

Written Testimony of Roy Martin

My name is Roy Martin. Currently, I manage the Partnership Advancing Communities Together (PACT) program at the Boston Public Health Commission (BPHC) in the City of Boston. PACT is a multi-disciplinary, comprehensive strategy to address firearm violence, led by its executive governance board, which is comprised of the City of Boston Mayor's Office, the Boston Police Department, BPHC, and The Massachusetts Executive Office of Health and Human Service.

PACT is executed on the ground by an extensive network of street workers and direct service providers (including task force member Dr. Thea James and the Violence Intervention Advocacy Program). But the importance of highlighting the commitment and involvement of PACT's executive governance board is to illustrate the need to have synergetic and common narrative at all levels of government as it relates to the prioritization of the issue of violence and the effects of its exposure to our citizenry. PACT clients are individuals identified by the Boston Police as driving the firearm and gang violence in the city or those most likely to be the next victim of firearm and gang violence in the city.

I am thankful to be offered the opportunity to present my perspective, experiences, and lessons learned about community violence both as a stakeholder and a professional. I cannot overstate how important this issue area is for me, and how desperately we as a community need all of these strategies to have a longstanding impact. I was born and raised in the same community that I currently serve. I am a parent and a husband in that same community, and also remain as one of its active and civically engaged members. It must be said, though, that the majority of what guides my work today comes from my own personal experiences growing up in that community and personal fears I have for the future of it.

Unfortunately, in the past I lived the exact same lifestyle and did many of the exact same things that previously had me categorized as the same young men I now serve every day. Because this issue is of great importance to all of us, I feel an obligation to share a few details with you. My children are the children, of children, of children, of children. By the time my father was 16 he had three sons; I'm the third son, and I have eight brothers. In the family I come from, every male (and also many females) old enough to go to jail have gone to jail, myself included, convicted of multiple firearm-related violent offenses.

Being hurt and hurting people was part of everyday life for us growing up. Nothing was weird about violence, selling drugs, or addiction in my neighborhood except the people who weren't violent, selling drugs, or weren't struggling with some sort of substance issue. There was no day or place where the threat of violence wasn't ever-present and entirely possible. From my perspective, that has not changed in the lives of the young men I serve today. This is the prevailing theme in the majority of my client's communities—that constant never-ending presence of dysfunction and the possibility of violence, which is the raw, active, corrosive ingredient that we must challenge ourselves to manage, and then abate, as we collectively move forward.

As I mentioned in my introduction, I am the program manager for a program called PACT, and my hope is that I can give you a brief, but meaningful, snapshot of some of the work we are doing here in the City of Boston through the Boston Public Health Commission's Division of Violence Prevention.

Our goal while developing PACT was to prioritize and improve the service delivery of a specific client demographic in the City of Boston, enhance the ability of providers to communicate and share relevant data, and work collaboratively to increase the capacity of critically needed programming to accommodate the enrollment and engagement of additional clients.

What we know about persons exposed to violence is that if they are not engaged and assisted immediately, it is likely they will be again exposed to violence, or expose another to violence. Expedient service delivery is required. Similar to clients struggling with substance abuse matters, when a client says they are ready to enter a detoxification center or rehab to “get clean,” aggressive advocacy must begin immediately, and an available bed must be found the same day, not next week. It is the same for violence. To meet that requirement, we have instituted a “pay-per-client” accountability/billing/funding strategy. This relates to partnering and supporting the programs that the clients actually frequent or request, instead of funding programs that propose work they intend to do with this population. This “pay-per-client” strategy also allows a program receiving the referral the ability to guarantee a client a slot in their program. That guaranteed slot gives us the ability to proceed with an expedient service delivery model, and also supports the “boots on the ground” staff to maintain credibility as they can truthfully say that they can get a client into a program as soon as they are “ready.” This model also helps us to avoid placing clients in a lengthy enrollment process, which history has shown us here in Boston, does not produce favorable outcomes.

Many of us doing this work are now learning that recruiting programmatic partners to work with this specific population is a challenge. Even more challenging is the dilemma of how not to burn out individual direct service staff members who have illustrated that they are unquestionably effective in assisting this population achieve a noticeable and respectable personal evolution. From my personal experiences, it is people who do good work, not so much programs. All too often one staff person leaves a program, and as they walk out of the door so does all of the swagger and meaningful impact of the program.

The shift in federal, state, and municipal policies to include violence and the collateral damage it produces as a priority is exactly what is required to meaningfully reverse these trends. Additionally, prioritizing this work should also serve as an argument to prioritize and re-evaluate what we have traditionally viewed as a “youth worker,” as they are often (similar to teachers) “the unexamined hand that rocks the cradle.”

Lastly, I would respectfully suggest that this task force consider investment models and strategies that include the ultimate stakeholders, the communities where these experiences are occurring, as more than just consultants. In the City of Boston we also have a Violence Intervention and Prevention (VIP) strategy, which is a neighborhood-based, neighborhood-driven collaboration between the City of Boston and five communities (selected based off of crime statistics) suffering from matters relating to violence. Part of that strategy is to not only imbed City of Boston staff and resources within those communities, but also to invest in members selected by those communities as the most appropriate people to interact with directly, and to serve and provide critically needed City of Boston support/resources/services to their own neighbors, friends, and family members. That community-based, community-driven, human community member investment has resulted in a significant reduction in part-one crimes in all five of those communities.

In conclusion, I'd like to sum up my comments in three bullet points:

- Synergy between all stakeholders (especially government agencies) and external partners is required in order to achieve success.
- A government-supported but community-driven strategy is, in my opinion, what will yield the greatest, lasting outcomes.
- Examine ways to invest more in people and not exclusively in programs. I would especially focus my investment toward the people who have illustrated that they are going to remain rooted in those communities for the long haul, understanding that government goes home at night and the weekends, and that programs often evolve, shift focus, and sometimes expire. This is the only insurance policy to ensure that this is not a permanent, bottomless pit of an investment area, and that the gains of this task force will not be lost after its conclusion.

MAJOR EDDIE LEVINS
Major, Charlotte-Mecklenburg Police Department

Major Eddie Levins is a 26-year veteran of the Charlotte-Mecklenburg Police Department in Charlotte, NC. He has held a variety of positions within the department that include uniform patrol, vice and narcotics, street drug interdiction, and the Violent Crimes Task Force with the BATF. He started the department's alcohol beverage and adult business units during the time that bars and night clubs were contributing to the sharp increase in violent crimes in Charlotte. After the events of 9-11, he was assigned as the commander of the Intelligence and Organized Crime Division. Major Levins was a member and commander of the Charlotte Police SWAT team for 15 years. He currently is in charge of the southwest patrol area of Charlotte that stretches from the center city to the South Carolina border. The Major Crash Investigation Unit falls under his command and he oversees the investigation of all serious and fatal vehicle crashes in the jurisdiction.

In 1997, Major Levins was working as a sergeant in the David Three patrol district when he got involved in the Child Development-Community Policing (CDCP) program. This program, which was modeled after the New Haven Police Department and Yale University collaboration, partnered police and mental health clinicians to deal with children exposed to trauma and violence. This was during the time that crack cocaine was the leading cause of violence throughout parts of Charlotte. Street violence and shootings were an all-too-common event and the children living in these areas were stuck right in the middle of it all. From that point forward he has been a leader and executive sponsor of this program, which has grown to serve thousands of children and families annually.

The Charlotte CDCP program grew and attained national recognition and designation as the Southeast Regional Training Center for children exposed to trauma and violence. In that capacity, Major Levins traveled and taught throughout the country on the CDCP model and police mental health collaborations. He continues to serve the Charlotte community as a leader and expert in the areas of police and mental health partnerships.

Written Testimony of Major Eddie Levins

Thank you to our Attorney General, Eric Holder; to this committee; and to my dear friend, Steven Marans, for inviting me to speak on this very important subject.

I am extremely passionate when it comes to public service and the role of police in our society. I recall the first interview I had with my recruiter when I started policing, and the response I gave to the big question: "Why do you want to be a police officer?" Instinctively, and with a little prior preparation, I quickly responded that I wanted to help people. This is the standard response from anyone wanting to be a cop and the recruiter acknowledged my answer. He quickly fired back with another question that I did not plan for. He asked me: What does that mean? That was the start of a process inside me that continues to today. It is also something I remind myself of every day I put on my uniform and head out into the community. I am here to help people. The challenge is putting this response into action every day. The hard part is that this also means different things to different people. To me the answer is: priority, and who do I think about first when I do my job? Quite simply it is my WHY. My training officer put it into three words and I

follow this code every day. He told me to follow this order: community then department then self. All three are important, but to be the best public servant you have to keep them in this order.

The Child Development-Community Policing program is a unique tool on our belts in Charlotte. It is one way we serve our community and the children we encounter along the way. We have put police officers and mental health clinicians on the same team to help kids survive being exposed to trauma and violence. A sense of safety is paramount in having a safe community. The police have always dealt with the children exposed to the violence and trauma, but we needed help when it came to saving them from the harm caused by this exposure. We just needed to get together to provide a more comprehensive and effective response. Together we can help restore a sense of safety in children's lives, so they can grow to be happy and productive members in society. When we first partnered with the mental health professionals, there were trust issues that we had to overcome. As a police officer I learned to trust nobody and question everything. What broke the ice was some open and honest dialogue and relationship building. We cross-trained and walked in our counterpart's shoes, to better understand what they do and who they serve. In the end, we all realized that we were all out to do the same thing, the same mission but from a different path. Fortunately, this program has put me in situations that by nature I would not have dealt with. The outcome is our officers have become experts in dealing with trauma response while our partner clinicians get better information to deal with the mental health needs of kids. We can't spend time making cops into clinicians but we can make them better cops.

People are good. We have to remind ourselves daily that this is true, even with all the things we see people do that would make anyone think differently. As police officers we are called into situations that would send most people running the other way. We go to calls for assaults, domestic violence, car crashes, and many other situations where people are having the worst day of their life. We are trained to quickly evaluate the situation, gather the needed resources, and then apply a response that will make everything better. Over time, officers see so much of the bad it is hard to find the good. When we do respond to situations where a child is involved, it is much easier to remember the good. It is also the time we see the human nature of police officers. We are here to help those who cannot help themselves. When we respond to calls for service where a child is present, it always takes some our focus and reinforces our purpose. There is never a lost cause when we are dealing with children.

The longer we work in a community, we see generations of children grow up and start making choices, some good and some bad. The first time I arrested a teenager for selling drugs I asked him why he chose this career path. He responded that this was his only choice. I took him home to his mother and I got a firsthand look at how his life was formed. The mother was passed out on the couch. After waking her up I tried to explain why I was there. Her first response was to cuss me out and smack her son in the head. She berated the kid to the point that I felt sorry for him and his siblings. The hard part was walking away with the helpless feeling that I couldn't help this kid. Over the years I responded to that house many times for a variety of crimes, mostly violent ones. The last call for service I responded to there was for an overdose. Mom was dead and the kids had to get shipped off with several friends and relatives. Several years later I came across this young man again. He was going to jail for murder. I remember asking myself if there was something I could have done for him. I also remembered the comment he made about not having a choice. In 1990 the answer was that I did all I knew to do.

The first homicide call I responded to in 1986 involved a man who killed his wife and committed suicide. The man had waited for the two children to get on the school bus before he shot his wife. He left her on the couch and covered her up. He waited all day for the kids to get home from school. They came in the house and the father told them that mom was sleeping and to go play upstairs. An hour later he called the kids downstairs and proceeded to shoot himself in the head, in front of the kids. When I arrived the children were in the front yard screaming and running around a tree. It was a horrific sight in the apartment. Our only option at the time was to call child protective services and have someone come get the kids. To this day I remember the sight, sounds, and smell of that crime scene. I also wonder what we could have done for the kids if we had the partnership with our mental health clinicians that we have today.

I had to learn a long time ago that jail is not the answer to our problems. It is a necessary part of society, but it can never be the only option. Our collaborative work has given us more options. Throughout my career I have been through six police chiefs and a variety of policing philosophies. The collaboration between police and mental health professionals is a natural fit. We know we are on the same mission and we know that by working together we can accomplish our goals. By cross-training police and clinicians we are never trying to make cops into clinicians and clinicians into cops. When we work together and train each other, we just become better at our chosen professions. In the end we can provide the best public service. I know this because this program has lasted through all these policing changes and is still as strong today as it was in 1995. It has taken a lot of hard work and a lot of money but it is alive. Most programs that start off as grant-funded projects often live through the life of the grant. CDCP has survived the grant lifecycle. I can honestly say that this philosophy has outlived any other program I have seen as a police officer. I tell people all the time that it has lasted because it is a no-brainer. We do it for the kids. That is not a hard sell.

I would be remiss if I did not mention the other people who are affected by violence and trauma. The hardest part of policing has to be the exposure and dealing with the worst parts of other people's lives. Everybody has problems. Most often these problems are caused by bad choices people make in just trying to cope with their lives. When things get bad, everybody knows they can call the police. The struggles of life come in many forms. Violence in the home, violence in the schools, and violence in the world around us affects everyone it touches. When these acts occur and people are running away, we rush in. We are charged with knowing every way to deal with every problem. Police come into people's lives when they are at their very worst. This leads to several responses from us—but the worst one would be apathy. Police officers are sometimes considered callous when actually all they are doing is protecting themselves from the very situations that we are called to deal with. Society expects a lot from public servants. This includes police, firefighters, emergency medical personnel and our military. I first have to say that nobody is forced to take on these responsibilities. The choice is ours and ours alone. We have to remember that everyone who wears a uniform is human. That means we feel pain just like the next guy. Society needs people willing to make the sacrifice to do what has to be done and are willing to run into the fight, fire, or disaster. We all owe it to them to make sure that they have what they need to deal with the pain and damage that comes with this job. We need things in place to help them stop the physical and mental bleeding so they have a chance for a happy life, too.

SARAH GREENE, ACSW, LCSW
Program Administrator of Criminal Justice Partnerships,
Mecklenburg County, NC

As program administrator of Mental Health & Criminal Justice Partnerships, Ms. Greene, has partnered with the Charlotte-Mecklenburg Police Department, directing the Child Development-Community Policing collaborative between law enforcement, mental health, and child protective services, providing crisis intervention to children and families. Ms. Greene helped to found the CD-CP program in Mecklenburg County after being trained in the model at the Yale Child Study Center in 1996. Since that time she has trained hundreds of police officers about the effects of violence and trauma on child development.

Written Testimony of Sarah Greene

I want to thank Attorney General Holder and the Department of Justice for their leadership in the recognition of the progression from victim to perpetrator, thereby placing priority on the needs of children exposed to violence and trauma. I am here today because of opportunities afforded me by the Office of Juvenile Justice and Delinquency Prevention and my colleague and mentor from the National Center for Children Exposed to Violence, Dr. Steven Marans.

As previous experts have testified, the problem of children exposed to violence has reached epidemic proportions. In the most at-risk communities, children have multiple hardships—poverty, hunger, discrimination, abuse, neglect, and domestic violence. In Mecklenburg County, we have experienced success in some of our most disadvantaged neighborhoods with the Child Development-Community Policing (CD-CP) model. After 16 years and over 20,000 cases, we have learned what works, both in regard to immediate intervention with children and families exposed to violence, and how to collaborate most effectively for that purpose.

Children exposed to violence need:

1. Safety—Threats can be both real and perceived, and clinicians and officers together can reduce and eliminate both in a powerful way, that neither can alone. When a police officer stops by to deliver a night-light or checks under the bed with his flashlight and gives advice about how to secure doors and windows, it provides a sense of safety miles beyond what a clinician can accomplish. Sometimes taking someone to jail brings the greatest relief to a child's distress. For these reasons, police-mental health partnerships have the most impact when officers are involved in the interventions, not just the referral.
2. Shelter, food, clothing, and medical care—First responders must attend to these primary needs. Families are more likely to accept additional help as a next step.
3. Adults focused on their needs, likely reactions to trauma and capacity for recovery based on their developmental level—Parents may be unable to perform this role because of many factors, particularly their own trauma. For this reason, when the unthinkable happens, children are often alone. Child trauma specialists can guide parents about how to soothe their children, teach them their infant's incessant crying and diarrhea may be a direct result of trauma and the disruption in attachment that followed, and their school-age child's inability to pay attention and fighting in

class is a result of intrusive, disturbing thoughts and hyper-vigilance due to an overwhelming feeling of constant threat. (A young mother reported her 8-year-old daughter spoke up when her preschool brother wet his pants, reminding her the CD-CP clinician said that might happen because he was upset after witnessing a shooting.)

4. Expert support immediately following an incident—Despite all the research about what a child’s reaction might be, we should not presume to know. Reactions are based on individual perceptions and role in the event. Rather than being asked 20 questions, children need someone to ask, “How are you?” They need a neutral party, someone they do not need to protect, to sit with them and listen, even if what they need to talk about is horrible beyond imagination. (One 12-year-old asked my officer partner, “Where did his head go?” after he witnessed his sister’s boyfriend murdered with a shotgun blast.)

5. Clear, age-appropriate information about what has occurred and what will immediately follow—Children need someone who can steer their parents in how to talk to them about what happened. (I know a grandmother who told her 3-year-old granddaughter that her murdered mother was at work because she didn’t know what else to say and wanted to protect her from the devastating truth.)

6. Help managing the alarming symptoms that emerge following trauma—Children who are old enough need someone to teach them about relaxation, grounding, and thought-stopping techniques. These interventions have been shown to prevent the onset of more serious, long-term problems.

7. Trauma-informed advocacy focused on what they have experienced and their related needs, not just their problematic behaviors

Critical factors of effective police-mental health collaboration:

1. Close, trusting, steadfast relationships at multiple levels within the organization, between front-line officers and clinicians, supervisors, and agency decision makers

2. Partnership throughout every step of the process, from the writing of the first funding proposal and the response to the first case, to education and cross-training and development of additional resources to meet increasing demand.

3. Clinicians who respond with police 24/7/365, in the community, not only because it’s when children need help, but also because it builds essential credibility and trust with law enforcement partners

4. Seminars for officers, co-led by police supervisors and clinicians, on how children are impacted by exposure to violence and trauma, what capacity they have to cope, and how adults can help them recover at different ages, especially birth to 5.

5. Cross-training—police ride-alongs and instruction for clinicians and equivalent observation and education for law enforcement. Partnerships with police simply will not work without it.

6. Regular, ongoing face-to-face communication to strategize about incident responses, minimize systemic barriers, and plan for program adaptations and advancement—Co-location of staff can promote this process.

7. Primary focus on what is possible, what we can do, instead of our limitations—“Do what you can, where you are, with what you have.” (Teddy Roosevelt)

Recommended improvements:

1. A national standard for universal provision of crisis response to children exposed to violence, based on what research shows they need and practice demonstrates as effective—In this country we have come to expect public school, free school lunches, early childhood immunization, and emergency response by police, fire, and medic. So why not provide every traumatized child with expert assistance from the most highly qualified professionals? They certainly all deserve it.

2. Funding to sustain programming, especially a clinical team to respond to referrals for this specialized, collaborative child trauma intervention—There is little money available for services to children before they have a diagnosable disorder, for intervening when events occur that we know are likely to cause developmental disruptions, psychological disturbance, and delinquency. Grants for developing new initiatives are necessary and helpful, but there is a critical need for funding continuation of programs that work.

3. Resources for expert child-trauma first responders to provide training and technical assistance for implementation of promising practices in new communities.

4. Support for innovative program evaluation for crisis response—The movement toward evidenced-based treatment models is crucial, but traditional evaluation of a collaborative crisis response like CD-CP is problematic. The children and families with neighborhood, community, generational, and incidental challenges are those who need us the most but are the least likely to participate in research and evaluation.

5. A standard system of caring for police officers, mental health first responders, child protective service workers, and the countless others who sacrifice their own well-being and psychological health for the good of the community—These professionals are more able to continue to perform their jobs well when they recover from the inevitable secondary trauma they routinely face, and as a result, we protect our most valuable resource for helping children exposed to violence and trauma.

In the previous hearing, there was discussion about why everyone across the country doesn't operate child-centered, trauma-informed practices. In closing, I'd like to express my beliefs about the reasons for this injustice. Traumatized children's wounds are invisible; they do not bleed. News reports describe children who witnessed one parent murder another as “unharmd” if they have no physical injuries. Funding for programs that provide crisis response is scarce, so staffs focus their time on service delivery rather than raising awareness about their work. In addition to the shortage of resources, facing the problem of children exposed to violence is extremely complicated and difficult. Not many people make the choice to be exposed to the constant onslaught of pain, suffering, and hopelessness that trauma work brings, particularly the

direct exposure to details, sights, sounds, smells, and the accounts from victims about their experiences. For these reasons and many more, those who choose this work need our help.

DAWN L. BROWN
Executive Director of Girls and Gangs

Dawn L. Brown is the former CEO of Girls & Gangs, the only nonprofit organization in Los Angeles County that is solely dedicated to serving girls (ages 12–18) who are involved in the juvenile justice system (including gangs and sex trafficking victims). A native of the east coast, Ms. Brown has more than 13 years of nonprofit management experience, with 10 years working specifically in the juvenile justice system in New York and California. Ms. Brown has worked as a director at the YMCA of Greater New York, Center for Court Innovation’s Red Hook Community Justice Center, Youth Service California, and the McClymonds Youth and Family Center. For 10 years, Ms. Brown has also served as a management consultant and national facilitator on issues related to gender-responsive services for young women, post-traumatic stress disorder amongst gang-involved youth and women working in the sex industry, arts education, and youth empowerment. She currently serves on the Violence Prevention Coalition of Greater Los Angeles and the National Council on Crime and Delinquency’s Gang Desistance Advisory Boards. She has been recognized by California State Superintendent Jack O’Connell and the California Department of Education for her expertise in training educators to provide quality services to at-risk and high risk youth. As an actor and teaching artist, Ms. Brown has developed educational theater curriculum for New York City public and private schools and been an acting instructor at the renowned Atlantic Theatre Company. Ms. Brown received her BFA in acting from New York University’s prestigious Tisch School of the Arts and a MA in drama therapy from New York University’s School of Education.

Written Testimony of Dawn L. Brown

An estimated 80,000 females in the United States are gang members, with 32,000 of them being under the age of 18¹. Los Angeles County has the highest concentrations of gangs and gang activity in California. According to a 2009 report produced by the Advancement Project,² “...the targeting of the Florencia 13 gang [one of the largest and most notorious gangs in LA] has not only led to the displacement of violence to surrounding communities, but has also resulted in the increase of female gang membership. Traditionally, females have assisted male gang members by hiding weapons and drugs; however, as a result of the imprisonment of many male gang members, females are now tasked with more responsibilities, including transporting drugs, robberies, car thefts and retaliatory shootings.” (pg. 22) One major female gang, the Midnight Locas, has an estimated 170–200 members and requires that members put in “work,” while another, the Tiny Locas, consists of girls as young as age 13 who are primarily used for sex by male gang members.

Girls involved in gangs are three times more likely to have a history of sexual abuse than their male counterparts. Female gang members often suffer from sexual exploitation at the hand of the gang; if they are “sexed in” to the gang they are subjected to repeated sexual exploitation by their fellow male gang members. Additionally, if girls are the targets of a serious assault by a rival gang, they may be punished by sexual brutality in addition to physical brutality. Yet, girls often

¹ National Gang Center. *Survey Gangs Survey*. (2009)

² Advancement Project. *Los Angeles County Gangs & Violence Reduction Strategy: Florence-Firestone Demonstration Site Community Needs Assessment Final Report*. (2009)

join gangs for “protection” from the violence experienced in their homes and lives. This is due in part because gang violence is structured violence. Joining a gang often gives girls a greater feeling of control over gang-related victimization compared to the victimization they may feel in their daily lives.

While the rate of girls’ gang affiliation rises, so does their rate of involvement within the juvenile justice system. According to the intakes conducted by Girls & Gangs (G&G), 100 percent of the girls in Camps Scott and Scudder, the two female LA County Probation Camps, either self-identify as gang members or know someone in a gang. G&G is the only nonprofit organization in LA County that is solely dedicated to specifically targeting girls involved with the justice system.

The nature of the problem is systemic. Nationally, girls are the fastest growing population in the juvenile justice system³, and in LA County, the nation’s largest probation department, girls account for one out of four juveniles arrested⁴. Yet, girls in the juvenile justice system have traditionally been overlooked and underserved.⁵ Girls’ involvement in the system is rooted in poverty, racism, and sexism. Like their male counterparts, girls come from low-income neighborhoods with poor schools and high unemployment. They are primarily African American and Latina. Drug use is high. Often at least one parent is incarcerated or gang-involved. However, unlike boys, girls are burdened with issues of gender.⁶ Nationally, 70–90 percent of girls in detention have been sexually abused.⁷ According to G&G’s initial intake assessments with program participants, 100 percent of the girls in LA County who we currently serve have been physically, sexually, and/or emotionally abused. The average math and reading level for girls at LA County Probation Camps Scott and Scudder is fifth grade.⁸

The most difficult time for incarcerated adolescent girls occurs when they return to the environments in which their problems arose.⁹ They need comprehensive support and services, starting as early as possible during incarceration and continuing after release to help them develop the skills necessary to get out of gangs and the juvenile justice system and allow them to develop positive attitudes and lives. True comprehensive services are both culturally competent and gender responsive. These services for girls are critically inadequate in the United States.¹⁰

Leaving the probation camps and detention halls, girls face a huge void precisely when they most need services and support. Probation officers have heavy caseloads and community resources are thin. The girls need housing, medical and mental health services, and assistance with education and employment. A juvenile record makes it especially hard to find a job. The girls often feel

³ American Bar Association and the National Bar Association. *Justice by Gender: The Lack of Appropriate Prevention, Diversion and Treatment Alternatives for Girls in the Justice System*. (2001)

⁴ McCroskey, Jacquelyn. *Youth in the Los Angeles County Juvenile Justice System: Current Conditions and Possible Directions for Change*. (2006)

⁵ Chesney-Lind, Meda and Sheldon, Randall G., *Girls, Delinquency and Juvenile Justice*, 3rd Edition. (2004)

⁶ Chesney-Lind, Meda and Sheldon, Randall G., *Girls, Delinquency and Juvenile Justice*, 3rd Edition. (2004)

⁷ U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, *Girls Study Group*. (1998)

⁸ LA County Office of Education/LA Dependent Charter School Progress Report, Comprehensive Education Reform Report, LA County Office of Education/LA County Probation Department, *Dependent Charter School Progress Report, Comprehensive Education Reform Report*. (January 5, 2009)

⁹ Chesney-Lind, Meda, & Sheldon, Randall G., *Girls, Delinquency and Juvenile Justice*, 3rd Edition. (2004)

¹⁰ Ibid.

that life is overwhelming and hopeless. They need a non-transient environment and the support of a caring adult.¹¹

Girls in the juvenile justice system need an environment that responds to their particular needs. A non-transient environment that is safe and healing helps to address their underlying trauma from abuse, and supports pro-social attitudes, behaviors, and personal development.

Girls who try to stay out of the justice system have minimal resources available to them. They have a particularly difficult time accessing quality, gender-responsive, reentry services for gang-affiliated youth. Previous and current attempts to address the problem of reducing delinquency amongst girls reentering the community after incarceration have been scarce. There are few programs that serve this population of girls, fewer that focus specifically on camp-to-community transition, and fewer still that are successful.¹² Attempts by the nation's probation departments to build quality programs that effectively transition incarcerated girls to lead positive lives in the community have failed consistently, as recidivism indicates. Programs run by community-based organizations (CBOs), however, have shown more successful results.

Programs for girls need to be gender-responsive, trauma-informed, evidence-based, and strength-based. The programs must offer leadership and decision-making roles for the girls who are served and give them a voice in program design and delivery. To be most successful, these services must start early in a girl's incarceration and include case management, life skills education, and mentoring.

Well-established research documents differences in offenses and pathways to delinquency between girls and boys, yet juvenile justice systems have been slow to implement gender-responsive services, especially during the vulnerable time of reentry. Limited resources have been dedicated to this issue; as a result, there are a paucity of programs and evaluation. Most of the data that does exist, however, demonstrates a correlation between decreased recidivism among girls and the availability of gender-responsive services. Often the need for gender-responsive services is ignored or diminished by those who don't understand their value. Working with girls does not instantly qualify a program as gender-responsive. Gender-responsive programs are defined as "...creating an environment through sites election, staff selection, program development, content, and material that reflects an understanding of the realities of women's lives and addresses the issues of the participants. Gender-responsive approaches are multidimensional and are based on theoretical perspectives that acknowledge women's pathways into the criminal justice system. These approaches address social (e.g. poverty, race, class, gender inequality) and cultural factors, as well as therapeutic interventions. These interventions address issues such as abuse, violence, family relationships, substance abuse, and co-occurring disorders. They provide a strength-based approach to treatment and skills building. The emphasis is on self-efficacy."¹³ Evidence-based gender-responsive programs should be supported and expanded, particularly with more federal and state funding and technical assistance.

¹¹ OJJDP, Girls Study Group bulletin *Understanding and Responding to Girls Delinquency*, (2008) and *Resilient Girls-Factors that Protect Against Delinquency*. (2009)

¹² Chesney-Lind, Meda, & Sheldon, Randall G., *Girls, Delinquency and Juvenile Justice*, 3rd Edition. (2004)

¹³ Bloom and Covington, National Institute of Corrections, 2005.

Research points to several characteristics of successful reentry programs for girls. They are: community based, not institutional; provide comprehensive services with multiple components; have program goals that reach beyond delinquency prevention; and provide intensive, individual attention. They address needs that are particularly important to girls, including physical and sexual abuse, pregnancy and motherhood, confronting family problems, managing stress, vocational and career counseling, and developing a sense of self-efficacy and empowerment. In addition, research demonstrates that mentoring is successful in reducing antisocial and delinquent behavior in underprivileged and incarcerated youth. A combination of the two, backed by sufficient resources to implement the program and do a stringent evaluation, would be a major step in solving the problem of returning girls involved with the juvenile justice system to a community from which their problems arose.

Recommendations

1. *Implement gender-oriented programming.* Evidence-based gender-responsive programs should be supported and expanded, particularly with more federal and state funding and technical assistance. Though it is an area needing more research, data that does exist demonstrates a correlation between decreased recidivism among girls and the availability of gender-responsive services.
2. *Improve professional development for law enforcement.* Professional development on the contributing factors for girls entering the system and gender-responsive approaches to treating the issues girls face needs improvement. This will help law enforcement (including probation, police, juvenile courts, and child and family services) to better meet the needs of the girls both while they are incarcerated and when they return to the community.
3. *Separate support services and law enforcement.* In addition to enforcing laws, a probation officer's job description includes facilitating skills-based workshops, case management, and mentoring. The same person who enforces the law serves as confidant when offenders face hindrances to meeting their conditions of probation. This design has consistently failed, as recidivism indicates.
4. *Replicate culturally competent, trauma-informed, gender-responsive programs like Girls & Gangs nationally.* Existing research indicates that successful support services are community-based, not institutional; provide comprehensive services with multiple components; have program goals that reach beyond delinquency prevention; and provide intensive, individual attention. G&G meets these criteria and has a 15% recidivism, achieved at two percent of probation's costs.
5. *Initiate meaningful collaboration amongst policymakers, law enforcement, community residents, the youth involved, and CBOs.* The issue of violence is a community issue that needs a community solution. All members should be heard and considered when program services are in the design process. This grassroots approach will allow all community members (especially the young women who are served) an equal say that involves more than empty promises and political jargon.

6. *Decriminalize victims, such as child sex trafficking victims and those who respond defensively to domestic violence.* Often incarcerated girls are arrested and adjudicated on prostitution-related charges, although they are protected under the federal and California State human trafficking laws. The FBI estimates that well over 100,000 girls, ages 9 to 19, are trafficked in America. Despite these laws, underage girls are being incarcerated instead of being treated as human trafficking victims, rarely bringing charges against the adult male pimps and johns. In LA, more gangs are becoming involved in perpetrating sex trafficking amongst younger females. Sex trafficking charges are often less harsh than drug charges and offer a quicker financial return for the perpetrator. Additionally, a significant number of girls are victims of domestic (and dating) violence attacks. However, when they make efforts to defend themselves from an attack by a guardian or domestic partner, they are arrested and adjudicated.

***Immigrant and At-risk Youth Exposed to Violence:
Creating Successful Responses***

Immigrant and At-risk Youth Exposed to Violence: Creating Successful Responses

Many immigrants and refugees settle in densely populated urban and suburban settings but experience a sense of isolation due to language, cultural and other barriers. Panelists will discuss the particular needs and strengths of youth from immigrant communities who face school, community, and/or family violence. Such violence is often exacerbated by other factors such as sexual orientation and gender identity, which can subject young people to further prejudice and isolation. Panelists will share recommendations and promising strategies to mitigate the impact of violence facing youth in immigrant communities and to help them thrive.

Laura Kallus, Executive Director of the PanZOU Project, Inc.

Laura Kallus is the Executive Director of the PanZOU Project, Inc., a nationally recognized, comprehensive gang reduction program incorporating best practices in primary prevention, secondary prevention, intervention, suppression, and reentry initiatives for the Haitian community of North Miami Beach. Ms. Kallus has over 15 years of experience working with gang-involved youth, from street outreach and case management to program development and implementation.

Carolyn Reyes, J.D., MSW, Senior Staff Attorney at Legal Services for Children (LSC)

Ms. Reyes represents children and youth in immigration, guardianship, dependency, and school discipline matters. She coordinates the Model Standards Project, leading workshops and assisting counties in implementing model professional standards for the care of LGBT youth in out-of-home care. Ms. Reyes also helps to coordinate the Equity Project, a collaborative initiative focused on ensuring fairness and respect for LGBT youth in delinquency courts. She co-authored *Hidden Injustice: LGBT Youth in Juvenile Courts*.

Lyn Tan, Program Director, Youth Gang Prevention, at Immigrant and Refugee Community Organization

Ms. Tan directs IRCO's Asian Family Center, which runs the culturally specific Asian Pacific Islander component of the county gang prevention program. The focus of the program is to improve resiliency and prosocial, employment, and educational skills; to increase student retention; and to provide advocacy and education around the needs of youth at risk of gang involvement.

*Michael de Arellano, Ph.D., National Crime Victims Research and Treatment Center,
Department of Psychiatry and Behavioral Sciences, Medical University of South Carolina*

Dr. de Arellano is a professor and a licensed clinical psychologist. His clinical work and research focus on developing and evaluating treatment services for child victims of traumatic events from traditionally underserved population groups (e.g., rural, economically disadvantaged, Latino, African American). He also evaluates and adapts evidence-based interventions in these populations.

LAURA KALLUS
Executive Director of the PanZOu Project, Inc.

Laura Kallus is executive director of the PanZOu Project Inc., a nationally recognized gang prevention and intervention agency in Miami Dade County, FL. The PanZOu Project is a comprehensive gang reduction program incorporating best practices in primary prevention, secondary prevention, intervention, suppression, and reentry initiatives for the Haitian community of North Miami Beach. Prior to that, as the vice president of research and evaluation for the Thurston Group, Ms. Kallus assisted in the evaluations of more than 50 youth crime prevention programs for the Dade-Miami Criminal Justice Council and the Youth Crime Taskforce. She moved to south Florida from Washington D.C., where worked with Latino gangs for many years. Ms. Kallus has more than 15 years of experience in working with gang-involved youth, from direct street outreach experience and case management to program development and implementation. She has a B.A in cultural anthropology/sustainable development and received a master's degree in anthropology and community development from George Washington University. She was awarded the 2009 Impressive Women of North Miami Beach award by the City of North Miami Beach's Commission on the Status of Women. Ms. Kallus also was chosen as one of Jenny's Heroes, receiving \$25,000 from former talk show host Jenny Jones to launch a screen printing and embroidery shop to hire and train transition gang members and ex-offenders. Ms. Kallus is a certified gang specialist by the Florida Gang Investigators Association and presents all over the country. She is a member of the Florida Attorney General's Gang Reduction Strategy, Prevention and Intervention Taskforce for Region 7.

Written Testimony of Laura Kallus

I am Laura Kallus, executive director for the PanZOu Project, a gang prevention and intervention agency in Miami Dade County, FL. I have been working with gang-involved youth and young adults of various ethnicities for over 15 years, beginning as an anthropologist, until I was compelled to become a service provider. The last eight of these years have been spent serving gang-involved youth in Miami's Haitian community. I appreciate the opportunity to speak with you on this issue as it is one that continually distresses me in its many forms—namely violence to which our children are exposed, violence of which they are victims, and violence they perpetrate onto others.

Having studied the history of gang violence in America, and worked with both Salvadoran gangs and Haitian gangs, I have come to understand many of the common strengths and challenges that present themselves in recent immigrant communities struggling with this issue. Indeed, it seems as if nearly every immigrant group has suffered through a period of assimilation that has included the rise of youth gangs in the process. For some, the phenomenon has ebbed with time, while for others it seems to have become an institutionalized part of the culture. The exposure, victimization, and perpetration of violence among our youth are by no means limited to or especially unique to immigrant communities. Please do not misunderstand me if I make generalizations for the sake of brevity. And I do not mean to characterize any ethnicity or culture as violent. It is only my intent to share what years of experience working with immigrant youth gangs has taught me, and to offer my suggestions for how our leadership may best address them.

Allow me to outline key points related to the challenges faced by the Haitian communities here in south Florida as they relate to violence and delinquency of their youth and the formation of gangs:

Acculturation and Power

Most Haitian parents do not/have not acculturated as fast as their children. Their limited English skills and lack of understanding about the school systems, child welfare systems, and juvenile justice systems have placed them in a position to rely on their children to read communications from these agencies or interpret for them in these institutional settings. They cannot assist or monitor children's academic progress when they do not understand the language. This results in a shift in power and a loss of respect for the parent who may be perceived as ignorant.

In addition, traditional Haitian methods of discipline can lead to charges of child abuse by the children. It is very hard for parents to maintain traditional authority in the home when the children can threaten to report them to the appropriate state agency. This is particularly an issue when a parent's legal status in the United States is not secure. Furthermore, monitoring children's activities is almost impossible when single parents are working two or three jobs to survive. Repeatedly, we hear from our parents that they tend to feel that public institutions are contributing to the deterioration of the family structure.

Racism and Lack of Cultural Understanding

This has had and continues to have a profound impact in the Haitian immigrant experience in south Florida. Economically forced to live in some of the most impoverished neighborhoods, many Haitian youth fight for survival in the streets and schools. Even more marginalized than their black neighbors, they endure the stigma of AIDS, voodoo, and abject poverty that seems to characterize this proud people in the minds of their American neighbors. Youth try to hide their ethnicity and assimilate as quickly as possible. Some even commit suicide when it is "discovered" they are really Haitian. They are embarrassed by their parents' accents and old-fashioned ways. Much to their parents' chagrin, they have adopted the black urban street style of dress, embraced the music, and the slang. They formed gangs out of protection and quickly adopted the Jamaican style of extreme violence to gain respect on the streets. It was and is a matter of survival.

It quickly became economic. Youth began to see how they could earn money without depending on their parents who never seemed to have enough despite working long hours. Most adults in these families work two jobs. The impact of severe economic privation is further worsened when the legal system notifies the parents that their children have been delinquents. For parents, most often, this results in a sense of helplessness, coupled with embarrassment and shame. All this is compounded by the fact that the parents are not educated in the ways of the system with which they have to interact at every stage. When the juvenile system reacts by asking parents to attend "parenting classes," they tend to skip them because of tight schedules at work. This leads to further intervention into their family life by the juvenile system, which ends up having a further disruptive influence on these families. Gangs offer economic independence through drug selling, burglaries, home invasions, as well as protection from a hostile community. With money comes status, respect, and girls. The traditional family structure that expected complete obedience from children, that upheld parental authority as absolute, has begun to break down.

Another great challenge related to culture and history is a lack of trust in law enforcement and the criminal justice system. Coming from a socio-political history rife with corruption and abuse, Haitian parents are deeply ashamed of involvement in the system but do not seem to understand that the issue cannot be resolved financially. Haitian youth and young adults, especially those who immigrated to the United States as teenagers, seem to display not only mistrust but a seemingly total lack of respect for many institutions of authority in this country. Law enforcement struggle with a generation of youth who do not fear or respect their authority, do not share intelligence under any circumstance, and embrace an extremely violent lifestyle. If the Jamaican posses of the late '80s and early '90s ruled by terror and violence, the Haitian gangs came out harder and more violent. Their weapons of choice are AK-47s and they will unload entire rounds in broad daylight. I recall asking one gang leader about an innocent child who had been caught in the crossfire, and he had shrugged and said, "He shouldn't have been there if it were not his day to die."

This leads me into a discussion of violence that affects all of our children regardless of culture and ethnicity, but is undoubtedly extremely complicated by the dynamics outlined above for our youth here in south Florida.

Reduce Exposure to Violence, Reduce Victims of Violence, Reduce Perpetrators of Violence

If I were tasked with defending childhood, I would seek first to eliminate our children's exposure to violence, for only then can true creativity, unbounded joy, and the belief in all possibilities grow in a child. These are some of the greatest gifts that childhood gives us and their importance cannot be underscored. It is my experience that gang-involved youth have been exposed to high levels violence in the family, in their immediate communities, and many times in their schools. If domestic violence is culturally accepted or commonplace, then children are taught early on how to become perpetrators as well as victims of violence. This is not news to those of us working in social services, but I believe it is one of our greatest challenges. As teenagers and young adults, my clients readily admit to witnessing domestic violence and experiencing child abuse in their households. Many will admit to feelings of anger, fear, and helplessness regarding these episodes. However, by this time they have come to accept this behavior as normal. Some even appear apathetic, very distant from any emotion attached to the experiences. Many young men I have worked with see absolutely nothing wrong with hitting their girlfriends, siblings, and sometimes even their mothers. And conversely, their victims also feel as if the abuse was justified.

This normalization of violence is also, in my opinion, shockingly prevalent in their media of choice—namely music, movies, and video games.

Far too many of these youth have been victims of violence in the forms of child abuse, rape, molestation, and intolerable bullying. Their families, neighborhoods, and their schools are failing them. So many of the young girls in my programs have been sexually abused before the age of 14, with 12-year-olds becoming pregnant! I am shocked how common it is that older Haitian men have preyed on these young girls. Children with burns from irons all over their legs, scars on their knees from being made to kneel on rocks for hours, and all the time hungry. I have never worked with so many young people who are so hungry! They flood PanZou's office every day asking for the Oodles of Noodles soups I buy by the caseload because it is all I can afford; there

are so many of them and at least it is something warm in their bellies. Are these the extreme cases? When you work with gang members, the extreme cases *are* common. These children find each other and are, perhaps, bound by common experiences. Unfortunately, by the time I meet many of them, they have been hardened by this exposure, numbed by trauma until it is no longer traumatic. Creativity emerges only in so far as it can bend the rules of survival, possibilities extinguished by harsh realities of adult-sized problems, and I cannot speak about their lack of joy without wanting to weep.

Therefore, when I am confronted with their capacity to inflict harm on another human being I cannot say I am surprised, or even that I am shocked anymore. They can gang rape an underage girl, attack an elderly man for the change in his pockets, or gun down a rival in front of his own mother or infant child, and separate themselves from any emotion. Now, I am not a psychologist and I pray that better-qualified individuals will speak on the nexus of mental health and violence in youth. But I am convinced that the majority of the gang-involved youth were not born with this capacity for violence and therefore, in some ways, we must all take responsibility for its development. It is absolutely NOT fair what so many of our kids in the inner cities have to suffer through—and they are angry! Quite frankly, I am extremely angry about it too. They have not been taught any alternative ways to handle this anger. And no one protected them.

What Can This Initiative Do?

Challenge communities to reduce their children's exposure to violence and provide funding opportunities for those with unique strategies to do it. Encourage neighborhood coalitions, parent groups, and schools to sign on to a common commitment and allow them to define their solutions for protecting their children. Adults and children need to be taught that domestic violence is wrong and why it is wrong. Adults and children need to know that our community will not tolerate child abuse and sexual abuse. We need to talk about it loud and often, until this message is louder than the one on the streets today.

Then our communities must be given the tools they need to enforce these norms. Provide funding that challenges us to reduce the violent victimization of our children in all its forms.

Challenge communities to address young perpetrators of violence through early identification and intervention, mental health screenings and services, and increased parenting programs. Challenge our schools to teach conflict resolution and anger management as a life skill all children must master before they transition to adulthood.

This should be the task force's top priority for defending childhood. After this, all other enrichment programs will have a better chance of flourishing...once our children are able to embrace them without fear, anger, and scars.

One of the greatest gifts the Office of Juvenile Justice gave to us here in south Florida was not just the funding to implement the comprehensive gang model, but the freedom to gather our community together, define our own problems, and choose the most appropriate strategies for our unique culture and experiences. We were empowered to design our solutions based on our own needs. Yes, we had to choose best practices, and they had to include prevention programs, intervention, enforcement, and reentry, but which programs and how much of the pie went to each was entirely up to our community.

Another gift was the requirement to partner, to assemble a steering committee of all stakeholders. This was extremely difficult for us but proved to be the most valuable experience in creating a common vision and establishing buy-in from all partners (law enforcement, community activists, schools, social service agencies, etc.). It also has proved to be one of the most important factors in our sustainability, as our partnerships have continued for nearly a decade and have brought in considerable resources through diverse funding streams. Through our partners, PanZOu has maximized the amount of services available to our communities.

Dedicate protected revenue streams to reducing children's exposure to violence, reducing victimization of our children and then reducing the number of violent youth perpetrators. Sustainability wouldn't be a problem if our country *really* valued its youth...and not just youth of a certain affluence, social strata, or color. Do not offer resources to a community and then walk away. Become partners for sustainability. With our federal grant we were told that our technical assistance provider would organize an opportunity for local and regional funders to come together to learn about our cause, our successes, and our needs. This would have been an enormous help for us. It never materialized. OJJDP could have lent its reputation and belief in us to help open doors to different funding sources and provide technical assistance to us in how to best utilize those opportunities.

Finally, I wish to ask that there would be more support for the establishment and growth of social enterprises that assist us in reducing our dependence on grants while allowing us to uniquely fulfill our missions. PanZOu's screen printing shop allows us to help pay our overhead costs, provide job skills training to an extremely hard-to-employ population, and provide hope to a generation that seems resigned to a lifestyle from which they feel they can no longer break free. But we need help if we are to survive and grow. Many of us in the public sector are not skilled in business and marketing and could use support and guidance as we seek creative ways to diversify our funding streams and serve our communities...who so desperately need jobs and second chances.

Thank you for the opportunity to share my experiences.

CAROLYN REYES, J.D., MSW
Senior Staff Attorney at Legal Services for Children (LSC)

Ms. Reyes joined LSC in January 2005 as a staff attorney, and was previously a legal intern in 2003–2004. In addition to representing children and youth in guardianship, immigration, dependency, and school discipline matters, she coordinates the Model Standards Project, leading workshops and assisting counties in implementing model professional standards for the care of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth in out-of-home care. In addition, Ms. Reyes helps to coordinate the Equity Project, a collaborative initiative with the National Center for Lesbian Rights and the National Juvenile Defender Center focused on ensuring fairness and respect for LGBT youth in delinquency courts. She is co-author of *Hidden Injustice: Lesbian, Gay, Bisexual, and Transgender Youth in Juvenile Courts*. Over the past two decades, Ms. Reyes has worked with children, youth, and families in several capacities—as social worker, child welfare worker, child and family therapist, school counselor and lawyer. She holds a B.A. from Wheaton College, an M.A. from the Pacific School of Religion, an M.S.W. from San Francisco State University, and a J.D. from UC–Hastings College of the Law.

Written Testimony of Carolyn Reyes

Thank you for the opportunity to testify before the Attorney General’s National Task Force on Children’s Exposure to Violence.

My name is Carolyn Reyes and I am a senior staff attorney at Legal Services for Children (LSC) in San Francisco. I want to tell you a story about Maria.

I met Maria through her school counselor, who called LSC’s intake line. At the time, Maria identified as a gay male. She emigrated from Honduras, where she had been abandoned by her parents and left with relatives who physically and emotionally abused her. At the age of 14, Maria fled to the United States to live with a brother who forced her to work even though she wanted to go to school. At one point Maria could not find work and committed petty theft in order to provide for some of her basic needs; it resulted in her entering the juvenile justice system. Shortly thereafter the brother discovered that Maria was gay and kicked her out of the home. When Maria came to her school counselor with this information, the school counselor contacted LSC and I assisted in having Maria placed in foster care. While living in foster care, Maria began to understand herself as a young woman and to transition to female. In order to keep her safe in her placements, I provided a great deal of education to group home staff and social workers, who were largely ignorant regarding Maria’s rights and appropriate services. I assisted in eventually having Maria placed in the foster home of a loving, culturally competent transgender woman who helped Maria navigate the multiple systems in which she was involved. I was also able to assist Maria in legally changing her name and in obtaining legal permanent residence via Special Immigrant Juvenile status.

I have worked in social services on behalf of children, youth, and families my entire adult life. Before entering law school, I gained a master’s degree in social work and worked in various capacities in San Francisco: as a middle school counselor, county child welfare worker, and mental health clinician. The children I have served are economically disadvantaged and primarily of color.

I have spent my entire legal career with Legal Services for Children (LSC) helping children like Maria. LSC's mission is to ensure that all children and youth in the San Francisco Bay Area have an opportunity to be raised in a safe environment with equal access to a meaningful education and the services and supports they need to become healthy and productive young adults. Currently, my work focuses on children and youth who face issues related to immigration status, sexual orientation or gender identity, abuse and neglect, and school discipline. In addition to direct representation, I provide extensive technical assistance and training to county child welfare departments and other stakeholders in dependency systems. In the past I did so as part of the Model Standards Project in collaboration with the National Center for Lesbian Rights (NCLR).

I also work as staff of the Equity Project, a collaboration between LSC, NCLR, and the National Juvenile Defender Center (NJDC) aimed at ensuring that LGBT youth in the delinquency system are treated with dignity, respect, and fairness. As part of the project, I co-authored a report titled "Hidden Injustice: Lesbian, Gay, Bisexual, and Transgender Youth in Juvenile Courts." This represents the first effort to examine the experiences of LGBT youth in juvenile courts across the country. The report lays out recommendations that I am currently assisting the juvenile justice system in Santa Clara County, California to implement as a pilot project. Youth who identify as LGBT make up approximately 15% of my caseload. This is higher than the estimated 4–10% who are believed to be in out-of-home care. Though exact numbers are difficult to determine due to fear of violence and other harsh consequences, it is widely understood that LGBT youth are disproportionately represented in the child welfare and juvenile justice systems and in the homeless youth population. For many children, LGBT status can contribute to alienation from and physical abuse within the family, causing many children to run away and become homeless; abject and *unrelenting* harassment in school causing many children to drop out; and entrance into foster care and the juvenile justice system. Many of these factors contribute to the increased risk of suicidal behavior among LGBT youth.

Before I continue, I want to emphasize that all children have a sexual orientation and gender identity. The goal is to ensure that institutions serving youth (and the communities and families in which they live) are safe for and promote the healthy development of all young people. LGBT youth do not have "special needs" requiring "special treatment" or separate systems; their needs are the same as all other youth, but they are faced with unique challenges as a result of living with a stigmatized identity. This understanding underpins all of my recommendations.

Impact of Children's Exposure to Violence

Immigrant children are particularly vulnerable to violence and they are generally an invisible group, except when their status is misused for political gain. Many have experienced extreme trauma from violence in their country of origin, during their immigration journey, and also when they arrive in the United States. In San Francisco, we see primarily children from Mexico and Central America (notably Honduras and Guatemala). I represent these young people through two channels. Sometimes they are apprehended by immigration authorities and held in detention facilities for children and placed in removal proceedings. Other times they are undocumented but not in immigration proceedings. These children are frequently living with people other than a parent because of abuse or neglect. Their caretaker is also frequently undocumented, putting the child at further risk of isolation and loss. We help these children get into foster care or obtain a legal guardianship and apply for Special Immigrant Juvenile status.

The youth I serve are exposed to multiple layers of violence; initial violence can cause enormous collateral damage. For instance, one child was bullied relentlessly at school for being perceived as gay and eventually brought a knife to school for protection. He was, consequently, expelled from the school district. He began to exhibit increasing symptoms of anxiety and became truant and was eventually arrested for several offenses. Other forms of violence that are very common in their lives include domestic violence, bullying, and sexual abuse. *Violence is woven into the fabric of their lives.*

Promising Practices and Factors

Collaborative work is essential. In my experience, when multiple systems (delinquency, dependency, education, mental health, etc.) come together to create strategies for vulnerable youth, the young person has a much better chance of overcoming the challenges they encounter and successfully transitioning into adulthood.

Great strides have been made in juvenile justice systems' attentiveness to LGBT youth. There is a growing understanding that the field needs guidance. There are more local policies to combat discrimination and several states have non-discrimination policies (in education, child welfare, and in California, in juvenile justice).

In "Hidden Injustice," we provide case studies of some "jurisdictions [that] have implemented comprehensive training for juvenile justice professionals on issues that affect LGBT youth."

New York. In 2004, EPAC member Judge Paula Hepner formed the Family Court Advisory Council's Juvenile Justice Subcommittee Working Group on LGBTQ Youth in New York City. The workgroup, which she chairs, brings together prosecutors, judges, Administration for Children services staff, detention agencies, Department of Juvenile Justice staff, probation officers, youth advocates, and service providers. The workgroup has developed and implemented a training program for family court professionals in each New York City borough. The group has also provided training for judges at a local judicial training institute and summer judge camp. In addition, last year, the workgroup provided training for prosecutors focused on helping them understand the full context in cases involving LGBT youth. Topics included working on cases in which parents are the complainants, displaying sensitivity to the victims of hate crimes, and interviewing parents, youth, and others in an inclusive and respectful manner. At the time of publication, the working group was also training probation department staff and planning to present to the panel of assigned counsel later in the year.¹⁴

¹⁴ Hidden Injustice: Lesbian, Gay, Bisexual, and Transgender Youth in Juvenile Courts. © 2009 Legal Services for Children, National Juvenile Defender Center, and National Center for Lesbian Rights (pp. 53-4).

Policy Recommendations

Systems serving children and youth should not work in silos. Many of these youth are in multiple systems and it is critical that these systems collaborate in order to provide the necessary holistic care that children need to be healthy and successful.

I suggest the following:

- Federal agencies—Department of Education (Dept. of Ed.), Office of Juvenile Justice and Delinquency Prevention (OJJDP), and Administration of Children and Families (ACF)—should collaborate to collect data regarding LGBT youth demographics and their outcomes across systems in order to better understand and address their needs.
- Federal agencies (Dept. of Ed., OJJDP, and ACF) should convene to identify and address common structural barriers to providing safe and healthy environments and culturally competent services to LGBT youth.
- Federal agencies (Dept. of Ed., OJJDP, and ACF) should adopt and distribute professional standards of care for LGBT youth.

Undocumented youth need specific protection. Due to their extreme vulnerability and, oftentimes, invisibility, youth facing removal from the United States should have the right to counsel (paid for by the government.) In many cases, their very lives are at stake, as they may face being returned to an environment rife with violence, whether in the home or in the community, or both, and they are incapable of representing themselves in court.

Conclusion

Undocumented youth who are LGBT, who are perceived to be LGBT, or who are gender non-conforming are at an extremely high risk of serious violence. This often causes them to isolate and fail to seek out basic services and support that all youth need. In general, undocumented youth who also identify as LGBT are penalized for things that are not their fault:

- They are either brought here by their parents or are fleeing violence in their home country; and
- They are experiencing the harshest consequences due to their sexual orientation or gender identity—circumstances largely out of their control.

In closing, I want to ask the task force to think about how difficult it is to manage multiple identities—immigrant and/or undocumented, and LGBT—that are maligned by many in society. The Marias in this country live in a place where anti-LGBT and anti-immigrant violence are the last bastions of acceptable discrimination. They should not have to live in fear and should not come to know violence as an ordinary occurrence in their lives. Please think about them—because not too many other people do. Please do what is necessary to protect them and provide them with the safe childhood that all children deserve.

Thank you very much for allowing me to provide testimony today.

LYN TAN
**Program Director, Youth Gang Prevention at Immigrant and Refugee
Community Organization**

Ms. Tan directs IRCO's Asian Family Center, which runs the culturally specific Asian Pacific Islander component of the county gang prevention program. The focus of the program is to improve resiliency and prosocial, employment and educational skills; to increase student retention; and to provide advocacy and education around the needs of youth at risk of gang involvement.

Written Testimony of Lyn Tan

I am Lyn Tan, program coordinator of the Youth Gang Prevention Services program at the Immigrant and Refugee Community Organization (IRCO), a nonprofit based in Portland, OR. IRCO's Youth Gang Prevention program supports Asian and Pacific Islander youth between the ages of 11 and 16 who are affiliated with gangs, or at risk of gang involvement. Many of these youth are relative newcomers to this country, having lived here for five years or less.

Based on my work at IRCO, I have seen firsthand how important funding for culturally specific services are in supporting Portland's Asian and Pacific Islander (API) youth against engaging in gang violence. When compared with other racial groups such as African Americans or Latinos, the incidents of API gang violence may not be as prevalent. However, it is noteworthy that both the City of Portland and Multnomah County (where Portland is located) have continued to prioritize funding for API gang-prevention and intervention services. Such funding strategies, along with the collaborative engagement of community organizations like IRCO, to implement culturally specific gang-prevention and intervention programs have proactively helped to impede the potential escalation of gang violence within API communities. The effort to reduce youth violence—specifically API youth gang activity—can only be successful when communities of color (like the API community), community-based organizations (like IRCO), and local government work together to address the issue. Below I present some examples and recommendations, based on what has worked in Portland, for further consideration:¹

1. Fund community development, and implement needs-based funding for communities of color to provide culturally specific services. *Build line items into state, county, and city budgets for communities of color to self-organize, develop pathways to greater social inclusion, build culturally specific social capital, and provide leadership within and without communities of color. Designated funds are required, and these funds must be adequate to address needs. Allocation must be sufficiently robust to address the complexity of needs tied to communities of color.*

When compared on a national level, the situation of APIs appears quite rosy. Against whites, APIs have better incomes, education, occupations, and were less reliant on social programs and services (e.g., food stamps). In the Portland area, however, almost 15% of API families live below the federal poverty level, and API families earn only two-thirds the income of white families.² Locally, educational disparities are also significant between APIs and whites. By 10th grade, API students are falling much further behind their white counterparts, and over 40% of API 10th graders are failing state standardized reading tests.³

In Portland, local API gangs are organized by ethnic groups. Examples of the largest local API gangs are LCV (Laos Cambodian Vietnamese); HP (Hmong Pride); and MOD (Masters of Destruction), a Hmong gang comprised of youth who are newer to the Portland area (though they are not newly arrived in this country). Feeling the need to establish themselves and claim their “turf,” these Hmong/MOD youth have demonstrated a higher likelihood to commit “loud” or violent crimes. More recently arrived API youth to this country (Burmese, Karen, and Thai) are unfamiliar with local gangs and naively follow suggestions from the media on clothing styles or colors, which oftentimes represent local African American or Latino gangs, not their API peers. Intercultural discord and conflict often arise when newly arrived API youth are thought to be members or recruits of Latino or African American gangs, which results in violent confrontations. Cultural and linguistic barriers increase newly arrived API youths’ vulnerability and likelihood to be recruited to any kind of gang activity. All API gangs are recruiting younger new members, including girls. In 2008, API youth having encounters with law enforcement were more likely to be detained and less likely to be released than their white peers. Furthermore, API youth were more likely to be adjudicated. API youth with adjudicated criminal referrals were as likely to receive a “committed to youth correctional facility” disposition and less likely than whites to be given probation.⁴ Without culturally specific prevention/intervention services tailored to the needs of API youth and their families, the rate of recidivism is unlikely to decrease and could very well lead to probation or incarceration.

Hence, when over 150 API community members from the Portland area attended a Community Needs Assessment and Development Conference at IRCO in 2010,⁵ among the key community priorities identified were education supports for youth, and youth culturally specific prevention programs with skill-building activities to pull them away from gang activity. These findings were then presented to city and county officials through community advocacy groups, or during community forums. Consequently, local government has responded by allocating funds in internal budgets to provide the requested services, or contracted out to community partners with demonstrated expertise, like IRCO, to implement targeted and culturally specific programs for API communities. IRCO’s API Youth Gang Prevention Services program (county-funded) and API Street Gang Outreach program (funded through the city of Portland) are two examples of such contracts.

2. Create a systemwide network that includes stakeholders from the county, city, and community organizations to work together on community needs.

3. Prioritize training and align service model for all service providers across the systemwide network.

Within the past three years in Portland, a concerted effort has been made to organize all gang prevention and intervention service providers into a single, collective network. “Service providers” include staff from city and county offices (e.g., Department of Community Justice case managers, court counselors, juvenile justice caseworkers), and community service providers. The intent of the network is to promote better collaborations among providers and to share resources. Within the Portland metro area, the county has also taken the initiative to sponsor intensive trainings for all service providers (e.g., on case management and effective client engagement), so that all providers are “talking the same talk” and using a similar case management framework (e.g., a strengths-based case management practice). Developments are

also underway to create an over-arching service model, and to align all service providers to this model:

- a. County gang prevention/intervention services that use strengths-based and functional family therapy models as the general framework.
- b. All service providers, regardless of type of program (prevention or intervention), will be aligned through strengths-based, FFT approaches—we are offered and attend the same county-sponsored trainings on how to provide case management using these approaches.
- c. Service providers providing culturally specific programs, such as IRCO, will apply strengths-based and FFT approaches, but also will tap into a “cultural lens” when working with APIs. Ability to hire/bring on staff who are bilingual/bicultural, and usually from the communities they are serving.
- d. Current development of common client assessment tool/template, and thoughtful creation/integration of systemwide wraparound services for such youth to succeed—leave gangs, decrease recidivism. For example, an assessment tool/service template looks at success indicators related to education, spirituality/community connections, housing, services needed for mental health and drug/alcohol use, family stability, etc.

These efforts can only succeed if communities—especially communities of color; local government; and community organizations come together to work on the issues and solutions.

Notes

1. Recommendations adapted from a list discussed in Curry-Stevens & Coalition of Communities of Color. (2012). *The Asian Community in Multnomah County: An Unsettling Profile*. Portland, OR: Portland State University.

2. American Community Survey, 2008.

3. Curry-Stevens, A., Cross-Hemmer, A., & Coalition of Communities of Color. (2010). *Communities of Color in Multnomah County: An Unsettling Profile*. Portland, OR: Portland State University.

4. Wu, L., & Rhyne, C. (2009). *Juvenile minority over-representation in Multnomah County's Department of Community Justice: Calendar Year 2008 Youth Data*.

5. *Shaping Our Future: 2010 Community Needs Assessment and Development Conference Report*, 2011.

MICHAEL DE ARELLANO, PH.D.

Professor and Licensed Clinical Psychologist at the National Crime Victims Research and Treatment Center (NCVC), Department of Psychiatry and Behavioral Sciences, Medical University of South Carolina

Dr. Michael de Arellano is a professor and a licensed clinical psychologist at the National Crime Victims Research and Treatment Center (NCVC), Department of Psychiatry at the Medical University of South Carolina. He graduated from the University of North Carolina at Greensboro in 1996 with a degree in clinical psychology, and he completed an NIMH-funded post-doctoral fellowship in violence and traumatic stress research at the NCVC. Following this, Dr. de Arellano was awarded a Career Development Award (K-Award) from NIMH to conduct a study examining trauma and trauma-related sequelae in recent immigrant and migrant Mexican American children and their families. Most recently, Dr. de Arellano's clinical work and research has focused on developing and evaluating treatment services for child victims of traumatic events from traditionally underserved population groups (e.g., rural, economically disadvantaged, Latino, African American). He is the director and founder of the NCVC Hispanic Outreach Program–Esperanza (HOPE) and the Community Outreach Program–Esperanza (COPE) Clinics, which provide community-based clinical services, advocacy, and intensive case management to underserved children and families who have been victimized by crime or other traumatic events. Dr. de Arellano also directs the Mental Health Disparities and Diversity Program, which facilitates the development of research, clinical, and training programs to enhance culturally competent and linguistically appropriate interventions across the Department of Psychiatry. Dr. de Arellano has received national recognition for his work with traditionally underserved populations, and he continues to develop clinical programs and research to address disparities in mental health.

Written Testimony of Dr. Michael de Arellano

Thank you for the opportunity to testify before the National Task Force on Children Exposed to Violence.

I am a professor and a licensed clinical psychologist at the National Crime Victims Research and Treatment Center (NCVC), Department of Psychiatry, at the Medical University of South Carolina. I also direct the Mental Health Disparities and Diversity Program in our department. My clinical work and research focus on developing and evaluating treatment services for child victims of traumatic events from traditionally underserved population groups (e.g., rural, economically disadvantaged, Latino, African American). Through my clinical and research programs, we evaluate the implementation of evidence-based programs in community-based settings and tailor these treatments to be more culturally relevant. I serve as a national trainer for the dissemination and implementation of Trauma Focused Cognitive Behavioral Therapy (TF-CBT) for trauma-exposed children and their families, and I am currently piloting a dissemination project for Culturally Modified TF-CBT for Latino children and families. My training and consultation to therapists serving traditionally underserved populations has included a variety of settings (e.g., community mental health, residential, home/school based), populations (e.g., African American, Latino, Native American, Asian American), languages (e.g., Spanish); and regions (e.g., rural, urban) across the country.

Our Program, Services, and Population Served

Through Community Outreach Program – Esperanza (COPE) clinic, we serve traditionally underserved children and families. Our population is roughly 40–50% African American and 30–40% Latino, with non-Hispanic Caucasians comprising the balance. This program serves children and families who are unable to access office-based services on a weekly basis and provides services in homes, schools, community-based organizations, churches, and/or other locations convenient to families. Many of our families experience numerous barriers to utilizing services, as is the case for children from many economically disadvantaged minority groups. The COPE clinic attempts to address these challenges to service utilization, and has been very successful in helping the majority of families to complete their course of trauma-focused treatment utilizing evidence-based assessment and treatment practices. We tailor our assessment and treatment practices based on the population we serve.

For example, during our assessments of children from immigrant families, we systematically screen for immigration-related trauma, based on a study I conducted with recent immigrant families from Mexico in our community.

We conducted an in-depth and comprehensive assessment of trauma exposure (e.g., sexual abuse, physical abuse, domestic violence, community violence, other types of trauma) and then assessed for additional types of trauma that occurred during the immigration process, not including any traumatic event they had already reported. We found that 25% of children reported additional traumatic events during the immigration process or that the process in and of itself was traumatic (de Arellano, et al., 2009).

Our efforts also underscore the need to *always* evaluate for trauma when a vulnerable child seeks social services of any kind.

Our evidence-based treatment interventions are culturally tailored. They incorporate cultural constructs, including spirituality, gender roles, parenting practices, beliefs about mental health and mental health treatment, and a number of other factors in children's overall lives. Our therapists conduct therapy anywhere it is reasonable to see children and families. We provide these culturally tailored services in the community in a variety of settings, including homes, schools, churches, primary care providers, and even restaurants. Our services also include providing evidence-based treatment via HIPAA-compliant telemedicine equipment, seeing patients through video conferencing technology when children or adults cannot come to the offices regularly, or when they are located in a rural/remote area.

Telemedicine has also been essential to reaching Spanish-speaking families in rural areas when there are no Spanish-speaking clinicians. Currently we have telemedicine equipment placed at law enforcement agencies, rape crisis centers, child advocacy centers, schools, and primary care agencies. Practicing evidence-based assessment and treatment through alternative service approaches (e.g., community-based, telemedicine), and utilizing cultural tailoring of assessment and treatment when necessary, has helped us broaden the range of trauma-exposed children and families who can access and complete treatment services for trauma-related mental health problems.

Challenges We Still Face as a Field

Although we have made great headway in working with violence-exposed youth, we have just started to scratch the surface of the work that has to be done. In the past two decades, significant advances have been made in the development and evaluation of treatment interventions for violence-exposed youth. In addition, through work conducted at the National Crime Victims Research and Treatment Center, as well as through other research organizations, we now have a much better understanding of the most effective ways to screen for violence exposure and its deleterious mental health consequences. Furthermore, several organizations (e.g., National Child Traumatic Stress Network, National Center for PTSD, Office for Victims of Crime, California Evidence-Based Clearinghouse for Evidence-Based Treatment in Child Welfare, Substance Abuse and Mental Health Services Administration) have developed guidelines for the use of evidence-based assessment and treatment with violence-exposed youth.

Unfortunately, most children who are exposed to violence and struggle with associated mental health problems do not get the treatment they need for recovery. The majority of children with mental health problems do not receive any treatment services at all. For those who do receive some level of mental health services, a small percentage receive treatment interventions that have been thoroughly evaluated through clinical research and deemed “evidence-based” practices. The gap between treatments that we know to be successful based on extensive research and those treatments actually provided to children in their communities is unacceptably wide.

Lack of appropriate care can place children at risk for delayed or limited recovery from violence-related mental health problems. While efforts such as the National Child Traumatic Stress Network, funded by SAMHSA, have begun to address this gap through the dissemination and implementation of evidence-based treatments across the country, the discrepancy between knowledge and practice remains significant.

The difficulties experienced by violence-exposed youth are exacerbated among many population groups (e.g., ethnic minority, LGBTQ, rural) who face additional challenges. For economically disadvantaged groups, the risk of ongoing violence exposure can be higher due to community violence, thereby increasing the risk of re-victimization. In addition, a multitude of challenges to receiving quality mental health care can exist. While most children, in general, do not receive evidence-based treatments, children from ethnic minority groups are even less likely to receive such treatments. Many economically disadvantaged children and families from ethnic minority groups experience numerous barriers to utilizing services, including logistic (e.g., transportation), limited availability (e.g., rural, limited English proficiency), financial (e.g., under- or uninsured), and lack of knowledge regarding mental health services. In general, children from ethnic minority groups are less likely to access services and more likely to prematurely drop out of services. Furthermore, many children and families at risk do not receive culturally and linguistically competent services; this often contributes to premature drop out and limited progress in treatment.

Given the vulnerability of violence-exposed youth, and especially violence-exposed youth from disadvantaged population groups, it is incumbent upon the child welfare and mental health systems to ensure that these children and families are receiving the best possible care available.

Research Needs

Recommendation: Clear policies and procedures are necessary for the provision of mental health services to violence-exposed youth that are linked to funding initiatives, whether they be for research or clinical purposes. Whenever possible, treatments that we know work should be used with violence-exposed youth from disadvantaged population groups.

Unfortunately, we, as a system of treatment providers, face numerous challenges to reaching this goal with disadvantaged youth. First, while great progress has been made in treatment development and evaluation, more work is needed in the evaluation of evidence-based treatments with children from various cultural groups. For example, while there is some evidence for the use of evidence-based treatments among ethnic minority youth, these findings are very preliminary. Few studies are available that included a sufficient number of ethnic minority youth to evaluate efficacy of the interventions, and interventions were only available for a limited range of different interventions and a limited number of mental health problems experienced by youth (Huey and Polo, 2010). More work is necessary to evaluate the efficacy of additional interventions, including those for violence-exposed youth, with children from a broader range of cultural groups.

A related challenge is our limited understanding of the importance of cultural tailoring or adaptations for violence-exposed youth from different cultural groups. As noted earlier, children from ethnic minority groups are at greater risk for dropping out of treatment. Potential factors that have been proposed to contribute to this phenomenon include a lack of understanding and integration of relevant cultural constructs into treatment interventions (Paniagua, 1996). An accumulation of research studies suggests that making cultural modifications can increase the efficacy of treatment interventions directed at ethnic minority groups. However, this research is also very preliminary and has not systematically evaluated the use of modifications with evidence-based treatments, including for violence-exposed youth. It is unclear whether such modifications could reduce premature drop out by increasing engagement, and as a result, would result in better treatment outcomes.

The process of making culturally tailored modifications to treatments is also unclear. Factors such as preferred language, levels of acculturation, country of origin for immigrant populations, religious beliefs, views of mental health and mental health treatment, and many others may play an important role in appropriately tailoring treatments to be more culturally relevant. More work is needed in this area to be better able to ensure that violence-exposed youth are receiving culturally and linguistically appropriate services.

Alternatives to Office-based Services

Recommendation: A number of alternative service approaches to providing office-based treatment should be considered to increase access to evidence-based mental health services to children and families in need. Some alternative service approaches include community-based treatment (e.g., school, home, church, community-based organizations) and the use of telemedicine.

An additional challenge to providing the best quality treatment to violence-exposed youth from disadvantaged groups involves the limitation inherent in traditional office-based services. Most

therapy interventions require regular weekly attendance, often in a clinic-based setting. Treatment can continue for weeks or months, which can cause significant disruption to families who are already struggling to cope with everyday stressors in their lives. Barriers such as transportation, limited employment flexibility, lack of insurance, and other financial stressors can contribute to premature dropout or inconsistent attendance, which could limit treatment progress. In addition, given the increased risk of academic difficulties among children exposed to violence, the disruption of having to miss large portions of days of school can further negatively impact academic performance. While office-based services are appropriate for many violence-exposed children and families, these services may only serve a restricted range of children who are able to come into a clinic on a weekly basis for the entire duration of a course of treatment. Alternatives approaches include operating through school, home, church, telemedicine, and community-based organizations to provide out-of-office services.

Preliminary support exists for the use of such alternatives to provide mental health services to children, which show great promise. Such approaches have been found to be effective in helping children and families in rural/remote areas to access services and in helping delinquent and substance abusing youth to access and complete services (Henggeler et al., 1998).

However, while evidence for telemedicine exists for many medical disciplines, relatively little rigorous research exists evaluating evidence-based telemedicine treatment for mental health disorders, including problems due to violence exposure. Given the potential to make it easier to access and complete services, as well as the increased access for areas with limited services or services providers for children and families with limited English proficiency, it is critical that we better understand how we can effectively bring services into communities and exploit technology to bring quality services within reach of more violence-exposed children and their families.

Further Recommendations:

1. Given the risk of trauma exposure among children and adolescents, especially those seeking mental health treatment (70–90%), it is critical that children and adolescents engaged in mental health services be routinely screened for trauma exposure.
 - a. Child-serving agencies should be trauma-informed, understanding the impact of trauma exposure and trauma-related problems on children and adolescents.
 - b. Children and adolescents engaged in either inpatient or outpatient treatment services should be routinely screened for trauma exposure and trauma-related problems utilizing evidence-based assessment approaches.
 - c. Appropriate recommendations should be made to address trauma-related problems utilizing treatment interventions that are well-supported by clinical research and treatment guidelines.
2. Agencies that award grant funding and/or medical reimbursements should support treatment interventions that are *shown to be effective*.

- a. When institutions or individuals apply for grant funding, they should be required to supply documentation supporting the efficacy of the proposed intervention.
 - b. If extensive research (e.g., randomized controlled studies) is not available on a known treatment as applied to the particular population they aim to serve, applicants should still be required to justify the selection of interventions over existing interventions. Furthermore, a thorough evaluation plan should be in place to help to evaluate interventions with limited research support in order to ensure the efficacy of the interventions.
 - c. Medicaid, commercial insurance companies, and other third-party payers should require well-supported treatment interventions in order to be reimbursed for services. The selection of treatment interventions should be well-justified, based on the existing research evidence.
3. Federal, state, and private foundations should promote additional research into evidence-based treatments with diverse populations, including evaluating strategies to augment treatments to be more culturally and linguistically appropriate.
 - a. While some preliminary evidence exists for the use of evidence-based treatments with diverse cultural groups, much more research is necessary to demonstrate efficacy of specific treatment interventions for particular population groups (e.g., ethnic minority).
 - b. While some preliminary evidence exists supporting the use of cultural adaptations/tailoring to augment the efficacy of evidence-based interventions, additional research is needed to thoroughly evaluate these approaches.
 - c. A thorough understanding of the efficacy of standard and culturally tailored evidence-based treatments for diverse population groups will enable the provision of the most culturally and linguistically appropriate treatment interventions for children and families.
 - d. For example, major funding agencies including the Department of Justice, National Institutes of Health, the Substance Abuse and Mental Health Services Administration, and the Centers for Disease Control and Prevention should encourage and prioritize these clinical and research efforts.

4. Funders should also prioritize a reevaluation of the traditional office-based mental health services when attempting to address mental health care disparities among children and families from diverse populations.
 - a. Attempts should be made to reach a greater proportion of children and families in need of mental health services utilizing alternative service approaches to office-based services, including community-based (e.g., home, school, library, church, other community-based organizations) and telemedicine services, which have been shown to have significant promise.
 - b. Evidence-based treatments (or well-justified alternatives) should be used when providing treatment through alternative service approaches to mental health services.
 - c. Thorough evaluation of evidence-based treatments provided through alternative service approaches is needed.

Conclusion

Advances in research on assessment and treatment for violence-exposed youth have resulted in a number of evidence-based practices that have been found to be efficacious to address trauma-related sequelae. Unfortunately, the dissemination and implementation of these evidence-based treatments into real-world settings lags behind the current knowledge base. Given the vulnerability of violence-exposed youth, especially youth from disadvantaged groups, to serious mental health problems, it is our ethical obligation to ensure that youth and families are receiving the highest quality services to produce symptom relief as soon as possible. The gap between research and practice is longstanding, and it will require significant change in the way mental health services are required to be implemented and reimbursed in order to truly make a difference. Furthermore, additional research is necessary to better understand the efficacy of evidence-based treatments for children from diverse cultural groups; the level of enhancement of evidence-based treatments that can be achieved through cultural tailoring or modifications; and the effectiveness of providing evidence-based treatments through alternative service approaches, such as community-based treatment and telemedicine. Focused efforts should be made to bring results from this work, as well as from ongoing research on violence-exposed youth, into clinical practice as efficiently as possible.

CEV in the Real World: An Interactive Discussion

CEV in the Real World: An Interactive Discussion

This panel will present the task force members and invited participants with a story about children's exposure to violence and a problem that could confront almost anyone. The implications of this problem trigger ethical, emotional, legal, and public policy questions that overlap and sometimes conflict. As the participants wrestle with the issues presented in the hypothetical story, they are encouraged to discuss the issues and to say what they would do in difficult decision-making situations if they were personally involved. The viewers are along for the ride, emotionally and intellectually, as the story creates a link for citizens between their lives and issues in the headlines that so often seem remote, abstract, and unconnected to their day-to-day concerns.

Facilitator:

Charles J. Ogletree, Jr., Director, Charles Hamilton Houston Institute for Race and Justice, Harvard Law School Jesse Climenko Professor of Law

Professor Ogletree is a prominent legal theorist who has made an international reputation by taking a hard look at complex issues of law and by working to secure the rights guaranteed by the Constitution for everyone equally under the law. Professor Ogletree has examined these issues not only in the classroom, on the Internet, and in the pages of prestigious law journals, but also in the everyday world of the public defender in the courtroom and in public television forums where these issues can be dramatically revealed. Armed with an arsenal of facts, Professor Ogletree presents and discusses the challenges that face our justice system and its attempt to deliver equal treatment to all our citizens. He furthers dialogue by insisting that the justice system protect rights guaranteed to those citizens by law.

Panelists:

The Honorable Michael J. Ryan, Cleveland Municipal Court Judge

Judge Ryan grew up with a teenage, drug-addicted mother and did not meet his biological father until he was 22. The victim of a physically abusive, drug- and alcohol-addicted "step" father, Ryan watched his mother die from her drug use when he was 13. He spent much of his childhood years in the Longwood projects, attending 11 different schools from kindergarten to twelfth grade. Ryan made history in 2001, when at the age of 30, he was the youngest person appointed to a full-time magistrate position for the Cleveland Municipal Court. On Jan. 5, 2012, Ryan was sworn in to his second full six-year term as judge.

Vicki Spriggs, CEO of Texas CASA (Court Appointed Special Advocates)

Ms. Spriggs leads Texas CASA, the statewide association for 69 local programs that advocate through volunteers for children in the foster care system. Texas CASA provides funding and technical assistance to local CASA programs that recruit, train, and supervise volunteers who are appointed by the courts to advocate for children in foster care. Texas CASA also works at the state and national levels to improve the child welfare system. Before assuming this role, Ms. Spriggs was executive director of the Texas Juvenile Probation Commission for 16 years.

Instructions for Hypothetical Dialogue
With the Attorney General’s National Task Force on Children Exposed to Violence
Facilitated by Charles J. Ogletree, Jr.

Professor Charles J. Ogletree, Jr., will guide the task force members and invited participants through hypothetical scenarios affecting the lives of two characters, Chris and Natalie; a description of them can be found on the following page. To cultivate a rich discussion, Professor Ogletree will ask each participant questions about what he or she would do if he or she were one of the characters in the scenario: Chris, Natalie, or, for example, a teacher, parent, neighbor, doctor, or police officer.

The purpose of the discussion is to elicit each participant’s personal wisdom about how to best tackle challenging circumstances that arise when children are exposed to violence. As there are no right or wrong answers, preparation simply involves reading the following.

The Characters

Chris is a 16-year-old junior at Midvale Tech High School in your city. He is a shy, soft-spoken young man who rarely makes eye contact with teachers. While he used to be active in soccer, since entering high school he has mostly taken to hanging out with his friends. He has a C-average and is expected to graduate next year if his truancy does not exceed the minimum attendance required to graduate.

Chris has been living at a military base with his mother and two sisters, but since Chris’s father returned home from his second tour in Afghanistan three months ago, Chris has basically been living with his girlfriend, Natalie, at her older sister’s apartment.

While Chris has generally stayed out of trouble, over the past three months he has had two arrests. The first was for robbery (he stole a classmate’s iPod while armed with a replica gun); the second was for assault against Natalie (the charges were dropped because she refused to cooperate).

Natalie is a spunky, strong-willed 17-year-old junior at Midvale Tech. She moved to the Midvale Tech district from another state at the beginning of the school year. Natalie skipped two grades in elementary school and was on the honor roll through middle school, but something changed when she turned 12. Her school transcript shows that she received no credits for the past two school years, and that she was not even enrolled last year.

Natalie has an 18-month-old child from a prior relationship. Natalie lives with her 22-year-old half-sister, Angela, who acts as if she is the guardian of both Natalie and the toddler; it is unclear if Angela is Natalie’s legal guardian. The school suspects that Natalie’s immigration status is undocumented.

The Setting

In 2011, 19 students were victims of homicide in Chris and Natalie’s school district. Two student homicides happened within three blocks of Midvale Tech. There are bullet holes in the school windows, and the school has been burglarized three times this year.

CHARLES J. OGLETREE, JR.
Director of the Charles Hamilton Houston Institute for Race and Justice, Harvard Law School Jesse Climenko Professor of Law

Professor Ogletree is a prominent legal theorist who has made an international reputation by taking a hard look at complex issues of law and by working to secure the rights guaranteed by the Constitution for everyone equally under the law. Professor Ogletree has examined these issues not only in the classroom, on the Internet, and in the pages of prestigious law journals, but also in the everyday world of the public defender in the courtroom and in public television forums where these issues can be dramatically revealed. Armed with an arsenal of facts, Charles Ogletree presents and discusses the challenges that face our justice system and its attempt to deliver equal treatment to all our citizens. He furthers dialogue by insisting that the justice system protect rights guaranteed to those citizens by law.

Professor Ogletree's newest work, *Life Without Parole: America's New Death Penalty?* is scheduled for publication in June 2012. He is the author of *The Presumption of Guilt: The Arrest of Henry Louis Gates, Jr., and Race, Crime, and Class in America*; *The Road to Abolition?: The Future of Capital Punishment in the United States*; *From Lynch Mobs to the Killing State: Race and the Death Penalty in America*; and *All Deliberate Speed: Reflections on the First Half-Century of Brown v. Board of Education*. He is the co-author of the award-winning book, *Beyond the Rodney King Story: An Investigation of Police Conduct in Minority Communities*, and he frequently contributes to the *Harvard Law Review*, among other publications.

In 1991, Professor Ogletree served as Legal Counsel to Professor Anita Hill during the Senate Confirmation hearings for Justice Clarence Thomas. His reflections on those experiences are contained in "The People vs. Anita Hill: The Case for Client-Centered Advocacy," a chapter of the book, *Race, Gender and Power in America*.

Professor Ogletree has a long record of commitment and service to public schools and higher education. He completed 10 years of service to his alma mater, as a member of the Stanford University Board of Trustees, and for five years served as the national Chairman of the Stanford Fund, the university's principal fundraising organization. Professor Ogletree's development activities have also raised substantial funds for Harvard Law and the University of the District of Columbia, a land grant and historically black college and university. He serves on the board of the B.E.L.L. Foundation, which is committed to educating minority children in after-school programs in Boston, New York, and Washington, D.C. In addition, Professor Ogletree served as one of the founding members and trustee of the Benjamin Banneker Charter School in Cambridge, a school that provides educational opportunities in math, science, and technology to minority children in a public school setting. Professor Ogletree attended public schools in his hometown of Merced, CA, and has set up a scholarship fund there that now annually provides support for needy students who want to pursue higher education. He has also provided scholarship support for students at Harvard Law School, Stanford University, and the University of the District of Columbia.

THE HONORABLE MICHAEL J. RYAN
Cleveland Municipal Court Judge

In November 2005, Michael John Ryan was elected judge for the Cleveland Municipal Court, becoming the youngest African American male judge in that court's history.

This accomplishment is particularly noteworthy considering Judge Ryan's childhood. Raised by a teenage, drug-addicted mother and a physically abusive, drug- and alcohol-addicted "step" father in Cleveland's Longwood Housing Projects, Judge Ryan did not meet his biological father until age 22. When Ryan was 13, his mother died from her drug use, and he moved from home to home and school to school, attending 11 different schools from kindergarten to 12th grade. Despite this instability, Judge Ryan graduated in 1989 from Cleveland Heights High School and received a scholarship to Allegheny College.

He received his Bachelor of Arts degree in English from Allegheny College in 1993 while receiving a three-year renewing scholarship. Judge Ryan subsequently received his Juris Doctorate degree from Cleveland-Marshall College of Law in 1996 and two scholarships. He passed the Ohio Bar Examination on his first attempt and began practicing law in November 1996. In August 2000, he was licensed to practice in the U.S. District Court for the Northern District of Ohio.

While still in law school, Judge Ryan worked for the City of Cleveland's law department, first as a mediator with the prosecutor's office in the Criminal Division and eventually as a law clerk for the Civil Division. Once he passed the bar, Judge Ryan was hired as an Assistant City Prosecuting attorney. During his less than three years as a prosecutor, Judge Ryan tried more than 300 combined bench and jury trials. Also employed in the Department of Public Safety for the City of Cleveland, Judge Ryan was the administrator for the Office of Professional Standards.

Prior to being appointed as a magistrate, Judge Ryan was an associate attorney for Forbes Fields & Associates. His practice there focused on the areas of criminal defense; personal injury; and corporate, employment, and municipal law. Judge Ryan holds the distinction of being the youngest full-time magistrate ever appointed to the Cleveland Municipal Court at 30 years and 30 days old.

Judge Ryan has held many volunteer positions and now assists younger athletes as a volunteer coach for his son's baseball and basketball teams. He is a deacon at the Pentecostal Church of Christ, a member of the Cleveland Heights High Distinguished Alumni Hall of Fame, was a finalist for both the Cleveland Browns Community Quarterback Award and the Martin Luther King Jr. Service Award, and is member of the 2005 Kaleidoscope Magazine 40/40 club. He was the 2006 recipient of the Allegheny College Gold Citation for his outstanding professional and volunteer achievements. He received the 2010 Archbishop James P. Lyke African American Male Image Award and was honored by the Concerned Partners in Education as the 2010 Judge of the Year. He is an active member of the 100 Black Men of Greater Cleveland and a former board member for the Kym Sellers Foundation and current board member of the Literacy Cooperative. He also was a contributing editor for Judge Ronald Adrine's book titled *Ohio Domestic Violence Law*. Lastly, Judge Ryan is currently an instructor on behalf of the National

Judicial Institute on Domestic Violence, wherein he assists other judges who attend the seminar in developing additional skills for dealing with domestic violence-related cases.

Written Testimony of Michael J. Ryan

My mother, Marguerite Ryan, was only 14 years old when she discovered she was pregnant with me. My biological father, however, was otherwise occupied and not present at St. Luke's hospital in Cleveland, Ohio, when I was born, due to his incarceration for bank robbery. He would eventually serve two years of a 10-year sentence at Terry Haute Indiana's Federal prison. I didn't meet him until I was 22, mainly due to his lack of interest in connecting with his second son; also, another man became a surrogate father—my younger sister's biological father. Allen Douglas had no moral obligation to accept me as his son and raise me as such. He brought me into his family without any disparate treatment between my sister and me. He, however, provided the initial introduction of violence into my life.

I have vivid memories from the time I was 4 years old until I was 11 of running to my parents room, into the living room, kitchen, or outside because I heard my mother's eardrum-piercing screams for help. When I did arrive in one of the aforementioned areas of our home or outdoors, I would see my sister's father, who I only knew as dad, grabbing my 4'11", 98-pound mother by her waste and slamming her onto the floor, or the bed, against the wall, or on the concrete. My mother would grunt as the air was forced out of her body due to the trauma she was experiencing. I would then at times see my dad thrust his knee into her petite chest, and/or witness his fists as they exploded on her face and body. He would place his massive hands around her tiny neck and squeeze until her eyes filled up like the ocean. His anger and the intensity of the assault would be fueled by my mother's, my sister's, and my tears and cries for him to stop. Those assaults left an indelible mark on my mind not only because of the blackened eyes my mom covered up with sunglasses, the makeup she used to cover the bruises and scratches, the ice I retrieved to place in a face towel to help bring her swollen eyes, nose, and lips down but also due to the fact that she never sought any help, nor did any neighbor or relative intervene. The assaults were as immutable as bimonthly paychecks and very violent.

In addition to the physical violence we witnessed, my sister and I suffered another form of violence—hunger. Dr. Dubowitz, who testified before this panel, concluded that “when children go hungry [that] can be construed as violence.” My mom and dad were both addicted to heroin, and accordingly, their major focus was on satisfying their addiction instead of our nutritional needs. I dreaded the weekends and summer vacation when we lived in the Longwood Housing Projects because those were the days we didn't go to school. Accordingly, we couldn't take advantage of the free breakfast and lunch programs the schools provided. It was during those days that we would go without much, if any, nutrition. The main reason was due to the fact that my parents were converting the food stamps they receive to cash to further their drug habits. There were times when I was fighting with the roaches for the last few crumbs remaining in a box of crackers.

Times got worse for us while we were living in the housing projects after my dad was sent to a state penal institution for aggravated burglary. My mother's drug use increased dramatically and she exposed my sister and me to a slew of strangers. These individuals would participate in physical altercations with my mother, and they were also instrumental in the armed robbery that I

was a victim of at age 10. Two men, who knew my mother's "friends," bombarded our apartment when my mother was absent and I was at home with one of her "friends." The men pointed both of their Magnum .45 handguns in my face and told me to be quiet as they stripped our apartment clean of the two precious items we had (old televisions) and they robbed my mom's friend of his jewelry and money. A few months later I was awakened by a man who had jumped in our apartment window, via the tree that was outside the apartment. He was creeping through the apartment and I woke up, through divine intervention, and startled him. When my mother arrived back home early that morning, the male attempted to pull her into the apartment. My mother was aloof enough to avoid being pulled into our apartment and escaped back to our neighbor's where she had been most of the night and early morning getting high. The unidentified male jumped out of the window and escaped the same way he entered the apartment. We later discovered that he was a serial rapist and was wanted by the authorities.

After that episode I would eventually move in with my dad's mom, my "step" grandmother. While our living situation changed—we were in a stable environment, eating three full-course meals, didn't have to watch our parents abuse drugs, weren't left alone to fend for ourselves, or witness my dad assault my mother—our exposure to violence didn't cease. I witnessed two individuals being shot at point-blank range. My grandmother shot my uncle while my cousin and I were only five to six feet away. I saw one of my neighbor's boyfriends shoot a kid who was considered a troublemaker while I was standing no less than 15 feet away on my porch.

I have faced some huge challenges in my life. I am the son of a teenage, drug-addicted mother, who didn't meet his biological father until age 22 due to his incarceration. I had a physically abusive and drug-addicted stepdad, I suffered the loss my mother when she died from her drug use when I was 13 and she only 28. A year later I watched my grandmother, my stepdad's mom, die from complications due to a stroke. I was then compelled to live with two aunts and my maternal grandmother all in the span of three years. I attended 11 different schools from kindergarten to 10th grade. As stated above, I witnessed countless incidents of violence; and yet I reached heights that statistics and pundits would suggest I should never even have contemplated. I graduated from high school through a gifted and talented program, received a scholarship from my high school. I then attended and graduated from a private liberal arts school in Pennsylvania called Allegheny College and was awarded a three-year scholarship at the conclusion of my freshman year. I then attended and graduated from Cleveland-Marshall College of Law and was awarded two scholarships during my third and final year. I successfully passed the bar examination to become a licensed attorney on my first attempt at the age of 25. I am a former prosecuting attorney, personal injury attorney, criminal defense attorney, administrator for a city department, magistrate, and now an elected judge.

I know that I may be the exception to the norm with respect to children who are exposed to violence. I am aware of the statistics that indicate children who witness the types of violence I did are negatively impacted emotionally, socially, academically, and economically. I am conscious of the fact that many of those children are more prone to not acquire a high school education, to be involved in the criminal justice system (as a defendant), to be engaged in assaultive behavior, and demonstrate a lack of respect for authority figures. I was able to avoid the pitfalls that snare so many other young people. I avoided them because I decided to take advantage of all of the educational, recreational, and spiritual opportunities that were available to me. In addition to being an athlete and regular church parishioner, I was a frequent visitor to the local library, no matter what neighborhood I lived in. We need to devote more discretionary

funds to libraries across the country to develop programs that will entice young people to read books, iPads, or Kindles. The books or articles, for that particular program, should not include stories of violence and revenge. The children should be required to read biographies in that program, as well as a part of their normal curriculum, about people who lived in communities where violence is prevalent, that were similar to theirs, but were able to transcend those circumstances and become successful.

I would also suggest that juvenile and/or family court judges and magistrates be trained to recognize abuse. State Supreme Courts throughout the country should require their judicial officers to take training from licensed medical practitioners, social workers, and psychologist to be better equipped to recognize the symptoms of abuse, and emotional and physical trauma.

We live in a technologically controlled world such that computers are the center of our children's existence. We need to find some mechanism that will allow our children to report any acts of abuse—bullying, domestic violence, sexual assault, harassment, ethnic intimidation—without reprisal or feeling that they have “snitched” on another individual. There should be anonymous blogs created so children can express their feelings of anger, frustration, depression, and low self-worth. We need to start a campaign by using influential relevant people or entities that attracts the interests of our young people, that will discredit the notion that snitching is not cool, and thereby construct a new perception amongst the youth culture that informing those in authority saves lives; lives of intended victims and lives of the potential perpetrators. We need to expand on the contests that bring light to the issue of bullying and violence as a preventative measure of reducing or eliminating youth exposure to violence in the schools. We can require, through our health classes in elementary school, education on healthy and unhealthy relationships. The latter information can be garnered from the teen domestic violence workshops that are conducted in Cleveland, Ohio, by the collaboration of the Cleveland Metropolitan School District and the Cleveland Municipal Court.

I believe that my five-minute limit may have been exceeded, but I want to thank the National Council on Crime and Delinquency and this task force for the opportunity to share my story and my policy recommendations that I hope will significantly decrease children's exposure to violence as well as diminish the negative impact on children who are unfortunately exposed to violence in their home, school, or community.

VICKI SPRIGGS
CEO of Texas CASA (Court Appointed Special Advocates)

Vicki Spriggs is chief executive officer of Texas CASA (Court Appointed Special Advocates), the entity responsible for providing technical assistance, resources, training, and oversight to the 69 independent CASAs located across the state. Texas CASA works with the local CASAs and others in the child welfare system to support the collective vision of having a CASA volunteer for every child in the Texas foster care system and to improve services that support healthy children and families.

Ms. Spriggs was executive director of the Texas Juvenile Probation Commission (TJPC) from August 1995 – December 2011. TJPC is the state agency that establishes standards and provides funds, training, and technical assistance for the 168 juvenile probation departments in Texas.

Her career in juvenile justice began when Ms. Spriggs was a student at the University of Massachusetts in Amherst. There, while working on her B.A. and M.Ed. in the area of juvenile justice, she was at different times a house parent in a group home for juvenile delinquents, a foster parent, and a caseworker in a program for juveniles. She also served as an instructor for the University of Massachusetts at Amherst. Prior to leaving the area, she directed the university's undergraduate academic juvenile justice program.

Ms. Spriggs left Massachusetts to become faculty at Old Dominion University in Norfolk, VA. While there, she served as the human relations/student discipline specialist and ultimately as assistant director for a federal grant designed to study discipline problems in Norfolk's secondary school system.

Since arriving in Texas in 1981, Ms. Spriggs has worked as an admissions counselor for the University of Texas at Austin, and for Travis County Juvenile Court as the director of the Informal Adjustment Unit. The majority of her time has been with TJPC, where she has worked as a resource specialist and as director of Training/Human Resources and Intergovernmental Relations. She became the executive director of TJPC in 1995. Ms. Spriggs is a member of the Texas Corrections Association, the National Association of Blacks in Criminal Justice, the advisory council of Prairie View A&M University's Juvenile Crime and Delinquency Prevention Center, the Texas Juvenile Detention Association, the National Council on Crime and Delinquency board of directors, and the board of PACE (a nonprofit, community-based youth service organization), where she serves as an advisory council member.

Written Testimony of Vicki Spriggs

In consideration of the work of the Task Force on Children Exposed to Violence, I would like to send my recommendations to include in the final report product.

I am making my recommendations based on my years of experience in the juvenile justice system—16 spent heading Texas' juvenile probation system—coupled with my experience and knowledge of the child welfare system.

My first two recommendations are based on the fact that a great deal of the violence children see during the course of their lives is in the home.

Recommendation #1: Make mental health and substance abuse services available to all needing such.

Issue: The presence of an undertreated or undiagnosed mental health condition can lead to violent behavior in the home. Substance abuse is often the result of the individual's attempt at self-medication for an untreated mental health issue. The violent outbursts that may accompany mental illness have no explanation for a child exposed to such, and often the child/children are the target of violent outbursts or actions of the parent(s) or other custodial adult(s). Left exposed to such conditions long enough, the child's trauma-informed world view becomes extremely flawed and his/her heightened response to others may result in referral to the juvenile justice system where his/her actions, not the source of the actions, become the focus of interventions.

Recommendation # 2: Create more employment programs and re-institute vocational education in the high school curriculum.

Issue: A Bureau of Labor Statistics study shows that for every one-percent increase in unemployment, there is a concomitant increase in confirmed child maltreatment reports one year later. The inability to pay rent, the frustration of not finding a job, and the incapacity to pay for mental health treatment often lead to increased child neglect and abuse. This exposure to violence can be mitigated by re-instituting vocational education programs in schools to help individuals who are not bound for college and who do not have the financial resources to take a certification-level community college class, obtain skills that would increase their likelihood of employment.

Recommendation #3: Increase the number of specially trained counselors in schools whose sole function would be to counsel children and teach them, via counseling, how to effectively mitigate the stressors in their lives.

Issue: It appears that the stressors on today's young people are higher than for any prior generation. Studies report that children are manifesting reactions to stress at much younger ages. Since all children are required to attend school, specially trained counselors should be available to work with children to help them process what is occurring in their lives.

The goal of these specially trained counselors would be to identify stress and/or trauma symptoms in students, identify unsafe or potentially harmful situations in the home/school/community that are creating the stress/trauma, and provide or broker the community services appropriate for the child/youth/family to support positive change.

These services could be effective in breaking the school-to-prison pipeline as well as reducing both the cycle of violence and presence of violence.

These recommendations appear simple. I am interested in "upstream" approaches to addressing the needs of children exposed to violence before drastic, more expensive actions/options are required, or a lot of damage has been done to the child. However, simple does not mean

inexpensive. These approaches require funding, which may or may not be made available, and as with all things, implementation will prove that the ideas are not simple.