separated and calm]. The choice is yours — staying like this is not one of the choices.”

- Scene separated and audience moved before any offer
- Disqualifiers checked: serious offense, weapon, medical danger, acute mental health crisis
- Observations used, not character judgments; no profanity or sarcasm
- Warning and choice stated once, clearly, with time and privacy to decide
- If accepted: dignified transport and factual handoff; if declined: clean enforcement or departure without punishing the refusal
- Remember: where no program exists, never present the gym as available — it is a proposal you can describe honestly as one

Resources to keep — Section 10

- **Emergency:** 911 — for a fight in progress, a weapon, an injury, or any immediate danger.
- **988 Suicide and Crisis Lifeline:** Call or text 988 — when aggression is tangled with despair or talk of self-harm.
- **Crisis Text Line:** Text HOME to 741741 — a silent way for a young person or family member to reach crisis support.
- **SAMHSA National Helpline:** 1-800-662-4357 — when substance use is driving the aggression and treatment information is needed.
- **National Domestic Violence Hotline:** 1-800-799-7233 / text START to 88788 — when the aggression is inside a relationship or family.
- **On scene:** Your department's crisis-intervention team, a co-response clinician if your department has one, and the local hospital when injury or medical concern is present.

What you earned / what's next — Section 10

Section 10 complete (quiz score 80% or higher): You can explain Minister Destiny's gym alternative accurately as a proposal — supervised, free, offered as a safe warning before arrest — name the situations where it must never be used, and deliver a warning as a face-saving choice using observations, one clear statement of consequences, and time to decide.

Word Search — Section 10

Find the words from this section's Words to know. Words run across, down, or diagonally.

F S E L F R E F E R R A L
C E N C D D E V Y K Y H M
Q S H H N V Y F G U Q V U
Y R E M L N W Z E F T F E
K F Y S I U H S N R T X I
D I V E R S I O N Y R W R
I A O K R Q L W T I I A K
M B Y O F R H M I I P R L
A E S C A L A T I O N M S
B D K M E H A L D P M V A
B U S F X S W M F O G C P
D E E S C A L A T I O N O
V U G X D E E M K O P K D

Words to find: Escalation · Deescalation · Referral · Diversion · Selfreferral

Chapter Test — Section 10

Answer every question. Score 80% or higher to complete this section and earn its certificate. The answers are in the Answer Key at the back of this book — for parents, teachers, and self-checking after you finish.

1. What is the gym alternative, exactly as this school teaches it?

- A. A current agency policy officers can offer anywhere
- B. A free public gym with no connection to law enforcement
- C. Minister Destiny's proposal: a supervised, free law-enforcement gym offered as a safe warning before arrest for escalating aggression — labeled as a proposal, not agency policy
- D. A punishment workout imposed after arrest

2. In which situation must the gym alternative NOT be used, even where a program exists?

- A. The person asks politely
- B. A serious offense has occurred, a weapon is involved, the person is in medical danger or acute mental health crisis, or the person declines
- C. The person has been referred once before
- D. A crowd is watching

3. In the worked scenario, a teen outside a store is shouting and punching his own palm, has shoved no one, and holds no weapon. Does the gym offer fit, in a department that has established the program?

- A. It fits the narrow band: escalating aggression, no injury, no weapon, no medical or mental health emergency, and no offense yet requiring arrest
- B. It does not fit — a crowd is present
- C. It fits only if the teen has no friends watching
- D. It never fits outside a home

4. Which technique makes a warning-and-offer most likely to be accepted?

- A. Repeat the threat louder until the person decides
- B. Mock the person's hesitation so friends laugh it off
- C. Announce the decision for the crowd
- D. State the observation, the consequence, and the choice once and clearly — then give time and privacy, because pride needs a path down

5. A person declines the gym offer. What does this school teach?

- A. Withdraw respect and add a charge for the refusal itself

- B. Close cleanly — enforce or depart strictly as conduct and law require, without punishing the refusal
- C. Force the workout, since it was offered
- D. Leave without stating any boundary

6. How does the proposal treat records of a gym referral?

- A. It lets officers skip all documentation
- B. It is a booking alternative for serious felonies
- C. Under the proposal, the visit is logged as a referral for safety and evaluation — it is not a booking, interrogation opportunity, or evidence-gathering about unrelated matters
- D. It creates a criminal record the person cannot see

7. What principle connects Sections 7, 9, and 10?

- A. A warning works best when it points somewhere — a real, supervised, free place to put the energy, right now
- B. Warnings should never include consequences
- C. Aggression should always be met with immediate arrest
- D. Exercise replaces all other police responses

8. In the second story, a teenager put a fist through a wall after being cut from his team and accepted the gym. The takeaway is:

- A. Property damage in a home is never addressed
- B. Arrest talk is the only language teenagers respect
- C. Accountability still happened — repair, apology, a plan — but arrived through exertion and a mentor instead of a booking
- D. The officer ignored the younger sister's safety

9. Why can the gym proposal call itself “supervised and safe”?

- A. Because referred participants spar with staff
- B. Because the gym has no supervision
- C. Because sessions happen during school hours only
- D. Because the proposal includes medical screening questions, supervision, no contact drills for referred participants in crisis, and rules for minors

10. Your department has no gym program. On a call, you may:

- A. Offer it silently by pointing
- B. Present it as an available local option anyway, to calm the scene

- C. Describe it honestly as a proposal only — never present it as available where it does not exist
- D. Promise the department will build one next month

Certificate — Section 10

Minister Destiny Testimony Schools

Certificate of Completion — Section 10: The Gym Alternative: A Supervised, Free Law-Enforcement Gym as a Safe Warning Before Arrest for Aggression (Proposal)

This certifies that

Name (write your name here)

has completed

Minister Destiny Testimony Schools — Law Enforcement

Section 10: The Gym Alternative: A Supervised, Free Law-Enforcement Gym
as a Safe Warning Before Arrest for Aggression (Proposal)

Date completed: _____

Presented by **Minister Destiny Marie Morgan**, Minister & Founder

*Congratulations. You have learned that a warning can point somewhere —
that a flooded, proud, furious person offered a real exit will often take it, and
that preventing one fight prevents injuries and records that echo for years.
Offer the exit with steadiness, and keep the boundary firm. — Minister Destiny
Marie Morgan*

School completion and rank are school achievements only. It is not a law-enforcement rank,
title, or credential, and it does not certify you for any duty.

Educational completion certificate only — not a state license, POST certification, or government
credential.

Minister Destiny Testimony Schools — Law Enforcement

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Section 11 — Working With Immigrants, Interpreters and Disability: In the Home and on Stops

Minister Destiny Testimony Schools — Law Enforcement

The lesson

1. Language is not attitude — slowing down for accuracy

Section 1 introduced the habit; Section 11 makes it a skill. A person with limited English may answer “yes” to end a frightening exchange, nod while understanding nothing, sound blunt because they know only short phrases, or fall silent because one wrong word feels dangerous. A person who is Deaf or hard of hearing may not respond to shouted commands they never received. A person with a speech disability may need a full minute to produce a sentence you could say in five seconds. In every case, **the failure is in the channel, not the character.**

Build accuracy into the encounter:

- **Identify the language or communication need early.** Ask, calmly: “What language is best for you?” Point to language-identification resources where your department provides them. Do not guess from appearance, surname, or accent.
- **Use qualified interpreters through your department's established channels** — in-person, phone, or video services your department authorizes — for substantive conversations: victim and witness accounts (Section 8), crisis assessment (Section 9), rights-related explanations, medical concerns, and any interview where exact words matter. Interpretation through proper channels protects the person, the case, and you.
- **Never use children to interpret** except in a true emergency moment to establish immediate safety — and replace them with a qualified interpreter as soon as possible. A child should never carry a parent's account of violence, a medical history, or legal information. The power reversal harms the child and corrupts the account.
- **Do not use the other party to interpret.** In a domestic call, the person who may have caused harm must never be the voice through which a victim speaks. In any conflict, each side deserves a neutral channel.
- **Speak to the person, not the interpreter.** Short sentences, one idea at a time, pauses for interpretation, eye contact with the resident where culturally comfortable. After interpretation, confirm understanding by asking the person to explain back what will happen next, framed kindly: “I want to be sure I explained well — can you tell me what you understood?”
- **Write down the channel used** — interpreter service and identification details as your report system provides, or the communication method for disability — so the

next professional does not start from zero.

On a stop, the same principles compress: state the reason for the stop in simple language, show patience while documents are found with shaking hands, use written or translated department materials where provided, and never treat slow comprehension as consent, evasion, or grounds for suspicion by itself.

2. Working with immigrants — fear you did not create and must not use carelessly

An immigrant resident's fear during your visit may have little to do with tonight's call. It may come from experiences in another country where police were a danger, from community stories, from a household of mixed status where one member's exposure feels like everyone's, or from an abuser who has weaponized status — “call police and you will be taken from your children” is a known control threat (Section 8). Your conduct cannot rewrite immigration law, and this lesson does not teach it. What your conduct decides is narrower and real: whether a victim, witness, or parent in your jurisdiction can reach emergency help.

This school teaches the following posture, inside your department's policy and the law:

1. Lead with the purpose of this contact. “We are here because a neighbor reported screaming. Our job tonight is everyone's safety in this home.” A clear, limited purpose lowers the temperature more than any reassurance about matters outside your role.

2. Do not make immigration status the subject of a call it is not the subject of.

Where status is not relevant to the emergency, the victim's account, or a legal duty you actually have, volunteering questions about it chills reporting, endangers victims whose abuser is listening, and teaches a whole building not to call. Follow your department's policy exactly on any status-related duties that do apply; never improvise either direction.

3. Never promise outcomes outside your authority. Do not promise that cooperation will protect status, that a report will never be shared anywhere, or that anyone is “safe from immigration” because you said so. False comfort is a betrayal when events disprove it. Honest limits, kindly stated — “I can tell you what my department does with this report; an immigration lawyer or advocate can advise you about status questions” — preserve the trust that actually exists.

4. Protect victim access fiercely. A person reporting violence, seeking medical help, or protecting a child should leave your encounter knowing how to reach 911, the Domestic Violence Hotline, 1-800-799-7233 or text START to 88788, and RAINN, 1-800-656-4673, where relevant — offered privately and with the safety check of Section 8, because the person who threatened them with status may also monitor their phone.

5. Use interpreters, not immigration assumptions, to solve communication. Accent is not evidence. Foreign documents, remittances, many people in a home, or

reluctance to open a door are housing, family, and fear facts first (Sections 1 and 6), to be read with the five-question discipline, not converted into status conclusions.

6. Document the service facts. Language used, interpreter channel, resources offered, medical help provided, safety steps taken. A resident who was treated accurately and respectfully tonight is a witness who answers the detective next month — and a parent who calls earlier when a child is in danger.

What to expect: some residents will still decline to report, give minimal information, or ask you to leave a non-emergency scene. Where the law allows their choice, respect it without resentment, leave resource information if it is safe to keep, and close the same courteous way you would in any home. Trust across an immigrant community is built in aggregate — hundreds of encounters, retold at kitchen tables — and it is lost the same way.

3. Disability in the home — seeing the person and the access need together

Disability on your calls will be visible and invisible: mobility devices and service animals; Deafness and low vision; intellectual and developmental disabilities; speech differences; chronic pain and fatigue; brain injury; mental health conditions (Section 9); and autistic residents for whom a loud, crowded, flashing scene is physically overwhelming. Two errors mirror each other — treating disability as incapacity (speaking only to a relative about an adult who can communicate with support) and treating it as nonexistent (demanding standard performance — instant answers, steady eye contact, physical compliance at standard speed — from a person whose body or mind works differently).

Work instead from **access**: what does this person need in order to understand, be understood, and move safely?

- **Ask the person.** “How do you communicate best?” “What do you need from me to understand?” Adults are the experts on their own access. For a person who cannot communicate the answer, ask family or caregivers — while still addressing the person directly and watching their responses.
- **Deaf and hard-of-hearing residents:** get visual attention before speaking, face the person in good light, do not shout, use writing or department communication tools where helpful, and arrange qualified sign-language interpretation through department channels for substantive matters. Never assume lip-reading covers everything.
- **Blind and low-vision residents:** identify yourself verbally, narrate what you are doing (“I am stepping to your left to check the back room”), offer an arm rather than grabbing, and read documents aloud or provide accessible formats through department process where needed.
- **Mobility disability:** do not touch or move a wheelchair, cane, or other device without permission — it is part of the person's body space. Allow extra time for a driver to transfer or retrieve documents on a stop; give instructions in steps; never

order a physical performance (“walk to me”) as a test of cooperation.

- **Intellectual, developmental, and communication disabilities:** use plain language, one instruction at a time, more time, and confirmation of understanding. Distinguish “cannot process fast” from “refusing.” Involve a trusted support person the resident chooses where appropriate, while keeping the resident's own voice primary.
- **Service animals:** a working animal is not a pet and not a pretext for delay or denial of help. Do not pet, command, or separate it from its handler without a genuine safety reason, and restore the pairing as soon as possible.
- **Sensory overload:** where scene safety allows, reduce stacking inputs — one voice, radios lowered, lights steadied, crowd moved — for autistic residents and others overwhelmed. The Section 9 communication skills apply: calm is an access feature, not a courtesy extra.

Step by step on a stop involving disability: (1) state who you are and the reason for the stop plainly; (2) ask what the person needs to communicate or move safely; (3) give time — visibly unhurried time — for documents, devices, and answers; (4) explain each next step before it happens; (5) document accommodations used so a court, a supervisor, or the next officer sees the encounter was accessible as well as lawful.

4. When language, status fear, and disability intersect — and what NOT to do

Real homes combine everything in this section. A Deaf immigrant mother reporting violence through an abuser who “interprets” for her. An elderly driver with dementia and a thick accent, confused at a stop, whose adult son is shouting translations from the passenger seat. A nonspeaking autistic teenager missing from home, whose parents fear both for his safety around traffic and for how officers who do not know him will read his silence and movements.

In combined cases, sequence your work: **safety and medical needs first; a neutral communication channel second; the substantive interview third; enforcement decisions on facts once people can actually be understood.** Slowing the interview is not losing control of the scene. It is how statements become reliable enough to act on, how victims become reachable, and how a frightened person's compliance problem resolves into what it always was — an access problem with an access solution.

What NOT to do, collected:

- Do not use a child, a neighbor grabbed from a hallway, or the opposing party as your interpreter for anything substantive.
- Do not treat an accent, a foreign name, many occupants, or a request for an interpreter as suspicion.
- Do not shout at a Deaf person, grab a blind person's arm without warning, move a mobility device, or mock a speech disability by finishing sentences impatiently.

- Do not assume a quiet, compliant person understood you — especially where agreement protects them from a frightening authority figure. Confirm understanding.
- Do not promise immigration or legal outcomes outside your authority; do not threaten status consequences to gain compliance on an unrelated matter.
- Do not leave a household's only copy of resource information in a language no one in the home reads, where an alternative exists through department or hotline language services. The hotlines in Resources serve callers in many languages through their own services — say so when you offer the number.

Close these encounters the way this school closes all of them: state what happens next in words the person has confirmed they understand, leave a way to reach help again, and document the channels and accommodations used. Accuracy is respect made visible.

Words to know — Section 11

- **Qualified interpreter** — a trained, neutral language professional provided through authorized channels, bound to interpret accurately and completely.
- **Language access** — the practical ability of a person to understand and be understood in an encounter, through interpreters, translated materials, or other supports.
- **Coercive use of status** — an abuser's threat that police contact will cause immigration harm, used to prevent a victim from seeking help.
- **Mixed-status household** — a home whose members hold different immigration statuses, so enforcement fears ripple across the whole family.
- **Disability** — a physical, sensory, intellectual, developmental, or health condition that can affect communication, movement, or processing, with or without visible signs.
- **Accommodation** — an adjustment — time, format, interpreter, communication aid, physical approach — that lets a person participate accurately and safely.
- **Service animal** — a working animal trained to perform tasks for a person with a disability; not a pet.
- **Plain language** — short sentences and ordinary words that carry meaning across translation, stress, and processing differences.
- **Teach-back** — asking a person to restate what will happen next in their own words, to confirm the explanation worked.
- **Access need** — what a specific person requires to understand, communicate, or move safely in an encounter.

Myths vs facts — Section 11

- **Myth:** A person who nods and says yes understands you and agrees. **Fact:** Nodding is a common safety behavior under authority and across language barriers. Confirm

understanding with teach-back through a qualified channel.

- **Myth:** Using a child or the other party to interpret is efficient and basically fair. **Fact:** It endangers children, corrupts accounts, and can silence a victim speaking through the person they fear. Qualified, neutral interpretation is the standard for substantive matters.

- **Myth:** Asking about immigration status on every call makes a community safer. **Fact:** Where status is not relevant to the call, raising it chills victims and witnesses from seeking help at all. Follow department policy exactly, and lead with the safety purpose of the contact.

- **Myth:** A person with a disability who does not comply quickly is defying you. **Fact:** Processing time, communication method, pain, and sensory overload all shape response speed. Ask about access needs, give time, and judge compliance on what the person can do with support.

Think it through — Section 11

The situation: A neighbor reports a woman screaming in an apartment. You arrive to a woman with a bruised arm who speaks little English. Her husband, fluent in English, says she fell, and offers — repeatedly — to “explain for her.” Their nine-year-old daughter hovers, clearly fluent in both languages, and the wife looks at her when you ask what happened. The husband holds the wife’s phone and says she does not need medical help.

Walk it through:

1. **Recognize the channel problem as a safety problem.** The husband is the possible source of harm, controls the phone, and is volunteering to be his wife’s voice. Anything she “says” through him or through her child is unreliable — and the child must be protected from carrying this account.
2. **Separate and secure a neutral channel.** Within policy and safety, speak with the wife apart from the husband, and request a qualified interpreter through your department’s authorized service. In the emergency minutes before interpretation connects, use simple safety and medical questions, gestures, and department tools — then do the substantive interview properly interpreted.
3. **Offer medical care directly, through the interpreter.** The bruised arm is assessed by medical staff if she accepts; the offer and her answer are documented in her own interpreted words.
4. **Do not convert fear into status conclusions.** Nothing in this scene requires you to improvise immigration questions. Your purpose is the reported violence and her safety; follow department policy on any duties that genuinely apply, and offer the Domestic Violence Hotline privately — noting its language services — with the Section 8 check: is it safe for her to keep it, given the monitored phone?

5. **Attend to the daughter as a child, not a tool.** Confirm her safety and comfort, keep her out of the interpreter role entirely, and follow child-safety duties under law and policy.

6. **Document the method.** Interpreter channel used, parties separated, statements recorded as hers through interpretation, husband's account recorded separately. The report itself demonstrates the fairness Section 12 will build on.

One more real-life story — Section 11

A driver is stopped at night for a broken taillight. She does not respond to the officer's first two instructions, turns her head oddly, and then points to her ear and shakes her head. The officer's first interpretation — noncompliance — dissolves as he steps into the cruiser light, shows his badge visually, and holds up a notepad. In writing, the stop takes four calm minutes: she is Deaf, her license and registration are in order, she understands the warning about the light, and she writes, “Thank you for not shouting. Most do.”

He completes the stop within policy, documents that communication was by writing, and she drives away. No escalation, no backup called for a “refusing” driver, no complaint — and one more resident who will tell her community that a stop, handled accessibly, is survivable.

Takeaway: The officer's skill was not sign language. It was the Section 1 discipline applied at a car window: when behavior does not fit, question the channel before the character. Two seconds of re-reading turned a rising enforcement problem into a completed warning.

Try this — Section 11

Run this access check on your next home visit or stop until it is habit:

- Communication need identified early: “What language is best for you?” / “How do you communicate best?”
- Qualified interpreter requested through department channels for substantive conversation
- No child, neighbor, or opposing party used as interpreter beyond immediate safety moments
- Spoke to the person, not the interpreter or the relative; teach-back used to confirm next steps
- Disability access asked and given: time, space, devices untouched, service animal respected
- Status fear met with a clear, limited purpose and no promises outside your authority
- Channels and accommodations documented in the report

Resources to keep — Section 11

- **Emergency:** 911 — for immediate danger or medical emergency in any language; stay on the line while connection and interpretation are arranged through emergency services.
- **National Domestic Violence Hotline:** 1-800-799-7233 / text START to 88788 — confidential support with language services for callers.
- **RAINN:** 1-800-656-4673 — confidential support for sexual harm.
- **Childhelp National Child Abuse Hotline:** 1-800-422-4453 — guidance when a child's safety is a concern.
- **988 Suicide and Crisis Lifeline:** Call or text 988 — crisis support, including for family members.
- **Crisis Text Line:** Text HOME to 741741 — text-based support that can help when speaking is difficult.
- **SAMHSA National Helpline:** 1-800-662-4357 — treatment referral and information.
- **On scene:** Your department's crisis-intervention team, a co-response clinician if your department has one, interpreter services through your department's authorized channels, and the local hospital for medical assessment.

What you earned / what's next — Section 11

Section 11 complete (quiz score 80% or higher): You can secure an accurate communication channel without using children or opposing parties, work with immigrant residents without converting fear into suspicion or promises, meet disability with concrete accommodations in the home and on stops, and sequence combined cases — safety, channel, interview, decisions — so everyone is genuinely understood before anyone is judged.

Word Search — Section 11

Find the words from this section's Words to know. Words run across, down, or diagonally.

J S A C C E S S N E E D V
T L K D B L P E C Y U D V
P L A I N L A N G U A G E
S Y S I Y D Y Y A E R B N
R D I S A B I L I T Y J D
S R V S V W E Z C G X H B
Y D R O Y Y D Q J F A Z Y
S E R V I C E A N I M A L
F O J K C E E N A G U F B
T J L Z L V O U H R H U L
I L E M Y W S M K L W T S
A C C O M M O D A T I O N
S E R T E A C H B A C K K

Words to find: Disability · Accommodation · Serviceanimal · Plainlanguage · Teachback ·
Accessneed

Chapter Test — Section 11

Answer every question. Score 80% or higher to complete this section and earn its certificate. The answers are in the Answer Key at the back of this book — for parents, teachers, and self-checking after you finish.

1. For a substantive interview with a resident who has limited English, who should interpret?

- A. The relative who speaks the most English
- B. A qualified interpreter through your department's authorized channels — never the opposing party, and never a child beyond an immediate safety moment
- C. Any bilingual neighbor from the hallway
- D. The person who called 911

2. A resident nods and says “yes” to everything you say. This school teaches:

- A. Nodding is a common safety behavior under authority — confirm understanding by asking the person to restate what happens next
- B. The person understood and agreed to everything
- C. The person is being deceptive
- D. No interpreter is needed after all

3. Why must children not be used as interpreters for a parent's account of violence?

- A. It is the standard for all interviews
- B. It saves time and the child enjoys helping
- C. It endangers the child, corrupts the account, and reverses family power — use a qualified interpreter instead
- D. It is fine as long as the child is over seven

4. In the worked scenario, a husband who may have caused harm volunteers to “explain for” his wife and holds her phone. Your move is:

- A. Conclude the wife fell, since the fluent husband explained it
- B. Let the daughter interpret to keep things fast
- C. Document the husband's account as the wife's statement
- D. Separate the wife from her husband, request a qualified interpreter through department channels, and do the substantive interview through that neutral channel

5. How should an officer handle immigration fear during a call it is not the subject of?

- A. Make status the focus of every call to show thoroughness

B. Lead with the safety purpose of this contact, follow department policy exactly on any duties that genuinely apply, and never improvise promises about immigration outcomes

C. Promise residents that cooperation protects their status

D. Threaten status consequences to gain compliance on the call

6. What is the rule for a resident's wheelchair or mobility device?

A. It is part of the person's body space — do not touch or move it without permission

B. Move it aside first so the interview is unobstructed

C. Use it to demonstrate cooperation by asking the person to stand

D. Treat refusal to move it as noncompliance

7. In the second story, a stopped driver does not respond to spoken instructions and points to her ear. The officer's effective move was:

A. Shout louder until she responds

B. Call backup for a refusing driver

C. Step into view, show your badge visually, and use writing or department communication tools to complete the stop calmly

D. End the stop immediately without explanation

8. How should a service animal be treated during a home visit?

A. Separate the animal from its handler for the whole visit

B. Do not pet, command, or separate a service animal from its handler without a genuine safety reason

C. Ask the handler to prove the animal's training papers before helping

D. Treat the animal as a pet and a pretext for delay

9. A resident with an intellectual disability answers very slowly and needs instructions repeated. This school teaches:

A. Suspect the person is consenting to a search

B. Treat slowness as evasion

C. End the encounter quickly to save time

D. Distinguish “cannot process fast” from “refusing” — use plain language, one instruction at a time, and more time

10. When language, status fear, and disability combine in one home, what sequence does this school teach?

A. Safety and medical needs first; a neutral communication channel second; the substantive interview third; enforcement decisions on facts once people can be

understood

- B. Enforcement decisions first, interpretation later if time allows
- C. Interview through family first, channel second
- D. Everything at once, as fast as possible

Certificate — Section 11

Minister Destiny Testimony Schools

Certificate of Completion — Section 11: Working With Immigrants, Interpreters and Disability: In the Home and on Stops

This certifies that

Name (write your name here)

has completed

Minister Destiny Testimony Schools — Law Enforcement

Section 11: Working With Immigrants, Interpreters and Disability: In the Home and on Stops

Date completed: _____

Presented by **Minister Destiny Marie Morgan**, Minister & Founder

Congratulations. You have learned to slow an encounter down until every person in it can truly understand and be understood — across language, across fear, across every way a body and mind can work. That patience is not softness. It is accuracy, and accuracy is justice at street level. — Minister Destiny Marie Morgan

School completion and rank are school achievements only. It is not a law-enforcement rank, title, or credential, and it does not certify you for any duty.

Educational completion certificate only — not a state license, POST certification, or government credential.

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Section 12 — Rebuilding Trust: Negotiation, Respect, Accountability, and Solutions Instead of More Charges

Minister Destiny Testimony Schools — Law Enforcement

The lesson

1. What trust actually is — and how it was lost

Trust, in a neighborhood, is not affection for police and it is not agreement with every law. Trust is a practical prediction residents make: **if I call, will it help more than it hurts? If my son is stopped, will he be read fairly? If I report, will I be believed, protected, and told the truth about what happens next?** Where the prediction is yes, people call early, give statements, accept mediation, send their teenagers to officers for help, and share the information that prevents the next shooting. Where the prediction is no, silence looks safer — and silence is where violence, abuse, and exploitation do their best work.

Trust is rarely lost in one dramatic event alone. It erodes in small, retold denominations: a victim whose report was taken without privacy; a driver humiliated in front of his children; a family promised a callback that never came; a young man arrested for the charge that was available rather than the outcome that was needed; a grandmother's clutter read as neglect (Section 1). Each moment is retold at kitchen tables and barbershops with an efficiency no public statement can match. The encouraging truth runs in the same channel: fairness is also retold. The officer who waited for an interpreter (Section 11), who called the ambulance early (Section 7), who offered the exit before the arrest (Section 10) — those stories travel too, and they are the raw material you control on every shift.

Rebuilding, then, is not a campaign. It is a standard: behave, encounter after encounter, in ways that make the helpful prediction rational again — and be honest about the encounters where harm was done, because a community can forgive a great deal except being told its own experience did not happen.

2. Negotiation — the street skill underneath trust

Negotiation in policing is not hostage-barricade formality, though those specialists do its most famous work. Everyday negotiation is the structured conversation by which two people who disagree — officer and resident, neighbor and neighbor, officer and a furious teenager — reach an outcome both can live with without force or a charge doing the talking. This school teaches a five-move pattern you have already met in pieces:

1. **Listen for the interest under the position.** A position is what a person demands (“I’m not moving my car,” “Arrest him or leave”). An interest is what the demand

protects — pride in front of friends, fear of a landlord, exhaustion, a belief no one takes their loss seriously. Ask: “Help me understand what matters most to you here.” Interests can often be satisfied even when positions cannot.

2. Acknowledge before you answer. Restate what you heard in neutral words and let the person correct it. Being accurately heard is, for many residents, the first evidence this encounter will differ from the last one. Acknowledgment is not agreement; it is proof of listening, and it costs you nothing you need.

3. Put the shared problem on the table. Reframe from me-versus-you to us-versus-the-problem: “We both need this hallway safe tonight and your family able to stay here. Here's what I can do, here's what I can't, and here's why.” Name your real constraints — the law, a court order, a victim's safety — honestly. People accept hard limits from an officer who shows their work far more readily than from one who hides behind “because I said so.”

4. Offer options, not ultimatums, wherever a real option exists. Two genuine choices (“I can take your report here now, or an advocate can call you tomorrow and we take it then”) produce cooperation ultimatums cannot. Never offer an option you cannot deliver — a broken menu destroys the next officer's credibility too.

5. Close with a specific, shared summary. Who will do what, by when, and how anyone can reach help if it breaks down. Write it into your report in the same words. A summary repeated back is a promise made in public, and keeping small promises is the entire mechanics of Section 12.

Negotiation fails sometimes — a person too intoxicated, too frightened, too committed to violence, or facing enforcement the law requires. Even then, the attempt leaves evidence: bystanders, families, and the person themselves register that force or arrest was the last tool reached for, not the first. That registration is trust data, and neighborhoods keep meticulous accounts.

3. Respect as a procedure, not a mood

Respect in this school is not friendliness, and it is not surrendering authority. It is a set of repeatable procedures any officer can perform on a bad day, in a bad mood, with a difficult resident — which is precisely when procedures matter:

- **Explain the encounter.** Who you are, why you are there, what will happen next, in plain language (Section 11), before it happens. Surprise is the enemy of dignity.
- **Give voice before decision.** Let people state their account before enforcement decisions are finalized wherever safety and law allow, and show the account was registered — a nod, a note, a restatement — even when the decision cannot change.
- **Protect privacy and dignity physically.** Shield victims from audiences, keep medical and family details from onlookers, never use a resident's body, home, or belongings as a prop for authority: no gratuitous mess left behind after a lawful search, no commentary on poverty, no photographs or jokes at a resident's expense,

ever.

- **Mind the small currencies.** A name pronounced correctly, a knock that waits, a business card with a real case or report number, a callback made when promised — residents weigh these heavily because they are the moments an officer chose care when no rule forced it.
- **Carry respect into the report.** Factual language, exact quotes, observations separated from conclusions (the discipline of every section). A person may someday read what you wrote — in court, in a complaint process, in a records request. Write as if they will, with nothing in the file you would be ashamed to hear read aloud in their kitchen.

What respect is NOT: it is not delaying necessary enforcement while danger grows, not trading a victim's safety for a calmer scene, and not agreeing with accounts the facts contradict. Firm and respectful is the combination communities actually ask for. Soft and vague helps no one; hard and humiliating helps no one twice.

4. Accountability — yours, the system's, and the resident's

Trust cannot be rebuilt by officers alone asking residents to change. Accountability in Section 12 runs in three directions, and the course is honest about all of them.

Your accountability. When you err — misread a scene, spoke harshly, promised what you could not deliver — name it as soon as you safely can: “I raised my voice earlier. That wasn't necessary, and I'm sorry. Here's where we are.” An apology for conduct is not an admission about a case, and it does not weaken lawful authority; officers who can correct themselves are the ones residents describe as fair. Follow through on the mechanics too: accurate reports, body-camera practice per policy, honest testimony, and complaints or commendations routed without interference. A resident who reports misconduct should meet a process that works — that, too, is policing.

The system's accountability, at your level. You cannot redesign your department from a cruiser, and this community-designed course does not pretend otherwise. What you control is the handoff quality of the system a resident experiences: correct information about next steps and timelines, referrals that are real (numbers verified in Resources, advocates actually notified under your process), court and station directions a tired person can follow, and feedback loops honored — if you say “a detective will call by Friday,” you note it where the detective will see it. Every broken system promise lands on the next officer's doorstep; every kept one compounds.

The resident's accountability — held with proportion. Accountability is also what you ask of the community, and this course has never taught otherwise: violence is answered, court orders are enforced, conditions are checked, and repeat harm meets the law. The Section 12 refinement is proportion and purpose. Ask, before adding a charge to a situation: What behavior must change? What outcome protects the victim and the public? Is there a response — restitution arranged through proper channels, a program referral, a

warning with a concrete plan, mediation the parties genuinely accept — that secures that outcome more reliably than one more count on a record already heavy with counts? Where law or policy mandates the charge, charge cleanly and respectfully. Where discretion honestly exists, spend it on the outcome, not the statistic — and document your reasoning so a supervisor reads judgment, not indifference.

5. Solutions instead of more charges — the closing practice, step by step

Bring the whole course to the point of decision. At the end of an encounter, before the default outcome hardens, run the closing sequence this school leaves with you:

1. **State the actual problem one final time.** Not the loudest symptom — the thing that, if unchanged, brings everyone back: untreated addiction (Section 7), a control pattern at home (Section 8), a crisis without a care connection (Section 9), adrenaline without an exit (Section 10), a family without a working channel to help (Section 11).
2. **Check the mandates.** What does the law, any court order, victim safety, and your orders require here, without exception? Do those things fully and first.
3. **Inventory the help already in your hands.** Medical transport, crisis team or co-response clinician, victim advocate, hotline numbers that work — 911 for danger, 988 for crisis, the Domestic Violence Hotline at 1-800-799-7233 or text START to 88788, SAMHSA at 1-800-662-4357 for treatment referral, Childhelp at 1-800-422-4453 for a child's safety, RAINN at 1-800-656-4673 for sexual harm.
4. **Choose the least-charge outcome that truly solves it, where discretion exists.** Transport over arrest for the medical crisis. Referral and documented warning for the aggression that stopped. A report taken with an advocate for the victim not ready for court. Then attach the concrete plan: who calls whom, what happens tomorrow, how anyone reopens this if it fails.
5. **Tell everyone affected what was decided and why,** in words they can repeat at home. Decisions explained become legitimacy; decisions announced become rumors.
6. **Document the solution with the same rigor as an arrest.** Future officers, prosecutors, advocates, and judges can only honor a plan they can read. Your report is the bridge between tonight's good judgment and next month's follow-through.
7. **Keep the appointment you just made with the future.** If follow-up is yours — a callback, a check-in, a referral confirmation — do it. The entire course reduces, in the end, to this: **say true things, do the thing you said, and let the neighborhood watch you do it a hundred times.**

That is how trust is rebuilt: not declared, accumulated. You will not finish the work in one career, and you were never asked to. You are asked to leave every block you police measurably more willing to call than you found it — one fair read, one kept promise, one solved problem at a time. Minister Destiny built this school because she believes that accumulation is possible, and because the families she serves cannot wait for anyone else to begin it.

Words to know — Section 12

- **Trust** — a community's practical prediction that seeking police help will help more than it hurts, built from repeated encounters.
- **Legitimacy** — the public's judgment that authority is exercised fairly and honestly, which produces voluntary cooperation.
- **Procedural fairness** — being treated with respect, given a voice, and dealt with neutrally and transparently — the strongest driver of legitimacy.
- **Negotiation** — a structured conversation that finds the interests under stated positions and builds an outcome people can accept without force.
- **Position vs. interest** — a position is the demand a person states; an interest is the need, fear, or value the demand protects.
- **Accountability** — responsibility made visible: acknowledging error, keeping commitments, enforcing law proportionately, and accepting oversight.
- **Diversion** — directing a person, where law and policy allow, toward a constructive solution instead of a formal charge.
- **Restitution** — making a victim's loss right, such as repayment for damage, arranged through proper legal channels.
- **Mediation** — a facilitated conversation between parties in dispute, used only when both genuinely agree and safety allows.
- **Follow-through** — completing the callbacks, referrals, and checks an encounter promised; the mechanical heart of trust.

Myths vs facts — Section 12

- **Myth:** Trust is a public-relations problem fixed with better messaging. **Fact:** Trust is a prediction built from lived encounters. Only repeated fairness, honesty, and follow-through — witnessed and retold — change it.
- **Myth:** Apologizing for your own harsh words weakens your authority. **Fact:** Correcting yourself models the exact accountability officers ask of residents. Communities rate self-correcting officers as more legitimate, not less.
- **Myth:** Choosing a solution over an available charge means the behavior had no consequences. **Fact:** A documented warning, a treatment transport, restitution, or a program referral is a consequence — often the one that changes the behavior. Mandated charges are still made; discretion is spent, not surrendered.
- **Myth:** One officer cannot move trust in a whole neighborhood. **Fact:** Encounters are retold efficiently and remembered for years. A single officer's pattern across hundreds of calls is one of the strongest signals a block receives.

Think it through — Section 12

The situation: For the third time this month you respond to two neighbors feuding over a shared driveway. Tonight, Mr. A shoved Mr. B during an argument about a blocked car; Mr. B is uninjured and, in front of gathering family, demands an arrest “or nobody respects anything here.” Mr. A, breathing hard, says Mr. B has blocked him in deliberately for weeks and “nobody ever listens until something happens.” Both men have children watching from their porches. No weapons, no injuries, no court orders between them.

Walk it through:

1. **Safety and facts first.** Separate the men, confirm no injuries and no medical needs, and take each account privately. The shove is real conduct to address — negotiation never begins by erasing it.
2. **Listen for interests.** Mr. B's position is “arrest him”; his interest is being respected and not shoved again in front of his family. Mr. A's position is “he started it”; his interest is reliable access to his own driveway and being heard before escalation. Both interests are satisfiable without deciding the feud forever tonight.
3. **Name mandates and options honestly.** Explain what the law and your policy say about the shove and what discretion, if any, exists — without promising an outcome before a supervisor or the facts allow. If a charge is required, it proceeds respectfully, and the steps below still shape everything around it.
4. **Where discretion exists, build the solution.** A documented resolution both men state back to you: a parking arrangement for the shared drive, an agreement that neither touches the other and disputes go to calls or mediation rather than doorsteps, restitution or repair of any damage through proper channels, and clear notice that any repeat physical contact ends discretion. Mr. B hears his safety taken seriously; Mr. A hears his grievance recorded at last.
5. **Close in public summary, because the audience is part of the outcome.** With both families watching, state the plan neutrally and what happens if it breaks. The children on the porches have just watched a conflict end with words, structure, and fairness instead of a parent taken away — a Section 1 advertisement no assembly can buy.
6. **Document and follow through.** Report the accounts, the shove, the agreement, and your reasoning in factual language. If a check-in was promised, calendar it. The agreement's credibility — and yours — is decided next week, not tonight.

One more real-life story — Section 12

An officer closes her last call of the course's imagined year on the same porch where, eleven sections ago, a loud cookout nearly became a crowd confrontation. The resident who once went silent at her approach waves her over: his teenage daughter is being harassed online by an ex-boyfriend who has threatened to come to the house. The family called early — at the threat stage, not the arrival stage — and the father tells a neighbor, within the officer's hearing, “Call. They actually do something, and they don't make it

worse.”

She takes the report carefully, safety-plans the evening with the family, connects them to the Domestic Violence Hotline, 1-800-799-7233, for advocacy, documents the threats exactly, and explains the follow-up the family will receive — then makes sure the follow-up is noted where it will happen.

Takeaway: Nothing about the family's life became simple. What changed across a year of fair encounters is the prediction: help, called early, helps. Every section of this course — the accurate read, the calm voice, the ambulance, the interpreter, the offered exit — was a deposit. This call is what the interest looks like.

Try this — Section 12

Carry the closing drill on every call for one month, then review your own reports for it:

- Interests named: I asked what mattered most to each person, not only what they demanded
- Voice given before decisions, and accounts restated accurately
- Mandates done fully; discretion, where it existed, spent on the outcome that solves the problem
- Options offered were real, and no promise was made that I could not keep
- Closing summary stated aloud: who does what, by when, how to reach help — 911, 988, and the hotline that fits
- Report written in facts and exact words a resident could hear read aloud without shame
- Every follow-up I promised is noted where it will happen — and then done

Resources to keep — Section 12

- **Emergency:** 911 — for immediate danger, injury, or a court order being violated.
- **988 Suicide and Crisis Lifeline:** Call or text 988 — for emotional crisis, for yourself or someone you are worried about.
- **Crisis Text Line:** Text HOME to 741741 — silent, text-based crisis support.
- **National Domestic Violence Hotline:** 1-800-799-7233 / text START to 88788 — safety planning and advocacy referrals.
- **RAINN:** 1-800-656-4673 — confidential support for sexual harm.
- **Childhelp National Child Abuse Hotline:** 1-800-422-4453 — guidance when a child's safety is a concern.
- **SAMHSA National Helpline:** 1-800-662-4357 — treatment referral and information for substance use.
- **Poison Control:** 1-800-222-1222 — poisoning and substance-exposure guidance.

- **On scene and after:** Your department's crisis-intervention team, a co-response clinician if your department has one, victim advocates through your department's process, and the local hospital for medical assessment.

What you earned / what's next — Section 12

Section 12 complete (quiz score 80% or higher): You can negotiate from interests instead of ultimatums, practice respect as a procedure, hold accountability in all three directions, and run the closing sequence that chooses real solutions over reflexive charges wherever the law, safety, and a victim's needs allow — the working method of rebuilding trust.

Word Search — Section 12

Find the words from this section's Words to know. Words run across, down, or diagonally.

A	R	Q	B	Y	T	H	B	Z	S	N	R	B
D	L	E	G	I	T	I	M	A	C	Y	X	H
I	A	T	C	N	E	Q	M	Y	J	Q	G	G
V	D	Y	X	L	J	S	C	Y	H	X	M	K
E	P	O	R	N	L	C	G	U	H	B	V	T
R	T	Z	L	C	K	I	Z	B	Q	I	Q	U
S	U	Y	Y	C	U	Z	R	U	M	X	U	T
I	R	X	E	S	Y	E	L	U	Z	V	R	R
O	R	E	S	T	I	T	U	T	I	O	N	U
N	N	E	G	O	T	I	A	T	I	O	N	S
W	A	R	M	E	D	I	A	T	I	O	N	T
F	O	L	L	O	W	T	H	R	O	U	G	H
W	P	K	J	N	D	T	T	T	T	V	T	S

Words to find: Trust · Legitimacy · Negotiation · Diversion · Restitution · Mediation ·
Followthrough

Chapter Test — Section 12

Answer every question. Score 80% or higher to complete this section and earn its certificate. The answers are in the Answer Key at the back of this book — for parents, teachers, and self-checking after you finish.

1. What is trust, as Section 12 defines it?

- A. Affection for police and agreement with every law
- B. A practical prediction: if I call, will it help more than it hurts — and will my family be read fairly?
- C. How many officers a neighborhood knows by name
- D. Whether a department's messaging is well designed

2. In negotiation, what is an “interest”?

- A. The demand a person states
- B. The louder of two demands
- C. The need, fear, or value the demand protects — which can often be satisfied even when the position cannot
- D. The officer's first impression

3. An officer raised her voice unnecessarily on a call. What does this school say about apologizing for that conduct?

- A. It corrects the record and models the accountability officers ask of residents — communities rate self-correcting officers as more legitimate
- B. It is an admission about the whole case
- C. It surrenders lawful authority permanently
- D. It should never happen in front of residents

4. In the worked driveway scenario, what must happen before any negotiation over the parking feud?

- A. Erase the shove from discussion so feelings stay calm
- B. Promise Mr. B an arrest before hearing both accounts
- C. Begin by deciding the whole feud tonight
- D. Separate the men, confirm no injuries, take each account privately, and only then explore interests and options

5. Respect, in this school, is best described as:

- A. Being friendly and avoiding all enforcement
- B. Repeatable procedures — explain the encounter, give voice before decisions, protect privacy, keep small promises, and write reports a resident could hear read aloud

- C. Agreeing with every account
- D. Delaying enforcement while danger grows

6. Before adding a charge where discretion honestly exists, which question does Section 12 teach you to ask?

- A. What charge is easiest to file?
- B. How do I clear this call fastest?
- C. What behavior must change, what outcome protects the victim and public, and is there a response that secures that outcome more reliably than one more count?
- D. What would the last officer have done?

7. What is the closing sequence of this course?

- A. State the actual problem, do everything the law and victim safety mandate, inventory the help in your hands, choose the least-charge outcome that truly solves it, explain it, document it, and keep the follow-up
- B. Offer options first and check the law afterward
- C. Announce the decision, then invent the reasoning
- D. Document loosely, since no arrest was made

8. What actually rebuilds a neighborhood's prediction that calling helps?

- A. Better messaging about the same behavior
- B. Repeated fairness, honesty, and follow-through, witnessed and retold
- C. A single well-publicized apology
- D. More charges, filed respectfully

9. In the closing story, a family calls at the threat stage about online harassment of their daughter. Why did they call early?

- A. Nothing — the family's life stayed complicated
- B. The department's new messaging campaign
- C. A dramatic single event
- D. A year of accumulated deposits — fair reads, calm voices, help delivered — until calling early felt rational

10. What does “solutions instead of more charges” mean in this course?

- A. Only when the resident thanks you
- B. Whenever a supervisor is watching
- C. A documented warning, treatment transport, restitution, or program referral can itself be the consequence — mandated charges are still made, and discretion is spent on the outcome

D. Never — every behavior requires a charge

Certificate — Section 12

Minister Destiny Testimony Schools

Certificate of Completion — Section 12: Rebuilding Trust: Negotiation, Respect, Accountability, and Solutions Instead of More Charges

This certifies that

Name (write your name here)

has completed

Minister Destiny Testimony Schools — Law Enforcement

Section 12: Rebuilding Trust: Negotiation, Respect, Accountability, and Solutions Instead of More Charges

Date completed: _____

Presented by **Minister Destiny Marie Morgan**, Minister & Founder

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Course Certificate

For finishing every section in this course, tests passed at 80% or higher:

Minister Destiny Testimony Schools

Certificate of Completion — Minister Destiny Testimony Schools — Law Enforcement — Complete Course

This certifies that

Name (write your name here)

has completed

Minister Destiny Testimony Schools — Law Enforcement

Minister Destiny Testimony Schools — Law Enforcement — Complete
Course

Date completed: _____

Presented by **Minister Destiny Marie Morgan**, Minister & Founder

*Congratulations. You finished the Law Enforcement course. Every fair read,
every calm voice, every family helped instead of harmed — repeated shift after
shift — is how trust is rebuilt. — Minister Destiny Marie Morgan*

School completion and rank are school achievements only. It is not a law-enforcement rank,
title, or credential, and it does not certify you for any duty.

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credential.

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My Agenda — Course Tracker & Planner

Everything in this agenda is yours to write in. It stays in your book — nothing is collected.

Course tracker

Unit	Done	Date	Test score	Grade
Section 1 — Community Realities — Environment, Neighborhood, Culture, Race, Income, and Survival Behavior				
Section 2 — Bias and Judgment: Not Assuming Drugs, and Telling Addiction, Mental Illness, Trauma, and Poverty Apart From Danger				
Section 3 — De-escalation Without Profanity or Unnecessary Force: Voice, Distance, Time, and Respect				
Section 4 — Faith and Prayer on the Job: Offering Prayer With Permission, Respecting a No, and Honoring Other Faiths				
Section 5 — Fair Traffic Stops: Necessary Checks Only, Never Racial Profiling, and Clear Identification on the Road				
Section 6 — Schools, Grades and Home Safety Checks: When School Struggles Signal a Need for Support, and Children Who Cannot Speak Up				
Section 7 — Addiction Response: Care Instead of Confrontation, the Monitored Observation Unit Proposal, and the Hardest First Week of Withdrawal				
Section 8 — Domestic Violence and Families Under Stress: Assisting Families Safely in All Circumstances				

Unit	Done	Date	Test score	Grade
Section 9 — Mental Health Crises: Safe Response and Help Instead of Charges Where Possible				
Section 10 — The Gym Alternative: A Supervised, Free Law-Enforcement Gym as a Safe Warning Before Arrest for Aggression (Proposal)				
Section 11 — Working With Immigrants, Interpreters and Disability: In the Home and on Stops				
Section 12 — Rebuilding Trust: Negotiation, Respect, Accountability, and Solutions Instead of More Charges				

My goals

Write the goals you are working toward — for this course, and for yourself.

Weekly planner — Week 1

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Notes

Weekly planner — Week 2

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Notes

Weekly planner — Week 3

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Notes

Weekly planner — Week 4

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Notes

Monthly Progress Reports

One report for each month of the course. Fill it in as you go — the four weeks, the chapter test score, the letter grade (A 90–100 · B 80–89 · C 70–79 · D 60–69 · F below 60), and your running course average (add up your best test scores so far and divide by the number of tests taken). Passing is 80% or higher.

Progress Report — Section 1

Community Realities — Environment, Neighborhood, Culture, Race, Income, and Survival Behavior

Week 1 — study: _____ Done

Week 2 — study: _____ Done

Week 3 — study: _____ Done

Week 4 — chapter test: _____ Done

Chapter test score: _____ %

Letter grade: _____

Running course average: _____ %

Certificate earned this month: Yes Not yet

One thing I learned this month:

Progress Report — Section 2

Bias and Judgment: Not Assuming Drugs, and Telling Addiction, Mental Illness, Trauma, and Poverty Apart From Danger

Week 1 — study: _____ Done

Week 2 — study: _____ Done

Week 3 — study: _____ Done

Week 4 — chapter test: _____ Done

Chapter test score: _____ %

Letter grade: _____

Running course average: _____ %

Certificate earned this month: Yes Not yet

One thing I learned this month:

Progress Report — Section 3

De-escalation Without Profanity or Unnecessary Force: Voice, Distance, Time, and Respect

Week 1 — study: _____ Done

Week 2 — study: _____ Done

Week 3 — study: _____ Done

Week 4 — chapter test: _____ Done

Chapter test score: _____ %

Letter grade: _____

Running course average: _____ %

Certificate earned this month: Yes Not yet

One thing I learned this month:

Progress Report — Section 4

Faith and Prayer on the Job: Offering Prayer With Permission, Respecting a No, and Honoring Other Faiths

Week 1 — study: _____ Done

Week 2 — study: _____ Done

Week 3 — study: _____ Done

Week 4 — chapter test: _____ Done

Chapter test score: _____ %

Letter grade: _____

Running course average: _____ %

Certificate earned this month: Yes Not yet

One thing I learned this month:

Progress Report — Section 5

Fair Traffic Stops: Necessary Checks Only, Never Racial Profiling, and Clear Identification on the Road

Week 1 — study: _____ Done

Week 2 — study: _____ Done

Week 3 — study: _____ Done

Week 4 — chapter test: _____ Done

Chapter test score: _____ %

Letter grade: _____

Running course average: _____ %

Certificate earned this month: Yes Not yet

One thing I learned this month:

Progress Report — Section 6

Schools, Grades and Home Safety Checks: When School Struggles Signal a Need for Support, and Children Who Cannot Speak Up

Week 1 — study: _____ Done

Week 2 — study: _____ Done

Week 3 — study: _____ Done

Week 4 — chapter test: _____ Done

Chapter test score: _____ %

Letter grade: _____

Running course average: _____ %

Certificate earned this month: Yes Not yet

One thing I learned this month:

Progress Report — Section 7

Addiction Response: Care Instead of Confrontation, the Monitored Observation Unit Proposal, and the Hardest First Week of Withdrawal

Week 1 — study: _____ Done

Week 2 — study: _____ Done

Week 3 — study: _____ Done

Week 4 — chapter test: _____ Done

Chapter test score: _____ %

Letter grade: _____

Running course average: _____ %

Certificate earned this month: Yes Not yet

One thing I learned this month:

Progress Report — Section 8

Domestic Violence and Families Under Stress: Assisting Families Safely in All Circumstances

Week 1 — study: _____ Done

Week 2 — study: _____ Done

Week 3 — study: _____ Done

Week 4 — chapter test: _____ Done

Chapter test score: _____ %

Letter grade: _____

Running course average: _____ %

Certificate earned this month: Yes Not yet

One thing I learned this month:

Progress Report — Section 9

Mental Health Crises: Safe Response and Help Instead of Charges Where Possible

Week 1 — study: _____ Done

Week 2 — study: _____ Done

Week 3 — study: _____ Done

Week 4 — chapter test: _____ Done

Chapter test score: _____ %

Letter grade: _____

Running course average: _____ %

Certificate earned this month: Yes Not yet

One thing I learned this month:

Progress Report — Section 10

The Gym Alternative: A Supervised, Free Law-Enforcement Gym as a Safe Warning Before Arrest for Aggression (Proposal)

Week 1 — study: _____ Done

Week 2 — study: _____ Done

Week 3 — study: _____ Done

Week 4 — chapter test: _____ Done

Chapter test score: _____ %

Letter grade: _____

Running course average: _____ %

Certificate earned this month: Yes Not yet

One thing I learned this month:

Progress Report — Section 11

Working With Immigrants, Interpreters and Disability: In the Home and on Stops

Week 1 — study: _____ Done

Week 2 — study: _____ Done

Week 3 — study: _____ Done

Week 4 — chapter test: _____ Done

Chapter test score: _____ %

Letter grade: _____

Running course average: _____ %

Certificate earned this month: Yes Not yet

One thing I learned this month:

Progress Report — Section 12

Rebuilding Trust: Negotiation, Respect, Accountability, and Solutions Instead of More Charges

Week 1 — study: _____ Done

Week 2 — study: _____ Done

Week 3 — study: _____ Done

Week 4 — chapter test: _____ Done

Chapter test score: _____ %

Letter grade: _____

Running course average: _____ %

Certificate earned this month: Yes Not yet

One thing I learned this month:

Resources to Keep

Every resource from this course, in one place. Keep this page.

- 911 — for immediate danger, serious injury, or a medical emergency that cannot wait.
- 988 — call or text 988 for the Suicide and Crisis Lifeline, for a person in emotional distress or for guidance on helping someone else.
- Crisis Text Line — text HOME to 741741 to connect with a live, trained crisis counselor by text.
- SAMHSA National Helpline — 1-800-662-4357 — free, confidential treatment referral and information for substance use and mental-health concerns.
- Poison Control — 1-800-222-1222 — for suspected poisoning or a harmful substance exposure; when in doubt about urgency, call 911 first.
- Your department's crisis-intervention team — request it early on crisis calls, in line with your department's procedures.
- The local hospital — the destination and evaluation point when symptoms may be medical; a hospital bracelet, discharge paper, or medication list at a scene is information worth protecting and passing on.
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- Your local library can help you find tutoring programs, benefits information, and community family resources to leave with families who want them.
- Emergency: 911 — for overdose signs, trouble breathing, seizures, chest pain, confusion, or any immediate danger.
- SAMHSA National Helpline: 1-800-662-4357 — free, confidential treatment referral and information for substance use.
- 988 Suicide and Crisis Lifeline: Call or text 988 — for emotional crisis, including for family members supporting someone else.
- Crisis Text Line: Text HOME to 741741 — text-based crisis support.
- Poison Control: 1-800-222-1222 — for poisoning and substance-exposure guidance.
- On scene: Your department's crisis-intervention team, a co-response clinician if your department has one, and the local hospital for medical assessment and handoff.
- Emergency: 911 — for immediate danger, injuries, or a person returning in violation of a court order.
- National Domestic Violence Hotline: 1-800-799-7233 / text START to 88788 — confidential support, safety planning, and local referrals, day or night.
- RAINN (sexual assault): 1-800-656-4673 — confidential support for sexual harm.
- Childhelp National Child Abuse Hotline: 1-800-422-4453 — guidance when a child's safety is a concern.
- 988 Suicide and Crisis Lifeline: Call or text 988 — for any household member in emotional crisis.
- Crisis Text Line: Text HOME to 741741 — silent, text-based help when speaking aloud is unsafe.
- On scene: Your department's crisis-intervention team, victim advocates through your department's process, a co-response clinician if your department has one, and the local hospital for medical assessment.
- Emergency: 911 — for immediate danger, a person in traffic or another lethal hazard, overdose or poisoning concern, or any medical emergency.
- 988 Suicide and Crisis Lifeline: Call or text 988 — for the person in crisis and for family members worried about someone else.
- Crisis Text Line: Text HOME to 741741 — silent text support when speaking aloud is hard.

- SAMHSA National Helpline: 1-800-662-4357 — treatment referral and information when substance use is part of the crisis.
- Poison Control: 1-800-222-1222 — when pills or substances may have been taken.
- On scene: Your department's crisis-intervention team, a co-response clinician if your department has one, and the local hospital for assessment and handoff.
- Emergency: 911 — for a fight in progress, a weapon, an injury, or any immediate danger.
- 988 Suicide and Crisis Lifeline: Call or text 988 — when aggression is tangled with despair or talk of self-harm.
- Crisis Text Line: Text HOME to 741741 — a silent way for a young person or family member to reach crisis support.
- SAMHSA National Helpline: 1-800-662-4357 — when substance use is driving the aggression and treatment information is needed.
- National Domestic Violence Hotline: 1-800-799-7233 / text START to 88788 — when the aggression is inside a relationship or family.
- On scene: Your department's crisis-intervention team, a co-response clinician if your department has one, and the local hospital when injury or medical concern is present.
- Emergency: 911 — for immediate danger or medical emergency in any language; stay on the line while connection and interpretation are arranged through emergency services.
- National Domestic Violence Hotline: 1-800-799-7233 / text START to 88788 — confidential support with language services for callers.
- RAINN: 1-800-656-4673 — confidential support for sexual harm.
- 988 Suicide and Crisis Lifeline: Call or text 988 — crisis support, including for family members.
- Crisis Text Line: Text HOME to 741741 — text-based support that can help when speaking is difficult.
- SAMHSA National Helpline: 1-800-662-4357 — treatment referral and information.
- On scene: Your department's crisis-intervention team, a co-response clinician if your department has one, interpreter services through your department's authorized channels, and the local hospital for medical assessment.
- Emergency: 911 — for immediate danger, injury, or a court order being violated.
- 988 Suicide and Crisis Lifeline: Call or text 988 — for emotional crisis, for yourself or someone you are worried about.
- Crisis Text Line: Text HOME to 741741 — silent, text-based crisis support.
- National Domestic Violence Hotline: 1-800-799-7233 / text START to 88788 — safety planning and advocacy referrals.

- SAMHSA National Helpline: 1-800-662-4357 — treatment referral and information for substance use.
- Poison Control: 1-800-222-1222 — poisoning and substance-exposure guidance.
- On scene and after: Your department's crisis-intervention team, a co-response clinician if your department has one, victim advocates through your department's process, and the local hospital for medical assessment.

Answer Key

For parents, teachers, and self-checking after you finish each chapter test.

Section 1 Test — Community Realities — Environment, Neighborhood, Culture, Race, Income, and Survival Behavior

1. Conduct shaped by a person's environment and resources — poverty, danger, instability — rather than by criminal intent
2. Name two explanations for what you're seeing that are NOT crime — and rule them out before concluding
3. Poverty concentrates visibility — people without money live more of life in public, where the same behavior is exposed that stays private elsewhere
4. Silence has many causes — fear of police, immigration concerns, an abuser at home, trauma — and guilt is rarely the most common one
5. The last hypothesis, not the first — illness, disability, trauma, exhaustion, and medical crises can look the same at a glance
6. "The man is shouting and waving his arms."
7. Noise disturbing neighbors — nothing else had risen to risk
8. Because residents decide from each encounter whether calling the police helps — that judgment, repeated across a neighborhood, is the trust the school is named for
9. The children themselves: fed, dressed for school, and calm around her
10. As community-designed training and labeled proposals — this school is not agency policy and does not replace department training or the law

Section 2 Test — Bias and Judgment: Not Assuming Drugs, and Telling Addiction, Mental Illness, Trauma, and Poverty Apart From Danger

1. Create space from the pumps and traffic, run a plain medical screen, and request medical evaluation
2. Holding several possible explanations for the same behavior and testing each one before acting
3. Ask whether you would describe and handle this exact behavior the same way in a wealthy neighborhood or from a person in a suit
4. Stroke, low blood sugar, head injury, exhaustion, medication effects, disability, or panic
5. A body dependent on a substance going without it — which can bring shaking, nausea, anxiety, urgency, and medical danger
6. It follows the resident into the next stop, the next call, and sometimes court, even though it was never proven

7. A circumstance describing a person's resources — not their intentions, and not by itself a danger sign
8. Possibly a trauma response — the body's stored alarm firing — which calls for slow, predictable movement and announced actions
9. "Are you hurt? Do you have a medical condition? Have you taken anything today? When did you last sleep or eat?"
10. Treat it as information to test — the caller's first explanation is never a verdict to carry in for them

Section 3 Test — De-escalation Without Profanity or Unnecessary Force: Voice, Distance, Time, and Respect

1. Fix the geometry first — one safety request with a choice of where to stand — lower the audience, and give him a brief, genuine turn to be heard
2. It signals contempt, licenses the crowd to escalate, forces the person to choose between compliance and humiliation, and becomes the quoted line in complaints and hearings
3. One officer speaks while others support, unless roles change by agreement
4. Offering two acceptable options, both of which the officer can honor, so the person has control over how a necessary step happens
5. It narrows attention and reduces the ability to process complex instructions — so requests should be short, one at a time
6. A dashboard light that your own arousal is taking the lead — slow down, lower your volume, shorten sentences, or hand speaking to a partner
7. Recruit the person the subject actually listens to, greet the crowd plainly once, and ask for room to work
8. Force should answer a specific, present need — stopping harm, a lawful arrest against active resistance, protecting someone — and stop when the need stops
9. A way for a person to comply without public humiliation in front of family, peers, or a crowd
10. Assume you are recorded, stay calm and clean in language, and do not reach for a phone — professionalism is the whole camera strategy

Section 4 Test — Faith and Prayer on the Job: Offering Prayer With Permission, Respecting a No, and Honoring Other Faiths

1. Honor each person individually: join the mother's resident-led prayer as she asked, and tell the son plainly that he does not have to join and you will check in with him
2. "Would it help if I prayed with you for a moment — and it's completely fine to say no."

3. During a detention, an interrogation, a search, or any moment when the person is not free to walk away from you
4. The resident — their tradition, words, and posture govern, and the officer does not correct theology or add doctrine
5. Accept it instantly and warmly, with no persuading, no second offer, no visible disappointment, and no change in your service
6. Avoid handling religious objects unless a lawful, specific need requires it — and then explain what you must do and handle the item with visible care
7. Logistics plus respect — a name said right, a call made carefully, a custom asked about rather than assumed
8. An officer's faith may shape their character, but never who gets a warning or a citation, whose prayer gets time, or what service a resident receives
9. Share only what is needed for the leader to come and comfort — name, location, the bare fact of the situation
10. Decline with grace — say you will step just aside, respect the moment, and be ready when they are

Section 5 Test — Fair Traffic Stops: Necessary Checks Only, Never Racial Profiling, and Clear Identification on the Road

1. Close the stop fairly — the brake light, license, and registration are resolved, the silent passenger has done nothing that earns a check, and the stop ends on time
2. A specific, factual basis you can state in observations — an action you witnessed or a record you verified about this vehicle at this time
3. It yields low-information stops, misses behavior-based danger, and dries up the community information real investigations depend on
4. The reason for the stop, the driving documents and safety matters connected to it, and specific new facts that arise and can be articulated
5. The normal weather of a stop — most stopped drivers are nervous, including the entirely law-abiding
6. Introduce yourself by name and department and give the observed reason for the stop before requesting documents
7. The officer's rank, badge number, and department
8. It is a labeled proposal — voluntary and agency-issued — and its absence creates no suspicion and changes no legal duty
9. A stated reason for a stop that conceals the officer's real, unrelated purpose — such as hoping to look inside the car
10. Review your own stop patterns — reason, checks, outcome, expansion — the way a supervisor or journalist would, and investigate a lopsided pattern in yourself first

Section 6 Test — Schools, Grades and Home Safety Checks: When School Struggles Signal a Need for Support, and Children Who Cannot Speak Up

1. Conduct a planned support check — honest introduction, listening first — which in the lesson reveals an overnight-shift and childcare change, matched with school and community support
2. A defined pattern — D or F grades across subjects, or chronically unfinished work persisting after the school's own outreach — that prompts a support check under this program's proposal
3. Silence has shapes — ordinary shyness warms up, while stillness that tracks a particular adult and does not lift is information for proper follow-up
4. Whether the child is fed, supervised, medically cared for, sent to school, and safe from harm — not the décor
5. It is specialist work — forensic interviewing of children is done by trained professionals under department procedures, and a leading question can harm both a child and a case
6. A single bad test is a bad week; a persistent pattern across subjects, after the school's own outreach, is a signal that a kind question is justified
7. Name, department, and the plain reason — the school noticed the change, and the visit asks what shifted and whether support would help
8. By family outcomes — children back in class, work returning, services connected — not by arrests, citations, or removals
9. A small, specific, solvable problem — an eye exam and glasses — that each household assumed another had handled
10. Share the minimum, through the agreed channels, for the stated purpose — and tell families so in plain words

Section 7 Test — Addiction Response: Care Instead of Confrontation, the Monitored Observation Unit Proposal, and the Hardest First Week of Withdrawal

1. A health condition in which a person keeps seeking and using a substance despite serious harm
2. Teach it and label it as a proposal — a medical destination where an authorized program exists, not current agency policy
3. Confusion, hallucinations, seizures, severe agitation, or fever during withdrawal — get medical help
4. Explain that the first days are the hardest for many people, that medical staff must judge safety, and that returning to help quickly matters more than shame
5. Treat sudden drowsiness with slow breathing after possible use, especially after weeks without using, as an overdose risk and get medical help moving

6. What was observed, what was reported and by whom, times, medical concerns, who transported, and where
7. Call medical help early, speak in plain language about the plan, and separate the person from the audience
8. A parent's arrest or crisis in the home can affect children present, their immediate safety and comfort, and follow-up duties under law and policy
9. SAMHSA, 1-800-662-4357
10. Breathing, color, and ability to stay awake, with medical assessment when emergency signs appear

Section 8 Test — Domestic Violence and Families Under Stress: Assisting Families Safely in All Circumstances

1. Ongoing tactics — isolation, monitoring, threats, and control of money, movement, or communication — that strip a person's freedom
2. It is common under fear, pressure, dependence, and shock — careful documentation of the first account and scene still matters
3. Presentation is information, not a verdict — document each person's words, observations, and actions separately
4. Start with safety, ask open and concrete questions privately, offer medical care, and promise nothing you cannot deliver
5. Pattern observations — controlling answers, keys, and eye contact; a minimized injury; a broken phone — justify slowing down and separating the conversation
6. Ask privately: “Is it safe for you to keep this, or is there a safer way to reach help?”
7. Keep questions brief and focused on immediate safety, follow child-safety duties, and never make a child carry messages or sides
8. A common stress response — an observation, not evidence the child was unaffected
9. 1-800-799-7233, or text START to 88788
10. It can be the most dangerous time, and control over money, housing, children, and documents makes leaving a process needing planning and support

Section 9 Test — Mental Health Crises: Safe Response and Help Instead of Charges Where Possible

1. Acknowledge the fear without endorsing the belief: “I don't hear that, and I can see it feels real and frightening to you”
2. Ask directly — it opens a door and does not create the idea
3. Possible psychosis with fear of police and an urgent traffic risk — set the scene, give space, speak to the fear, and bring crisis help early

4. Use one voice, short sentences, simple choices, and explain every transition before it happens
5. Listen, reduce immediate means where lawful and safe, keep the person connected to help, and document exact words, plans, and means
6. Head injury, infection, low blood sugar, seizure aftermath, substances, trauma responses, and dementia can all present similarly
7. Help is preferred when no serious harm demands enforcement, because a charge alone rarely treats the cause and a record can block housing, work, and care
8. Each visit deserves a fresh check — new medical problems, new means, medication changes, losses — because many conditions are managed over years
9. 988 — it can be called or texted, and it also coaches people worried about someone else
10. Through the door she asked directly about suicide and about pills taken, turning a “barricaded teen” call into a timely medical rescue

Section 10 Test — The Gym Alternative: A Supervised, Free Law-Enforcement Gym as a Safe Warning Before Arrest for Aggression (Proposal)

1. Minister Destiny's proposal: a supervised, free law-enforcement gym offered as a safe warning before arrest for escalating aggression — labeled as a proposal, not agency policy
2. A serious offense has occurred, a weapon is involved, the person is in medical danger or acute mental health crisis, or the person declines
3. It fits the narrow band: escalating aggression, no injury, no weapon, no medical or mental health emergency, and no offense yet requiring arrest
4. State the observation, the consequence, and the choice once and clearly — then give time and privacy, because pride needs a path down
5. Close cleanly — enforce or depart strictly as conduct and law require, without punishing the refusal
6. Under the proposal, the visit is logged as a referral for safety and evaluation — it is not a booking, interrogation opportunity, or evidence-gathering about unrelated matters
7. A warning works best when it points somewhere — a real, supervised, free place to put the energy, right now
8. Arrest talk is the only language teenagers respect
9. Because the proposal includes medical screening questions, supervision, no contact drills for referred participants in crisis, and rules for minors
10. Describe it honestly as a proposal only — never present it as available where it does not exist

Section 11 Test — Working With Immigrants, Interpreters and Disability: In the Home and on Stops

1. A qualified interpreter through your department's authorized channels — never the opposing party, and never a child beyond an immediate safety moment
2. Nodding is a common safety behavior under authority — confirm understanding by asking the person to restate what happens next
3. It endangers the child, corrupts the account, and reverses family power — use a qualified interpreter instead
4. Separate the wife from her husband, request a qualified interpreter through department channels, and do the substantive interview through that neutral channel
5. Lead with the safety purpose of this contact, follow department policy exactly on any duties that genuinely apply, and never improvise promises about immigration outcomes
6. It is part of the person's body space — do not touch or move it without permission
7. Step into view, show your badge visually, and use writing or department communication tools to complete the stop calmly
8. Do not pet, command, or separate a service animal from its handler without a genuine safety reason
9. Distinguish “cannot process fast” from “refusing” — use plain language, one instruction at a time, and more time
10. Safety and medical needs first; a neutral communication channel second; the substantive interview third; enforcement decisions on facts once people can be understood

Section 12 Test — Rebuilding Trust: Negotiation, Respect, Accountability, and Solutions Instead of More Charges

1. A practical prediction: if I call, will it help more than it hurts — and will my family be read fairly?
2. The need, fear, or value the demand protects — which can often be satisfied even when the position cannot
3. It corrects the record and models the accountability officers ask of residents — communities rate self-correcting officers as more legitimate
4. Separate the men, confirm no injuries, take each account privately, and only then explore interests and options
5. Repeatable procedures — explain the encounter, give voice before decisions, protect privacy, keep small promises, and write reports a resident could hear read aloud
6. What behavior must change, what outcome protects the victim and public, and is there a response that secures that outcome more reliably than one more count?

7. State the actual problem, do everything the law and victim safety mandate, inventory the help in your hands, choose the least-charge outcome that truly solves it, explain it, document it, and keep the follow-up
8. Repeated fairness, honesty, and follow-through, witnessed and retold
9. A year of accumulated deposits — fair reads, calm voices, help delivered — until calling early felt rational
10. A documented warning, treatment transport, restitution, or program referral can itself be the consequence — mandated charges are still made, and discretion is spent on the outcome

Sources & Credits

The lessons in this book were written for Minister Destiny Testimony Schools from public sources — official websites, public health and safety organizations, help lines, and the law itself. The sources each chapter was built from, and the help resources it points you to, are listed under that chapter's name, with credit, so you can check anything in this book and keep learning. Court opinions and laws are public documents that belong to everyone. Everything here is retold in the school's own plain words — nothing in this book is copied from anyone else's book.

Section 1 — Community Realities — Environment, Neighborhood, Culture, Race, Income, and Survival Behavior

- This chapter is taught from Minister Destiny Marie Morgan's own curriculum; it names no outside source.

Section 2 — Bias and Judgment: Not Assuming Drugs, and Telling Addiction, Mental Illness, Trauma, and Poverty Apart From Danger

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Section 7 — Addiction Response: Care Instead of Confrontation, the Monitored Observation Unit Proposal, and the Hardest First Week of Withdrawal

- Emergency: 911 — for overdose signs, trouble breathing, seizures, chest pain, confusion, or any immediate danger.
- SAMHSA National Helpline: 1-800-662-4357 — free, confidential treatment referral and information for substance use.

- 988 Suicide and Crisis Lifeline: Call or text 988 — for emotional crisis, including for family members supporting someone else.
- Crisis Text Line: Text HOME to 741741 — text-based crisis support.
- Poison Control: 1-800-222-1222 — for poisoning and substance-exposure guidance.
- On scene: Your department's crisis-intervention team, a co-response clinician if your department has one, and the local hospital for medical assessment and handoff.
- Stimulant crashes can look different: exhaustion, sleeping for long stretches, low mood, irritability, increased appetite, and intense craving when energy returns. Low mood and talk of hopelessness should always prompt a careful suicide-risk response and connection to help, including 988.
- Share the resources at the end of this section exactly as listed — especially SAMHSA, 1-800-662-4357, for treatment referrals, and 988 if anyone in the home is in emotional crisis.
- Family given SAMHSA, 1-800-662-4357, and 988 where crisis support is needed, exactly as listed in Resources

Section 8 — Domestic Violence and Families Under Stress: Assisting Families Safely in All Circumstances

- Emergency: 911 — for immediate danger, injuries, or a person returning in violation of a court order.
- National Domestic Violence Hotline: 1-800-799-7233 / text START to 88788 — confidential support, safety planning, and local referrals, day or night.
- RAINN (sexual assault): 1-800-656-4673 — confidential support for sexual harm.
- Childhelp National Child Abuse Hotline: 1-800-422-4453 — guidance when a child's safety is a concern.
- 988 Suicide and Crisis Lifeline: Call or text 988 — for any household member in emotional crisis.
- Crisis Text Line: Text HOME to 741741 — silent, text-based help when speaking aloud is unsafe.
- On scene: Your department's crisis-intervention team, victim advocates through your department's process, a co-response clinician if your department has one, and the local hospital for medical assessment.
- Give resources in a form that is safe to take. A small card or written number may be safer than a loud announcement in front of the other party. Offer the National Domestic Violence Hotline, 1-800-799-7233, or text START to 88788, and RAINN, 1-800-656-4673, where sexual harm is involved. Ask privately: “Is it safe for you to keep this, or is there a safer way to reach help?” A phone that is monitored makes a saved hotline number a risk; advocates can safety-plan around that.

Section 9 — Mental Health Crises: Safe Response and Help Instead of Charges Where Possible

- Emergency: 911 — for immediate danger, a person in traffic or another lethal hazard, overdose or poisoning concern, or any medical emergency.
- 988 Suicide and Crisis Lifeline: Call or text 988 — for the person in crisis and for family members worried about someone else.
- Crisis Text Line: Text HOME to 741741 — silent text support when speaking aloud is hard.
- SAMHSA National Helpline: 1-800-662-4357 — treatment referral and information when substance use is part of the crisis.
- Poison Control: 1-800-222-1222 — when pills or substances may have been taken.
- On scene: Your department's crisis-intervention team, a co-response clinician if your department has one, and the local hospital for assessment and handoff.
- Stay and connect. A person at risk should not be left alone while help is arranged when you can prevent it. Call or text routes matter for the family too: 988 can be called or texted, and 988 also coaches people who are worried about someone else. Crisis Text Line, text HOME to 741741, offers a silent option.
- Close with connection, not just departure. Leave 988 and Crisis Text Line information where crisis support may be needed again, confirm who in the home knows the plan, and document the referral and handoff with the same care you would document an arrest. A referral written clearly is how the next shift knows help — not only enforcement — was tried.

Section 10 — The Gym Alternative: A Supervised, Free Law-Enforcement Gym as a Safe Warning Before Arrest for Aggression (Proposal)

- Emergency: 911 — for a fight in progress, a weapon, an injury, or any immediate danger.
- 988 Suicide and Crisis Lifeline: Call or text 988 — when aggression is tangled with despair or talk of self-harm.
- Crisis Text Line: Text HOME to 741741 — a silent way for a young person or family member to reach crisis support.
- SAMHSA National Helpline: 1-800-662-4357 — when substance use is driving the aggression and treatment information is needed.
- National Domestic Violence Hotline: 1-800-799-7233 / text START to 88788 — when the aggression is inside a relationship or family.
- On scene: Your department's crisis-intervention team, a co-response clinician if your department has one, and the local hospital when injury or medical concern is present.

Section 11 — Working With Immigrants, Interpreters and Disability: In the Home and on Stops

- Emergency: 911 — for immediate danger or medical emergency in any language; stay on the line while connection and interpretation are arranged through emergency services.
- National Domestic Violence Hotline: 1-800-799-7233 / text START to 88788 — confidential support with language services for callers.
- RAINN: 1-800-656-4673 — confidential support for sexual harm.
- Childhelp National Child Abuse Hotline: 1-800-422-4453 — guidance when a child's safety is a concern.
- 988 Suicide and Crisis Lifeline: Call or text 988 — crisis support, including for family members.
- Crisis Text Line: Text HOME to 741741 — text-based support that can help when speaking is difficult.
- SAMHSA National Helpline: 1-800-662-4357 — treatment referral and information.
- On scene: Your department's crisis-intervention team, a co-response clinician if your department has one, interpreter services through your department's authorized channels, and the local hospital for medical assessment.
- Protect victim access fiercely. A person reporting violence, seeking medical help, or protecting a child should leave your encounter knowing how to reach 911, the Domestic Violence Hotline, 1-800-799-7233 or text START to 88788, and RAINN, 1-800-656-4673, where relevant — offered privately and with the safety check of Section 8, because the person who threatened them with status may also monitor their phone.
- Do not leave a household's only copy of resource information in a language no one in the home reads, where an alternative exists through department or hotline language services. The hotlines in Resources serve callers in many languages through their own services — say so when you offer the number.
- Do not convert fear into status conclusions. Nothing in this scene requires you to improvise immigration questions. Your purpose is the reported violence and her safety; follow department policy on any duties that genuinely apply, and offer the Domestic Violence Hotline privately — noting its language services — with the Section 8 check: is it safe for her to keep it, given the monitored phone?

Section 12 — Rebuilding Trust: Negotiation, Respect, Accountability, and Solutions Instead of More Charges

- Emergency: 911 — for immediate danger, injury, or a court order being violated.
- 988 Suicide and Crisis Lifeline: Call or text 988 — for emotional crisis, for yourself or someone you are worried about.

- Crisis Text Line: Text HOME to 741741 — silent, text-based crisis support.
- National Domestic Violence Hotline: 1-800-799-7233 / text START to 88788 — safety planning and advocacy referrals.
- RAINN: 1-800-656-4673 — confidential support for sexual harm.
- Childhelp National Child Abuse Hotline: 1-800-422-4453 — guidance when a child's safety is a concern.
- SAMHSA National Helpline: 1-800-662-4357 — treatment referral and information for substance use.
- Poison Control: 1-800-222-1222 — poisoning and substance-exposure guidance.
- On scene and after: Your department's crisis-intervention team, a co-response clinician if your department has one, victim advocates through your department's process, and the local hospital for medical assessment.
- Inventory the help already in your hands. Medical transport, crisis team or co-response clinician, victim advocate, hotline numbers that work — 911 for danger, 988 for crisis, the Domestic Violence Hotline at 1-800-799-7233 or text START to 88788, SAMHSA at 1-800-662-4357 for treatment referral, Childhelp at 1-800-422-4453 for a child's safety, RAINN at 1-800-656-4673 for sexual harm.
- She takes the report carefully, safety-plans the evening with the family, connects them to the Domestic Violence Hotline, 1-800-799-7233, for advocacy, documents the threats exactly, and explains the follow-up the family will receive — then makes sure the follow-up is noted where it will happen.
- Closing summary stated aloud: who does what, by when, how to reach help — 911, 988, and the hotline that fits

The school itself is free: every class in this book, with its test and certificate, is free online at destinymorganbooks.com.

About the Author

Minister Destiny Marie Morgan is an ordained Muslim minister. She was ordained on May 15, 2025, through the Universal Life Church, and she is registered clergy in Massachusetts.

Her ministry is advocacy — standing up to injustice and helping people, locally and internationally.

She is the founder of Minister Destiny Testimony Schools, a free school. She built it so people can learn for free what cost her years to learn — people who may not have jobs, good credit, or loans, and who deserve real knowledge anyway. Every class is free online, for every age, with no sign-up and nothing collected.

She is also the author of two testimony series — Chronicles of Destiny Morgan and The Chronicle Trials — her own story, in her own words. Those books are her testimony; these school books are her teaching.

Follow her Amazon Author Page to find every new book as it comes out.

The school is free online at destinymorganbooks.com.

Contact: ministerdestinymariemorgan@gmail.com

From Minister Destiny

You finished this book — but the learning does not stop here. Keep your resources close, keep asking questions, and use what you now know to help the people around you. If this book helped you, pass it to someone who needs it. I built this school for you, and I am proud of you for showing up for yourself. — Minister Destiny Marie Morgan

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